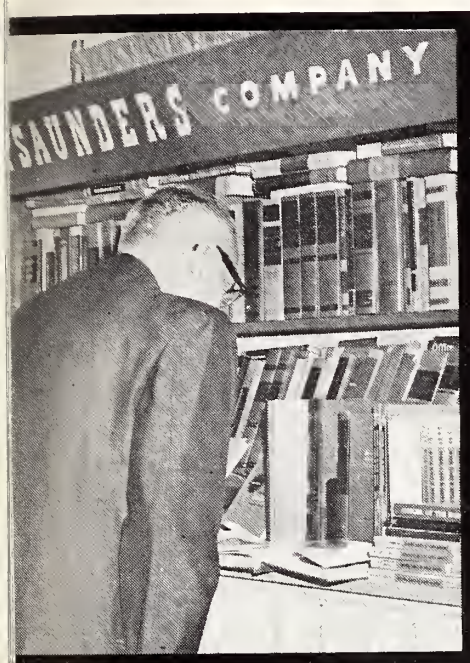
Digitized by the Internet Archive
in 2016

https://archive.org/details/journalofindiana621unse

The JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

Indianapolis, Indiana
Vol. 62 • No. 1
January, 1969



MEDICAL



CONTINUING



EDUCATION

U.C. MEDICAL CENTER LIBRARY
FEB 6 1969
San Francisco 22,



NEW TECHNIQUES EVOLVING TO MEET DEMANDS ON TIME AND DISTANCE

244577



f
rary
Dept
Calif
12-68

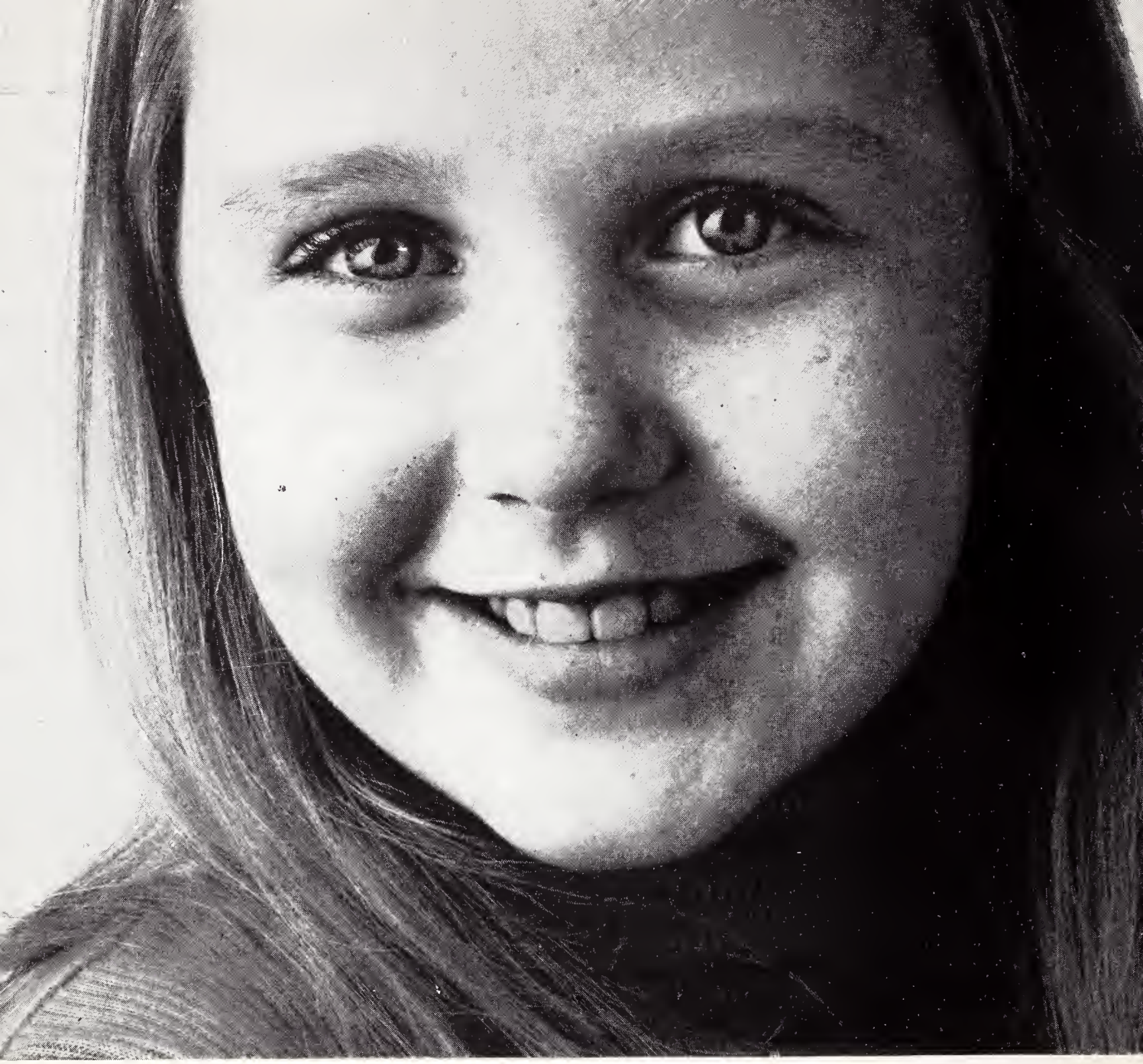


Photo professionally posed.

No injection after all!

This penicillin produces high, fast levels—orally.

Pen•Vee® K is usually so rapidly and completely absorbed that therapeutic penicillin levels are attained within 15 to 30 minutes. Thus it can often obviate the need for penicillin injections. The higher serum levels produced generally last longer than with those of oral penicillin G.

Indications: Infections susceptible to oral penicillin G: prophylaxis and treatment of streptococcal infections; treatment of pneumococcal, gonococcal, and susceptible staphylococcal infections; prophylaxis of rheumatic fever in patients with a previous history of the disease.
Contraindications: Infections caused by nonsusceptible organisms; history of penicillin sensitivity.
Warnings: Acute anaphylaxis (may prove fatal unless promptly controlled) is rare but more frequent in patients with previous penicillin sensitivity, bronchial asthma or other allergies. Resuscitative (epinephrine, aminophylline, pressor amines) and supportive (antihistamines, methylprednisolone sodium succinate) drugs should be readily available. Other rare hypersensitivity reactions include nephropathy, hemolytic anemia, leucopenia and thrombocytopenia. In suspected hypersensitivity, evaluation of renal and hematopoietic systems is recommended.
Precautions: In suspected staphylococcal infections, perform proper laboratory studies including sensitivity tests. If overgrowth of nonsusceptible organisms occurs (constant observation is essential), discontinue penicillin and take appropriate measures. Whenever allergic reactions occur, withdraw penicillin unless condition being treated is considered life threatening and amenable only to penicillin. Penicillin may delay or prevent appearance of primary syphilitic lesions. Gonorrhea patients suspected of concurrent syphilis should be tested serologically for at least 3 months. When lesions of primary syphilis are suspected, dark-field examination should precede use of penicillin. Treat beta-hemolytic streptococcal infections with full therapeutic dosage for at least 10 days to prevent rheumatic fever or glomerulonephritis. In staphylococcal infections, perform surgery as indicated.
Adverse Reactions: (Penicillin has significant index of sensitization): Skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported (see "Warnings").
Composition: Tablets—125 mg. (200,000 units), 250 mg. (400,000 units), 500 mg. (800,000 units); Liquid—125 mg. (200,000 units) and 250 mg. (400,000 units) per 5 cc.

Wyeth Laboratories Philadelphia, Pa.

ORAL **PEN•VEE® K**

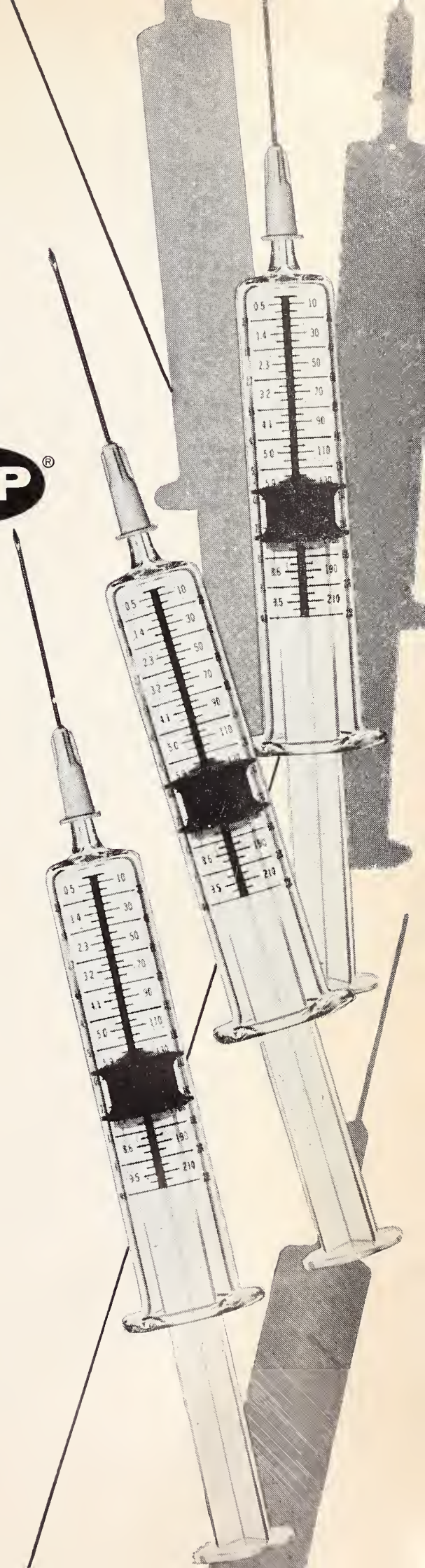
(potassium phenoxymethyl penicillin) Wyeth®

BSP® DISPOSABLE UNIT

HW&D BRAND OF SODIUM SULFOBROMOPHTHALEIN INJECTION, USP

(50 mg. per ml.)

BSP®



ROMSULPHALEIN®

IN A COMPLETE,

STERILE,

DISPOSABLE,

& ECONOMICAL

PATIENT-UNIT.

BSP, one of the more valuable single laboratory procedures for determining hepatic function, is now packaged in a complete individual patient-unit.

The BSP Disposable Unit contains a sterile syringe with the dosage schedule imprinted on the barrel, a sterile needle, alcohol swab and a 7.5 ml. or 10 ml. size ampule of terminally sterilized BSP solution. Each unit contains complete directions for use, precautions and contraindications.

This all-inclusive disposable put-up lessens the chance of cross-infection and saves time and labor — the most costly commodities.

HYNSON, WESTCOTT & DUNNING, INC.

HW&D (BSP03)

BALTIMORE, MARYLAND 21201

January 1969

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication

3935 N. Meridian, Indianapolis, Indiana 46208

Contents

SCIENTIFIC

A Survey of Continuing Medical Education in Indiana, Jack W. Hickman, M.D., Robert B. Stonehill, M.D., Charles R. Brown, M.S., George T. Lukemeyer, M.D., Indianapolis 29

Current Legislation Proposals for the Multiple Handicapped Individual and the Indiana Physician, Nancy A. Roeske, M.D., Eugene M. Helveston, M.D., Indianapolis 35

The Dangers of Dysbarism, Robert B. Stonehill, M.D., Raymond H. Murray, M.D., Indianapolis 41

Gastric Distension During Tracheoesophageal Fistula Repair, Gale E. Dryden, M.D., Indianapolis 46

Electrocardiogram of the Month: AV Dissociation: The Use of Isoproterenol (Isuprel®), Charles Fisch, M.D., Indianapolis 48

X-Ray Conference: Arteriographic Diagnosis of a Bleeding Gastric Ulcer, Erich K. Lang, M.D., Shreveport, La. 50

EDITORIALS

Abortion and the Law in Indiana 52

SKF Foundation Grows in Breadth and Volume 53

Please Turn Down the Lights (Guest) 53

Essential Facts in the Attack on Environmental Pollution (Guest) 53

Editorial Notes 55

SPECIAL FEATURES

Third Annual Symposium of the National Pharmaceutical Council 60

Preceptorship Proves Highly Rewarding, K. W. Bush, Administrative Assistant, ISMA .. 62

Index to House of Delegates Proceedings 93

REGULAR FEATURES

President's Page 11

Month in Washington 15

What's New? 23

Fourth Estate 24

The Woman's Auxiliary Reports to ISMA 56

Medical Panorama: The World Doth Turn, A. W. Cavins, M.D., Terre Haute 64

Annual Meeting Dates of Professional Medical and Allied Organizations 65

News from the I.U. School of Medicine 66

Medicine at Law 67

Wanted: Physicians, Locations 70

New Blue Shield Procedure and New Benefits (One of a Series) 75

Abstracts, Book Reviews 76

News Notes 83

Board of Health Report 86

Future Meetings, Seminars, Courses 87

County, District News 90

From The Journal 50 Years Ago 135

BUSINESS

Executive Committee:

Nov. 16, 1968 91

EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritten double-spaced with margins af one inch.

Photographs should be printe on glassy paper. Negatives cannc be used.

Illustrations are desirable. Sele tion af illustrations submitted c discretian of editor and editoric baard members.

Contributars are responsible fc all statements made in their a ticles. The editors and editoric board members may not be i agreement with all views expresse by authars, but it is desired t give all authors as great latitud as passible.

Articles are accepted for public tion with the understanding th they are submitted for exclusiv publicatian.

Communications dealing wi editorial matter shauld be sent Frank B. Ramsey, M.D., Editar, 18(North Illinais Street, Indianapol 46202. All other communic tions should be sent ta THE JOU NAL of the Indiana State Medic Assaciation, 3935 N. Meridia Indianapalis 46208.

Advertising rates will be fu nished on request. Copy must received by the 5th of the mon preceding month of issue. (Scie tific manuscripts must be receiv at least two weeks earlier geared for a specific issue.)

Representative for national a vertising is the State Medic Journal Advertising Bureau, 5 N. Dearborn St., Chicaga,

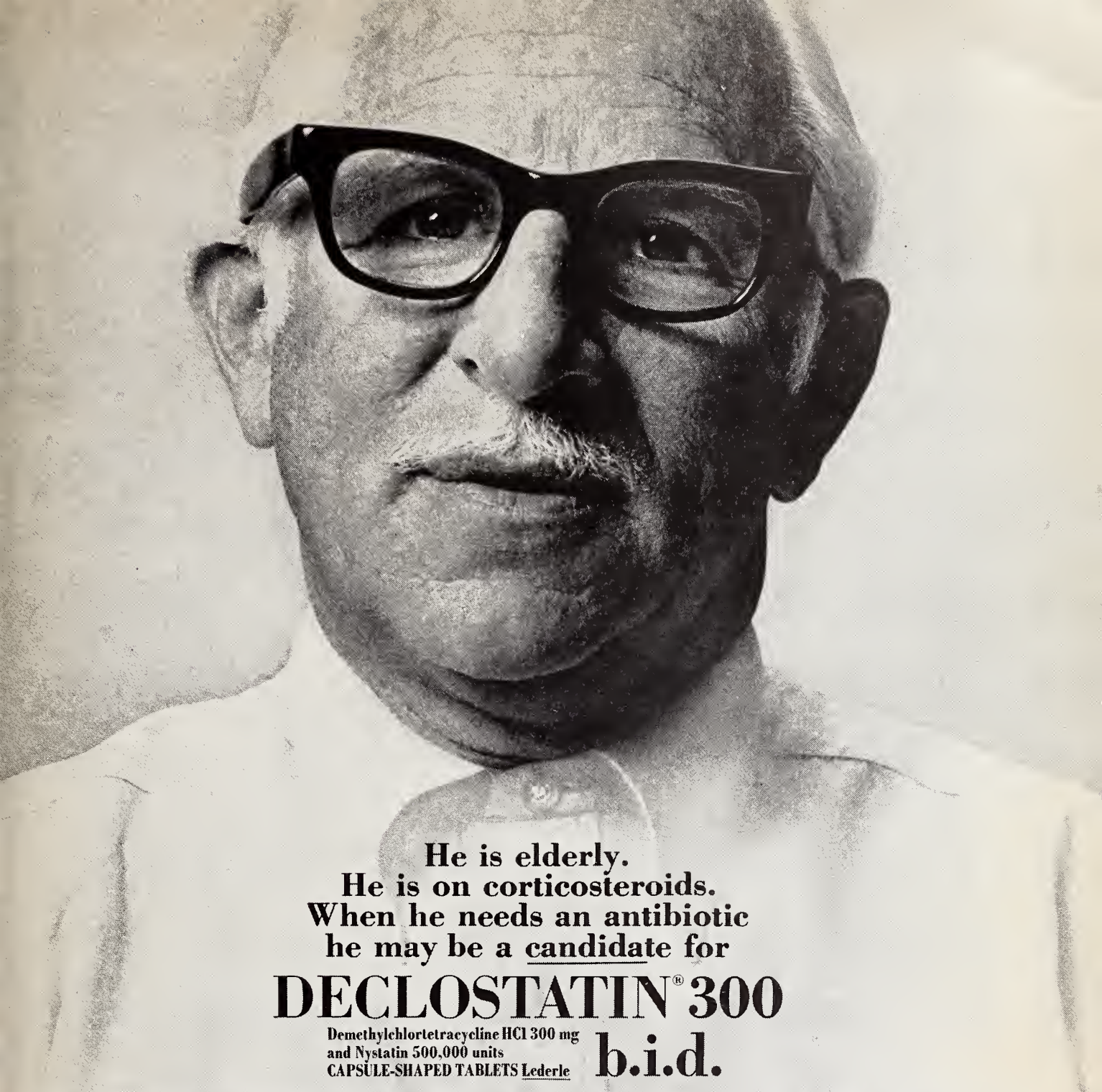
Entered as second class matt January 25, 1933, at the Pastoffi at Indianapalis, Indiana. Capyrig 1969 by the Indiana State Medi Association. Published monthly 3935 N. Meridian, Indianapa 46208.

Second-class postage paid Indianapalis, Indiana and additianal mailing office.

All issues of 1967 and sub quently may be obtained on mic film. Address The Journal details.

About Our Cover

on page 29.



He is elderly.
He is on corticosteroids.
When he needs an antibiotic
he may be a candidate for

DECLOSTATIN® 300

Demethylchlortetracycline HCl 300 mg and Nystatin 500,000 units
CAPSULE-SHAPED TABLETS Lederle

b.i.d.

o guard susceptible patients against intestinal monilial overrowth during broad-spectrum therapy—the protection of ystatin is combined with demethylchlortetracycline in ECLOSTATIN.

For your susceptible candidates, prescribe DECLOSTATIN the broad-spectrum therapy that prevents monilial vergrowth.

ffectiveness: Because its antibacterial component is DECLOMYCIN emethylchlortetracycline, DECLOSTATIN should be equally or more fective therapeutically than other tetracyclines in infections caused by tracycline-sensitive organisms. The antifungal component, Nystatin, otects against superinfection by antibiotic-resistant fungal overgrowth particularly monilia) in the intestinal tract.

ontraindication: History of hypersensitivity to demethylchlortetracyine or nystatin.

arning: In renal impairment, usual doses may lead to excessive accumation and liver toxicity. Under such conditions, lower than usual doses e indicated, and, if therapy is prolonged, serum level determinations ay be advisable. A photodynamic reaction to natural or artificial sunght has been observed. Small amounts of drug and short exposure may oduce an exaggerated sunburn reaction which may range from erytema to severe skin manifestations. In a smaller proportion, photollergic reactions have been reported. Patients should avoid direct posure to sunlight and discontinue drug at the first evidence of skin scomfort. Necessary subsequent courses of treatment with tetracyines should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. Skin—maculopapular and erythematous rashes; a rare case of exfoliative dermatitis has been reported. Photosensitivity; onycholysis and discoloration of the nails (rare). Kidney—rise in BUN, apparently dose related. Transient increase in urinary output, sometimes accompanied by thirst (rare). Hypersensitivity reactions—urticaria, angioneurotic edema, anaphylaxis. Teeth—dental staining (yellow-brown) in children of mothers given this drug during the latter half of pregnancy, and in children given the drug during the neonatal period, infancy and early childhood. Enamel hypoplasia has been seen in a few children. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Demethylchlortetracycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Should be given 1 hour before or 2 hours after meals, since absorption is impaired by the concomitant administration of high calcium content drugs, foods and some dairy products. Treatment of streptococcal infections should continue for 10 days, even though symptoms have subsided.

Lederle

LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, New York

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

ANNUAL CONVENTION—OCTOBER 13-16, 1969—INDIANAPOLIS

OFFICERS FOR 1968-69

President—Patrick J. V. Corcoran, 3700 Bellemeade, Evansville 47715.

President-Elect—Lowell H. Steen, 2450 169th St., Hammond 46323.

Treasurer—Lester H. Hoyt, M.D., Methodist Hospital, Indianapolis 46202.

Assistant Treasurer—Malcolm O. Scamahorn, Pittsboro 46167

Executive Secretary—Mr. James A. Waggener, 3935 N Meridian, Indianapolis 46208.

TRUSTEES

District	Term Expires
1—Gilbert M. Wilhelmus, Evansville	Oct. 1971
2—Joe Dukes, Dugger	Oct. 1969
3—Donald M. Kerr, Bedford	Oct. 1970
4—Robert M. Reid, Columbus	Oct. 1971
5—Wilbert McIntosh, Riley	Oct. 1969
6—Stephen D. Smith, Knightstown	Oct. 1970
7—James H. Gosman, Indianapolis	Oct. 1971
8—Donald R. Taylor, Muncie (Chairman)	Oct. 1969
9—Peter R. Petrich, Attica	Oct. 1970
10—Vincent J. Santare, Munster	Oct. 1971
11—Lowell Hillis, Logansport	Oct. 1969
12—William R. Clark, Fort Wayne	Oct. 1970
13—Otis R. Bowen, Bremen	Oct. 1971

ALTERNATES

District	Term Expire
1—Eugene Austin, Evansville	197
2—Betty Dukes, Dugger	197
3—Elmer L. Wallace, New Albany	197
4—Jack E. Shields, Brownstown	197
5—Cleon M. Schauwecker, Greencastle	197
6—Frank Green, Rushville	196
7—John O. Butler, Indianapolis	196
8—Paul Sparks, Winchester	197
9—Lindley Wagner, Lafayette	197
10—Charles T. Disney, Gary	196
11—James A. Harshman, Kokomo	197
12—Frederic L. Schoen, Fort Wayne	197
13—G. Beach Gattman, Elkhart	197

SECTION OFFICERS 1968-69

Section on Surgery:
Chairman—Henry Larzelere, Marion
Vice-chairman—Austin Gardner, Indianapolis
Secretary—Robert Rang, Washington

Section on Internal Medicine:
Chairman—Louis Sandock, South Bend
Vice-chairman—Evart M. Beck, Indianapolis
Secretary—Robert L. Rudesill, Indianapolis

Section on Ophthalmology and Otolaryngology:
Chairman—David E. Brown, Indianapolis
Vice-chairman—Kenneth F. Isenogle, Fort Wayne
Secretary—George A. Clark, Indianapolis

Section on Anesthesiology:
Chairman—Robert W. Vermilya, Lafayette
Vice-chairman—William M. Sholty, Lafayette
Secretary—Adolph P. Walker, East Chicago

Section on General Practice:
Chairman—Robert W. Mouser, Indianapolis
Vice-chairman—Richard Juergens, Fort Wayne
Secretary—Robert Acher, Greensburg

Section on Obstetrics and Gynecology:
Chairman—Tom W. Wachob, Jr., Kokomo
Vice-chairman—Charles R. Echt, Indianapolis
Secretary—Barton T. Smith, Marion

Section on Public Health and Preventive Medicine:
Chairman—Bertram F. Duckwall, Terre Haute
Vice-chairman—
Secretary—Louis E. How, South Bend

Section on Radiology:
Chairman—John A. Robb, Indianapolis
Vice-chairman—Robert E. Beck, Evansville
Secretary—Dale B. Parshall, Elkhart

Section on Nervous and Mental Diseases:
Chairman—Robert O. Bill, Indianapolis
Vice-chairman—Richard L. Shriner, South Bend
Secretary—Wesley A. Kissel, Indianapolis

Section on Pathology and Forensic Medicine:
Chairman—Robert J. Frost, Michigan City
Vice-chairman—Harley P. Palmer, Franklin
Secretary—Robert L. Costin, Indianapolis

Section on Pediatrics:
Chairman—Roland E. Miller, Lafayette
Vice-chairman—Gustaf W. Erickson, South Bend
Secretary—Morris Green, Indianapolis

Section on Directors of Medical Education:
Chairman—Donald T. Olson, South Bend
Vice-chairman and Secretary—Franklin A. Bryan, Fo Wayne

DELEGATES TO THE AMA

Terms expire December 31, 1969:

Delegates	Alternates
Guy A. Owsley Hartford City	Maurice E. Glock Fort Wayne
Jack E. Shields Brownstown	Dwight W. Schuster Indianapolis

Terms expire December 31, 1970:

Delegates	Alternates
Don E. Wood Indianapolis	James A. Harshman Kokomo
Eugene F. Senseny Fort Wayne	Eugene S. Rifner Van Buren
Frank H. Green Rushville	Kenneth O. Neumann Lafayette

THE EARLY SYMPTOMS OF OSTEOPOROSIS

ow back pain muscle spasm

OFTEN RESPONO TO CALCIUM THERAPY



n postmenopausal and geriatric patients, low back ain of unspecified origin may be symptomatic of the arly stages of osteoporosis and calcium depletion. reatment with Calcium-Forte, a form of calcium eadily available for absorption, may help to restore a ositive calcium balance. In doing so, often it can lleviate the symptoms and help to arrest the progress f osteoporosis by preventing further skeletal damage.

)ne packet of Calcium-Forte contains the equivalent of 00 mg. elemental calcium, the same amount found in ne-half quart of milk.

] pleasant tasting ☐ highly concentrated
] readily soluble

ndications: As an adjunctive measure for major calcium epletion states, which require elemental intakes higher than ormal dietary supplements can provide, such as the initial tages of postmenopausal and senile osteoporosis and advanced steoporosis; also adjunctively with Vitamin D for the treatment f mild or latent hypocalcemic tetany.

Contraindications: Lithiasis, hypercalcemia, cardiac or renal failure.
Precautions: If the patient has a history of renal disease, administration of Effervescent Calcium Granules should be accompanied by abundant intake of acidulous liquids such as fruit juices to avoid hypercalciuria. Should hypercalciuria occur, dosage should be reduced accordingly. Due consideration should be given to the sodium content of Effervescent Calcium Granules when treating patients requiring low sodium diets.
Side Effects: In high doses may cause indigestion or diarrhea. Constipation may occur occasionally.
Composition: Each packet of orange-flavored Effervescent Calcium Granules contains 2.94 grams of the double salt calcium lactate-gluconate and 0.30 grams of calcium carbonate (also contains 325 milligrams of sodium per packet).

New CALCIUM-FORTE

(Effervescent Calcium) Granules

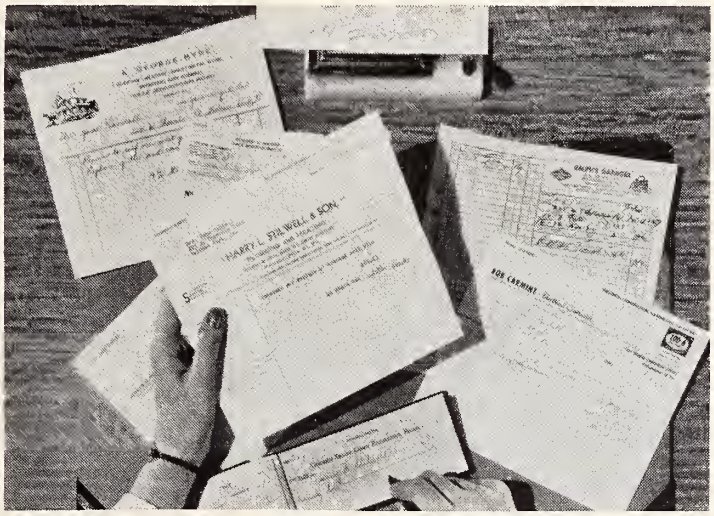
SANDOZ PHARMACEUTICALS, HANOVER, N.J. SANDOZ

68-207

COUNTY MEDICAL SOCIETY DIRECTORY

COUNTY	PRESIDENT	SECRETARY
Adams	Arthur H. Girod, Decatur	Harold F. Zwick, 227 S. Second St., Decatur
Allen (Fort Wayne)	Frederic L. Schoen, Fort Wayne	Eugene E. Schmidt, Suite 725, Indiana Bank Bldg., Fort Wayne
		Mr. Larry L. Pickering, Exec. Secy., 212 Med. Ctr. Bldg., Fort Wayne
Bartholomew-Brown	Harold W. Richmond, Columbus	C. David Ryan, 2600 Sandcrest Blvd., Columbus
Benton	A. L. Coddens, Earl Park	D. L. McKinney, Box 398, Otterbein
Boone	James R. McAfee, Lebanon	Katherine A. Jackson, 95 E. Oak St., Zionsville
Carroll	Marilyn L. Wagoner, Burlington	Robert Seese, 101 W. North St., Delphi
Cass	B. R. Hall, Logansport	Edward L. TerBush, 216 Ninth Street, Logansport
Clark	Robert K. McKechnie, Jeffersonville	Hassi Shina, Charlestown
Clay	J. Frank Maurer, Brazil	Forrest R. Buell, 314 Lankford St., Clay City
Clinton	Lee F. Dupler, Frankfort	Francis E. Carrel, 209 S. Columbia St., Frankfort
Daviess-Martin	A. G. Blazey, Washington	Hamlin B. Lindsay, 511 E. Main St., Washington
Dearborn-Ohio	Fred D. Houston, Lawrenceburg	Leslie M. Baker, 501 Fourth St., Aurora
Decatur	Dale D. Dickson, Greensburg	Arnold D. Ducanes, 215 N. Franklin St., Greensburg
DeKalb	John C. Harvey, Auburn	C. Bishop Hathaway, 209 N. Jackson St., Auburn
Delaware-Blackford	Glynn A. Rivers, Muncie	Richard N. Philbert, 2810 Ethel Ave., Muncie
Dubois	H. G. Backer, Ferdinand	John Bretz, 302 Fourth St., Huntingburg
Elkhart	James R. Miller, Elkhart	Page E. Spray, 320 W. High St., Elkhart
Fayette-Franklin	R. G. Janes, Connersville	J. L. Steinem, 818 Grand Ave., Connersville
Floyd	William F. Ruoff, New Albany	Daniel H. Cannon, 1201 E. Spring St., New Albany
Fountain-Warren	Jack D. Furr, Kingman	Theodore Person, 601 N. Mill St., Veedersburg
Fulton	Joseph D. Richardson, Rochester	F. Richard Walton, 116 W. 9th St., Rochester
Gibson	Roland E. Weitzel, Princeton	Richard Noveroske, Gibson County Hospital, Princeton
Grant	J. C. Jarrett, Marion	Robert G. Young, 1207 Northwood Ct., Marion
Greene	Robert Moses, Worthington	Harry Rotman, Jasonville
Hamilton	Claude M. Donahue, Carmel	John G. Haywood, 120 N. 11th St., Noblesville
Hancock	Bob R. Cagle, New Palestine	Ralph L. Rea, 120 W. McKenzie Rd., Greenfield
Harrison-Crawford	Carl Dillman, Corydon	Richard A. Jordan, Corydon
Hendricks	Joseph Kerlin, Danville	Malcolm O. Scamahorn, Pittsboro
Henry	Guido P. Wilhelm, New Castle	Paul T. KinKade, 1015 Broad St., New Castle
Howard	John L. Frazier, Kokomo	John H. Elleman, 416 W. Mulberry St., Kokomo
Huntington	Wayne S. Miller, Huntington	Stanton E. Cope, 1022 N. Jefferson St., Huntington
Jackson-Jennings	Kenneth E. Bobb, Seymour	William F. Blaisdell, 207 N. Pine, Seymour
Jasper	Ernest R. Beaver, Rensselaer	Francis E. O'Brien, McKinley and Washington Sts., Rensselaer
Jay	Ralph Steffy, Portland	Elizabeth Tate, 317 S. Main St., Dunkirk
Jefferson-Switzerland	Theodore C. C. Fong, Madison	Ott B. McAtee, Madison State Hospital, Madison
Johnson	George Brown, Greenwood	Charles Link, 365 E. Main St., Greenwood
Knox	Charles L. Miller, Vincennes	Daniel J. Combs, 1325 McDowell Rd., Vincennes
Kosciusko	Wymond B. Wilson, Mentone	Arthur L. Moser, 600 Winona, Warsaw
LaGrange	Dean L. Mattox, LaGrange	Kenneth M. Lehman, Topeka
Lake	Seymour W. Shapiro, Gary	Reginald R. Barton, 7737 Forrest Ave., Gary
		Mr. John B. Twyman, Ex. Dir., 4640 W. 5th Ave., Gary
LaPorte	William E. Wolf, LaPorte	James J. J. Sprecher, 1001 Maple Ave., LaPorte
		Mrs. Polly Dent, Exec. Dir., 903 Indiana Ave., LaPorte
Lawrence	George W. Sorrells, Bedford	Reid C. Crosby, 11 Saddler Ct., Bedford
Madison	D. L. Buckles, Anderson	William M. Stinson, 333 Jackson St., Anderson
Marion	Hugh K. Thatcher, Indianapolis	A. Alan Fischer, 3500 Lafayette Rd., Suite 203, Indianapolis
		Mr. Arthur G. Loftin, Exec. Secy., 211 N. Delaware St., Indianapolis
Marshall	James Hampton, Argos	Harry Stoller, 109 N. Walnut St., Plymouth
Miami	Parker W. Snyder, Peru	Gordon S. Crates, Denver
Montgomery	V. G. Viray, Crawfordsville	W. E. Shannon, 408 W. Market St., Crawfordsville
Morgan	George Ostheimer, Martinsville	Maurice A. Turner, 101½ N. Main St., Martinsville
Newton	John Parker, Goodland	Arthur Schoonveld, Brook
Noble	O. Thomas Slough, Kendallville	Joseph Greenlee, Avilla
Orange	Charles X. McCalla, Paoli	Phillip T. Hodgin, Orleans
Owen-Monroe	Brad Bomba, Bloomington	Glen D. Ley, 400 E. Third St., Bloomington
Parke-Vermillion	John Somerville, Clinton	J. Franklin Swaim, 111 N. Market St., Rockville
Perry	Robert Gilbert, Tell City	Gene E. Ress, 507 Main St., Tell City
Pike	M. H. Omstead, Petersburg	M. H. Omstead, Petersburg
Porter	John E. Read, Chesterton	Milton R. Carlson, 14000 Central, Portage
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
Pulaski	William R. Thompson, Winamac	Charles Heinsin, Winamac
Putnam	Fred Haggerty, Greencastle	Anne S. Nichols, 707 E. Seminary, Greencastle
Randolph	Howard W. Koch, Winchester	Paul W. Sparks, 214 S. Main St., Winchester
Ripley	Bill E. Freeland, Batesville	William J. Warn, Milan
Rush	Donald I. Dean, Rushville	Charles E. Sheets, Manilla
St. Joseph	Jacob Rosenwasser, Mishawaka	L. F. Sandock, 503 Sherland Bldg., South Bend
		Mr. Harry Davis, Exec. Secy., 106 W. Monroe, South Bend
Scott	Ignacio B. Castro, Shelbyville	Jesus C. Bacala, 69 Wardell St., Scottsburg
Shelby	P. M. Inlow, Shelbyville	R. P. Inlow, 103 W. Washington St., Shelbyville
Spencer	John C. Glackman, Jr., Rockport	Michael O. Monar, Rockport
Starke	Earl Leinbach, Hamlet	W. Allen Palmer, Knox
Steuben	Mary H. Cameron, Angola	Richard W. Artz, 416 E. Maumee St., Angola
Sullivan	M. H. Bedwell, Sullivan	J. S. Brown, Carlisle
Tippecanoe	Hugh Steele, Lafayette	Anson F. Hughes, 2424 Ferry St., Lafayette
Tipton	Harold Ericson, Windfall	Jean V. Carter, 130 N. Main St., Tipton
Vanderburgh	Ralph Carlson, Evansville	Mr. Arthur P. Tiernan, Exec. Secy., 109½ S. E. 3rd., Evansville
Vigo	Fred Dierdorf, Terre Haute	Edward M. Johnson, 221 S. Sixth St., Terre Haute
Wabash	Fred C. Poehler, LaFontaine	Frank Smyrniotis, 645 Spring St., Wabash
Warrick	Peter B. Hoover, Boonville	Robert C. Colvin, Newburgh
Washington	Roy L. Fultz, Salem	Charles B. Carty, Pekin
Wayne-Union	John H. Mader, Richmond	John Dehner, Reid Memorial Hospital, Richmond
Wells	Charles Caylor, Bluffton	R. D. Willard R. R. 4, Bluffton
White	W. M. Dickerson, Monticello	M. Ali Jehanyar, 116 N. Illinois, Monticello
Whitley	Verlin P. Huffman, S. Whitley	Thomas Hamilton, 115 S. Main St., Columbia City

Paying Bills is a Personal Matter . . .



Collecting Them Is, Too!

Delinquent medical and dental accounts require special handling; no one is more aware of this fact than are our experienced collectors.

Because of this, we pattern our methods of collecting accordingly; with a full recognition of the personal needs of both doctor and patient.

We stand ready to help you recover lost money, cut credit losses and rehabilitate accounts. For service with a personal touch, call us today!

Associated Credit Bureaus

OF INDIANA

affiliated with

ASSOCIATED CREDIT BUREAUS OF AMERICA

Contact your local ASSOCIATED CREDIT BUREAU OF INDIANA *member*

ISMA Committees and Commissions for 1967–1968

COMMITTEES

Executive
Ralph V. Everly, Indianapolis, chairman; Burton E. Kintner, Elkhart; P. J. V. Corcoran, Evansville, President; Lowell H. Steen, Hammond, President-Elect; Donald Taylor, Muncie, Chairman of the Board of Trustees; Lester H. Hoyt, Indianapolis, Treasurer; Malcolm O. Scamahorn, Pittsboro, Assistant Treasurer.

Grievance
Philip B. Reed, Indianapolis, chairman; Eugene S. Rifner, Van Buren, vice-chairman; Robert G. Young, Marion, secretary; Kenneth L. Olson, South Bend, Earl W. Mericle, Indianapolis; Richard Bloomer, Rockville; John M. Paris, New Albany; Wilson L. Dalton, Shelbyville; William R. Noe, Bedford.

Student Loan
G. O. Larson, LaPorte; Lester H. Hoyt, Indianapolis; Glenn W. Irwin, Indianapolis; Donald R. Taylor, Muncie; James O. Ritchey, Indianapolis; Lester D. Bibler, Indianapolis; Mr. Robert Robinson, Indianapolis.

Medical-Legal Review
Lall G. Montgomery, Muncie; Truman E. Caylor, Bluffton; E Rogers Smith, Indianapolis

COMMISSIONS

Aging
George M. Young, Gary, Chairman; A. W. Cavins, Terre Haute, Vice-Chairman; Raymond Duncan, Bedford, Secretary; Bernard B. Rosenblatt, Evansville; R. E. Buckingham, Bloomington; Walter S. Fisher, Columbus; Glen A. Ramsdell, Richmond; John O. Butler, Indianapolis; John Cullison, Muncie; Wallace R. Van Den Bosch, Lafayette; George W. Wagoner, Delphi; Nathan Salon, Fort Wayne; Donald T. Olson, South Bend; Andrew C. Offutt, Indianapolis; Wendell C. Anderson, Indianapolis.

Constitution and Bylaws
Gordon S. Fessler, Rising Sun, Chairman; William M. Sholty, Lafayette, Vice-Chairman; James F. Lewis, Liberty, Secretary; George W. Willison, Evansville; Thomas H. Gootee, Jasper; M. C. Topping, Terre Haute; Joseph F. Ferrara, Franklin; B. D. Wagoner, Union City; Chester L. Waits, Lafayette; O. L. Marks, East Chicago; Richard L. Glendening, Logansport; John S. Farquhar, Fort Wayne; Edwin C. Mueller, La Porte; Burton Kintner, Elkhart.

Convention Arrangements
Charles H. Aust, Fort Wayne, Chairman; Durward W. Paris, Kokomo, Vice-Chairman; William M. Kendrick, Mooresville, Secretary; Richard B. Hovda, Evansville; William F. Howard, Bloomington; Irvin Sonne, New Albany; Merritt O. Alcorn, Madison; John E. Freed, Jr., Terre Haute; John Mader, Richmond; Francis E. Stout, Muncie; Boyd A. Burkhardt, Tipton; John L. Ferry, Whiting; James D. Finfrock, Elkhart; Kenneth Kohlstaedt, Indianapolis; Charles Fisch, Indianapolis.

Governmental Medical Services
Charles Hendrix, Vincennes; Guy H. Waldo, Bedford; Herman Echsner, Columbus; Dick J. Steele, Greencastle; Tom S. Shields, Richmond; Robert P. Scott, Indianapolis; J. F. Hinchman, Parker; Ramon B. Dubois, Lafayette; Edward J. Dierolf, Gary; George D. Buckner, Fort Wayne; D. D. Swihart, Elkhart; Jerome E. Holman, Jr., Indianapolis; Glen V. Ryan, Indianapolis.

Inter-Professional Relations
Fred Flora, Frankfort, Chairman; Virgil E. Angel, Highland, Vice-Chairman; William S. Robertson, Spiceland, Secretary; A. Wayne Ratcliffe, Evansville; Philip R. Karsell, Bloomington; Charles X. McCalla, Paoli; John W. Ripley, Seymour; Richard L. Veach, Bainbridge; Willis W. Stogsdill, Indianapolis; Wendell Covalt, Muncie; H. H. Dunham, Wabash; Pierre C. Talbert, Bluffton; A. Alan Fischer, Indianapolis; Robert G. Husted, Munster.

Legislation
Dwight W. Schuster, Indianapolis, Chairman; Don E. Wood, Indianapolis, Vice-Chairman; Jack W. Hickman, Indianapolis, Secretary; Daniel M. Hare, Evansville; Harold Manifold, Bloomington; Elmer L. Wallace, New Albany; Leslie M. Baker, Aurora; Fred W. Dierdorf, Terre Haute; John Davis, Flat Rock; Guy A. Owsley, Hartford City; Max N. Hoffman, Covington; Daniel Ramker, Hammond; Lester Renbarger, Marion; Eugene F. Senseny, Fort Wayne; Otis R. Bowen, Bremen.

Medical Economics and Insurance
Thomas G. Hamilton, Columbia City, Chairman; Thomas J. Conway, Terre Haute, Vice-Chairman; Chester A. Stayton, Jr., Indianapolis, Secretary; Charles M. Sinn, Evansville; Paul W. Holtzman, Bloomington; Edward J. Ploetner, Jasper; William A. Johnson, North Vernon; David R. Cain, New Castle; James M. Leffel, Indianapolis; Charles E. Geckler, Muncie; Kenneth O. Neumann, Lafayette; A. S. Kobak, Valparaiso; Richard Wagner, Huntington; Jack W. Hannah, Elkhart; William J. Miller, Lafayette.

Medical Education and Licensure
James B. Johnson, Greencastle, Chairman; John L. Cullison, Muncie, Vice-Chairman; Forrest LaFollette, Hammond, Secretary; John Sterne, Evansville; Betty Dukes, Dugger; John M. Paris, New Albany; Richard A. Snapp, Columbus; Frank Coble, Richmond; George T. Lukemeyer, Indianapolis; William Ringer, Williamsport; Leo Radigan, Gary; Lowell J. Hillis, Logansport; Joel Salon, Fort Wayne; Jene R. Bennett, South Bend; Merritt O. Alcorn, Madison; Peter J. Pilecki, Michigan City; Glenn W. Irwin, Jr., Indianapolis.

Public Health
T. O. Middleton, Bloomington, Chairman; Henry G. Nester, Indianapolis, Secretary; Daniel Hare, Evansville; Roy L. Fultz, Salem; R. M. Seibel, Nashville; Cleon M. Schauwecker, Greencastle; Wilson L. Dalton, Shelbyville; Stanley W. Burwell, Muncie; Theodore C. Person, Veedersburg; Gilbert Z. Given, East Chicago; Paul Sparks, Winchester; Theodore J. Smith, Whiting; Bertram Roth, Indianapolis; Charles H. Rushmore, Indianapolis, consultant.

Public Information
Frederic L. Schoen, Fort Wayne, Chairman; William B. Challman, Evansville, Vice-Chairman; William G. Moore, La Porte, Secretary; Louis Blessinger, Corydon; Herman J. Echsner, Columbus; William G. Bannon, Terre Haute; Robert D. Spindler, Shelbyville; Robert W. Harger, Indianapolis; Don W. Boyer, Lebanon; Thomas C. Chael, Munster; Fred C. Poehler, La Fontaine; Louis F. Sandock, South Bend; Loren H. Martin, Indianapolis.

Special Activities
Marvin E. Priddy, Fort Wayne, Chairman; Robert M. Brown, Marion, Vice-Chairman; Norbert M. Welch, Vincennes; Robert O. Zink, Madison; John E. Freed, Jr., Terre Haute; Harold C. Ochsner, Indianapolis; Henry Bibler, Muncie; Clarence G. Kern, Lebanon; Adolph Walker, East Chicago; K. G. Hill, New Castle.

Voluntary Health Agencies
Norman R. Booher, Indianapolis, Chairman; James H. Gosman, Indianapolis, Vice-Chairman; M. O. Scamahorn, Pittsboro, Secretary; Albert Ritz, Evansville; Ed R. Cantwell, Vincennes; T. A. Neathamer, Scottsburg; Harry R. Baxter, Seymour; William G. Bannon, Terre Haute; Wayne Endicott, Greenfield; William A. Karsell, Indianapolis; James S. Fitzpatrick, Portland; Albert E. Applegate, Frankfort; John G. Kolettis, Gary; Lloyd L. Hill, Peru; Richard Willard, Bluffton; Frank McGue, Michigan City.

Future Planning Committee
Earl W. Mericle, Indianapolis, chairman; Maurice E. Glock Fort Wayne; James S. Fitzpatrick, Portland; A. Wayne Ratcliffe, Evansville; Fred S. Carter, LaPorte; William B. Challman, Mount Vernon; James E. Wenger, Nappanee; Charles F. Gillespie, Indianapolis; Leslie M. Baker, Aurora, (Ex-Officio Members)—Patrick J. V. Corcoran, Evansville; G. O. Larson, La Porte; Lowell H. Steen, Whiting; Ralph V. Everly, Indianapolis; Frank B. Ramsey, Indianapolis.

1967-68 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	R. E. Weitzel, Princeton	Fred Smith, Tell City	
2.	Brad Bomba, Bloomington	J. S. Brown, Carlisle	
3.	Daniel H. Cannon, New Albany	Elmer L. Wallace, New Albany	April 2, 1969, New Albany
4.	Bill E. Freeland, Batesville	William J. Warn, Milan	
5.	Jack Somerville, Clinton	Milton Herzberg, Clinton	
6.	Stephen Smith, Knightstown	David Wynegar, Richmond	
7.	John O. Butler, Indianapolis	Donald E. Stephens, Indianapolis	
8.	F. E. Stout, Muncie	Richard N. Philbert, Muncie	May 22, 1969, Lafayette
9.	Hugh Steele, Lafayette	Anson F. Hughes, Lafayette	June 11, 1969, Muncie
10.	R. J. Doherty, Crown Point	Lambro Dimitroff, Calumet City, Ill.	
11.	John D. Pattison, Marion	Fred Poehler, La Fontaine	Sept., 17, 1969, Marion
12.	Kenneth F. Isenogle, Fort Wayne	John J. Hartman, Angola	May 21, 1969, Fort Wayne
13.	John Kerrigan, Michigan City	John Hildebrand, South Bend	



This isn't the end of the line.

(New TUBEX® are constantly being added)



Only TUBEX® offers so complete a line of closed system injectables

and it's still growing.

To meet your present needs more precisely, the Tubex line comprises 37 different products in 69 dosage variations. And more are on the way.

Tubex offers these unit dose advantages:

- **accuracy**—premeasured, clearly labeled to help ensure correct medication
- **convenience**—no filling, no needle-sharpening, no sterilization, no cleanup
- **simplicity**—precision-made, well balanced syringe breech loads in seconds, permits easy aspiration
- **reduces risk**—single-use cartridge-needle units reduce risk of cross contamination; less chance of spillage reduces risk of contact sensitization for doctor or nurse
- **stability**—glass cartridges can't deteriorate or react with medication
- **acceptability**—presharpened, siliconized needles lessen pain of injection; patients appreciate single-use equipment

Just select, inject, throw away

TUBEX®

Wyeth®

UD UNIT DOSE MEDICATION

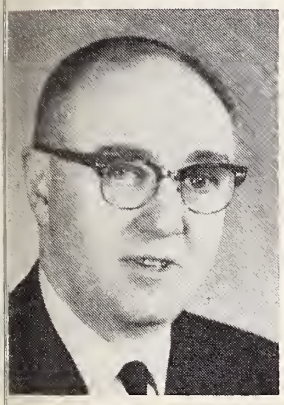
sterile cartridge-needle unit

Wyeth Laboratories Philadelphia, Pa.

President's Page

EMERGENCY CARE

The House of Delegates authorized a new Commission on Emergency Medical Services. This commission has been appointed and is scheduled to meet on January 26th. The issues facing the commission are well known; the solutions will depend on the good will and cooperation of us all. The changing patterns of our mobile times require innovations comparable to those affecting the scientific aspects of our practice.



MEDICINE AND RELIGION

Old concepts are being re-examined. New definitions of some moral standards are being formulated. Even the nature of death—medicine's internal adversary—is under consideration for determination. A new Committee on Medicine and Religion, authorized by the Board of Trustees, is beginning work on these challenging subjects.

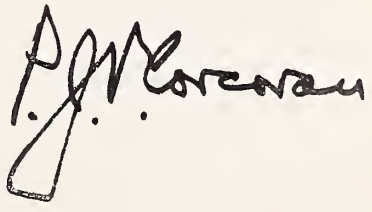
SPORTS MEDICINE

A committee to consider medical questions in all aspects of sports has been set up. This will provide real opportunities to develop positive benefits for participants in various sports and can pay dividends for all concerned.

HOSPITAL STANDARDS

As a result of discussions at the AMA meeting in Miami early last month, revised standards for hospital accreditation are to be offered by the Joint Commission on Accreditation of Hospitals. In February, representatives of the state associations will meet in Chicago with those of the JCAH for further deliberation and to consider modifications or changes. It has been suggested that each state association and local county society have a committee to deal with accreditation matters for medical practice in hospitals.

*** Any suggestions or ideas which you may wish to submit to me will be most welcome and will receive open-minded and serious consideration.





Geigy



Regroton®

chlorthalidone 50 mg.
reserpine 0.25 mg.

One Regroton tablet a day usually helps you and your patient bring high blood pressure down and keep it down.

Regroton produces a smooth, long-acting effect that usually reduces both systolic and diastolic pressures. At the same time it often acts to allay anxiety and nervous tension associated with hypertension.

Although Regroton is generally well tolerated, adverse reactions may occur. This drug is contraindicated in mental depression, demonstrated hypersensitivity, and most cases of severe renal or hepatic diseases. For a complete list of side effects, please see the Prescribing Information summarized on the following page.

Regroton®

chlorthalidone 50 mg.
reserpine 0.25 mg.



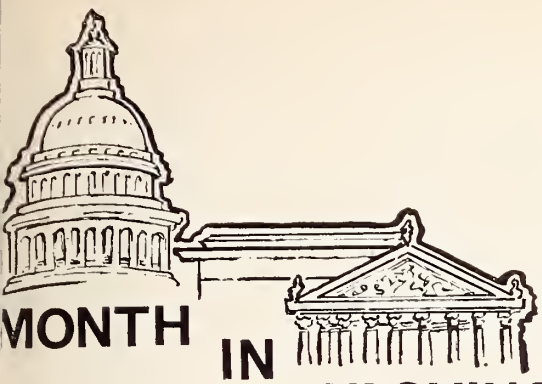
One Regroton tablet a day usually helps you and your patient bring high blood pressure down and keep it down.

Indications: Hypertension. **Contraindications:** History of mental depression, hypersensitivity, and most cases of severe renal or hepatic diseases. **Warning:** With the administration of enteric-coated potassium supplements, which should be used only when adequate dietary supplementation is not practical, the possibility of small-bowel lesions (obstruction, hemorrhage, and perforation) should be kept in mind. Surgery for these lesions has frequently been required and deaths have occurred. Discontinue coated potassium-containing formulations immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Discontinue one week before electroshock therapy, and if depression or peptic ulcer occurs. *Use in pregnancy:* Because chlorthalidone may cross the placental barrier and appear in cord blood and thiazides may appear in breast milk, this drug should be used with care in pregnant patients and nursing mothers. When used in women of childbearing age, the potential benefits of the drug should be weighed against the possible hazards to the fetus. Use of chlorthalidone may result in fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers. **Precautions:** Antihypertensive therapy with this drug should always be initiated cautiously in postsympathectomy patients and in patients receiving ganglionic blocking agents, other potent antihypertensive drugs, or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half. To avoid hypotension during surgery, discontinue therapy with this agent two weeks prior to elective surgical procedures. In emergency surgery, use, if needed, anticholinergic or adrenergic drugs or other supportive measures as indicated. Because of the possibility of progression of renal damage, periodic kidney function tests are indicated. Discontinue if the BUN rises or liver dysfunction is aggravated. Hepatic coma may be precipitated. Electrolyte imbalance, sodium and/or potassium depletion may occur. If potassium depletion should occur during therapy, the drug should be discontinued and potassium supplements given, provided the patient does not have marked oliguria. Take particular care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Severe salt restriction is not recommended. Use cautiously in patients with ulcerative colitis or gallstones (biliary colic may be precipitated). Bronchial asthma may occur in susceptible patients. **Adverse Reactions:** The drug is generally well tolerated. The most frequent side effects are nausea, gastric irritation, vomiting, diarrhea, constipation, muscle cramps, headache, dizziness and acute gout. Other potential side effects include angina pectoris, anxiety, depression, bradycardia and ectopic cardiac rhythms (especially when used with digitalis), drowsiness, dull sensorium, hyperglycemia and glycosuria, hyperuricemia, lassitude, restlessness, transient myopia, impotence or dysuria, orthostatic hypotension which may be potentiated when chlorthalidone is combined with alcohol, barbiturates or narcotics, leukopenia, aplastic anemia, skin rashes, thrombocytopenia, agranulocytosis, nasal stuffiness, increased gastric secretions, nightmare, purpura, urticaria, ecchymosis, weakness, uveitis, optic atrophy and glaucoma, and pruritus. Eruptions and/or flushing of the skin, a reversible paralysis agitans-like syndrome, blurred vision, conjunctival injection, increased susceptibility to colds, dyspnea, weight gain, decreased libido, dryness of the mouth, deafness, anorexia, and pancreatitis when epigastric pain or unexplained G.I. symptoms develop after prolonged administration. Jaundice, xanthopsia, paresthesia, photosensitization and necrotizing angiitis are possible. **Average Dosage:** One tablet daily with breakfast. **Availability:** Pink, single-scored tablets in bottles of 100 and 1000.
(B) 46-600-C

For details, please see complete prescribing information.

Geigy Pharmaceuticals
Division of
Geigy Chemical Corporation
Ardsley, New York 10502

RE-6225



MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

WASHINGTON, D.C.—The incoming Administration work on a health program was started with President-elect Richard Nixon's appointment of John Dunlop, a Harvard University professor, to head a special task force.

DUNLOP, 54, is a prominent economist and an expert in the manpower field. He has been a frequent adviser to the federal government since 1948.

IN A LETTER to employees of the Department of Health, Education and Welfare, Secretary Wilbur J. Cohen, who will return to teaching at the University of Michigan, listed 13 health goals for the 1970's. He previously had said that his teaching position would leave him time to work for new and expanded health programs.

MOST of the goals are non-controversial, and Cohen did not elaborate on details of implementation where controversy arises. The goals:

—Continued expansion of medical research and more rapid dissemination of new knowledge to prevent and cure illness.

—Elimination of economic barriers to medical care, through comprehensive health insurance and other public and private programs.

—Major reduction in infant mortality and early childhood disease.

—Elimination of malnutrition.

—Improvement in the organization and delivery of medical care, with continued emphasis on high quality.

—Widespread transplantation of human organs and development of artificial organs.

—Expanded prevention and improved chances of recovery from heart disease, stroke and cancer.

—Increase of health manpower and better use of professional skills.

—Elimination of large mental institutions and expansion of community mental health centers accessible to all.

—Family planning services available to everyone.

—Improvement in the quality of the environment, with major reduction in air and water pollution.

—Reduction of alcoholism, drug addiction, mental illness, mental retardation and accidents.

—Elimination of smallpox, diphtheria, polio, whooping cough and measles.

Continued

Continue

DRUG FIELD DEVELOPMENTS

DEVELOPMENTS in the drug field include starts on tests of an old drug in treatment of pneumonia and a new one for Parkinson's disease.

THE National Institutes of Health started a widespread test of a polyvalent pneumococcal vaccine that was discarded 20 years ago with the entrance of antibiotics. Edwin M. Lerner, M.D. coordinator of the test program, said it had been demonstrated that persons die of pneumonia because of early stage damage and that antibiotics have not been a cure-all. The old vaccine, manufactured by E. R. Squibb and Sons, was licensed and found effective in 1948, but was taken off the market in 1952 because of lack of sales.

"PENICILLIN was the cure-all in those days," Dr. Lerner said. "It was felt that there was no need to vaccinate people. After all, we thought we could cure them."

THE Public Health Service announced a program to test an experimental drug in treatment of Parkinson's disease. Robert Q. Marston, M.D., director of the National Institutes of Healt said the drug, L-DOPA, may help "up to 75% of patients." But he cautioned it has "serious and unpleasant side effects which must be carefully checked.

OTHER developments in the drug field included:

—The Pharmaceutical Manufacturers Association disputed th finding of an HEW Task Force on Drugs that a $41.7 million saving could have been obtained by use of generic instead of brand name products in 67 of the 409 prescription drugs used most often by elderly persons. C. Joseph Stetler, PMA presi dent, said the claim was not documented and was based "on the unproven assumption that prescriptions written by generic name cost substantially less."

—A Food and Drug Administration advisory committee said tha existing data on whether birth control pills can cause cancer of the cervix is still inconclusive. The Advisory Com mittee on Obstetrics and Gynecology repeated the recommendation of the World Health Organization that all women using birth control pills undergo six-to-12 month medical examinations.

—The government has drawn up a national drug system to permi computerized processing of drug data. The code is designed to provide the needed common language with which to communi cate essential information about drugs rapidly and accurately. The code was drawn up by HEW and the Drug Trade Conference, which represents drug manufacturers and distributors.

REGIONAL MEDICAL PROGRAMS UNDERWAY

REGIONAL medical programs, a majority involving continuing educatio of physicians, are now underway in 24 areas, with 261 separate projects being carried out, according to a government report. Thirty-one regions have not yet embarked on specific programs.

STATES and regions with the most listed projects to date are Tennessee (mid-South), 27; Missouri, 25; Texas, 24; South Carolina, 16; Intermountain (Utah, Wyoming, Montana, Idaho, Nevada), 16; Michigan, 15; Georgia, 14; Kansas, 14; Washington-Alaska, 4; Albany (N.Y.), 10; Memphis (Tenn.), 10; California, 9; Rochester, (N.Y.), 9; and, Oregon, 7.

NEW NATIONAL MENTAL HEALTH CENTER

THE NATION'S largest mental institution, Saint Elizabeth Hospital, Washington, D.C., will be converted to a model of modern mental health services, training and research by the National Institute of Mental Health.

THE National Center for Mental Health Services, training and research will be headed by Sherman N. Kieffer, M.D., Assistant Surgeon General of the Public Health Service.

THE NEW national center will have three divisions. One is the Saint Elizabeth Hospital Division of Clinical and Community Services. In collaboration with the D.C. Department of Health, this division will operate the area D Community Mental Health Center which includes much of southeast Washington. It will also provide active treatment, care and rehabilitation services for the beneficiaries of Saint Elizabeth Hospital.

A DIVISION of intramural training will administer an expanded institute program to train new types of auxiliary mental health manpower and to test new training techniques.

THE THIRD division will be responsible for the development of new approaches in clinical research.

DANGERS OF LSD TO FETUSES STUDIED

A DEADLY brain and skull defect was found in four of 14 aborted fetuses whose mothers used LSD, a George Washington University geneticist reported.

DR. CECIL B. JACOBSON, reporting to a District of Columbia Medical Society meeting, said he also found "moderate" to "severe" flaws in chromosomes of "at least 50%" of 75 female LSD users. The flaws are in genetic material and could impair offspring, he said.

JACOBSON and his associates said they found their subjects by advertising in an underground newspaper for pregnant LSD users, "No Questions Asked." Among the group he has studied, he said, there were 22 normal births and 35 abortions, only 14 of which produced fetuses intact enough for study.

FOUR of the 14 had a disease called "exencephaly" which normally shows in less than one-half of one percent of babies, he said. It is fatal, he added, as one characteristic is that the brain is outside the skull.

EIGHTY PERCENT of the women studied were unmarried, Jacobson's aides said. Some had taken as little as one dose of LSD and others had taken it numerous times.

MAN THREATENED WITH SELF-DESTRUCTION

MAN IS THREATENED with self-destruction because he has damaged, ignored and contaminated "the earth that gives him life," according

Continued

to a federal government official.

CHARLES C. JOHNSON, JR., administrator of the newly created Consumer Protection and Environmental Health Service in the Department of Health, Education and Welfare, said the threat—from pollution, unsafe food, drugs, water and chemical additives to food—among other things—is increasing each year.

JOHNSON spoke at a symposium on human ecology. Ecology is the branch of science dealing with the relationship between people and their environment.

"WITH REGARD to the physical environment, we have reached, or at the very least are rapidly approaching, a critical point," Johnson told the gathering of scientists, lawyers, sociologists, engineers and other specialists.

"EVERY YEAR, pollution gets worse, rather than better; the threat from unsafe food, drugs, water and a variety of consumer products is increasing; the quality of American life, particularly urban life, is deteriorating in a morass of environmental problems so complex as to appear almost beyond remedy," Johnson said.

A hospital for the diagnosis and treatment of psychiatric illness

WABASH VALLEY HOSPITAL

(a not for profit corporation)

2900 North River Road (State Road 43 north)

West Lafayette, Indiana 47906 Phone 317-463-2555

Active Psychiatric Staff	(Phone)
W. R. VanDenBosch, M.D.	447-6404
David L. Evans, M.D.	447-9155
Joe M. Martin, M.D.	463-2695
Edgar C. Stuntz, M.D.	
Limited private practice	
John H. Wilms, M.D.	
F. H. Spurlock, M.D.	749-2441
Alfred R. Heasty, M.D.	

Robert K. Jones, Ph.D.
Clinical Psychologist

Mrs. Margaret Keedy, A.C.S.W.
Psychiatric Social Worker

Elizabeth J. Snyder, R.N.
Director of Nursing Service

James Jones, B.P.E.
Director of Activity Therapy

Donald R. Kinzer, Hospital Administrator

John Sterzer, Business Manager

Admissions are arranged through referral to any active staff psychiatrist.

All general medical and surgical specialties in the community are available through physicians on the open consulting staff.

See next page for prescribing informati



You've made it one of your specifics in acute otitis media

DECLOMYCIN®
DEMETHYLCHLORTETRACYCLINE



You've made it one of your specific in acute otitis media

DECLOMYCIN acts against many strains of H. influenzae, pneumococci and streptococci, th most common invaders. In otitis media, where it is difficult to isolate the causative organism, this coverage may be important. However, some strai may be resistant and other pathogens can be involved.

You've found the high serum levels of DECLOMYCIN important, too. Its prolonged acti permits convenient 300 mg b.i.d. or 150 mg q.i.d. administration.

When specimens are obtainable, your culture studies will indicate the usefulness of DECLOMYCIN.

Effectiveness: DECLOMYCIN Demethylchlortetracycline should be equally or more effective therapeutically than other tetracyclines in infections caused by organisms sensitive to the tetracyclines.

Contraindication: History of hypersensitivity to demethylchlortetracycline.

Warning: In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, lower than usual doses are indicated, and, if therapy is prolonged, serum level determinations may be advisable. A photodynamic reaction to natural or artificial sunlight has been observed. Small amounts of drug and short exposure may produce an exaggerated sunburn reaction which may range from erythema to severe skin manifestations. In a smaller proportion, photoallergic reactions have been reported. Patients should avoid direct exposure to sunlight and discontinue drug at the first evidence of skin discomfort. Necessary subsequent courses of treatment with tetracyclines should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocol pruritus ani. Skin—maculopapular and erythematous rashes; a case of exfoliative dermatitis has been reported. Photosensiti onycholysis and discoloration of the nails (rare). Kidney—rise in B apparently dose-related. Transient increase in urinary output, so times accompanied by thirst (rare). Hypersensitivity reactions—u caria, angioneurotic edema, anaphylaxis. Teeth—dental staining (low-brown) in children of mothers given this drug during the latter of pregnancy, and in children given the drug during the neonatal p od, infancy and early childhood. Enamel hypoplasia has been see a few children. If adverse reaction or idiosyncrasy occurs, disconti medication and institute appropriate therapy. Demethylchlorte cycline may form a stable calcium complex in any bone-forming tis with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Sho be given 1 hour before or 2 hours after meals, since absorptio impaired by the concomitant administration of high calcium cont drugs, foods and some dairy products. Treatment of streptoco infections should continue for 10 days, even though symptoms h subsided.

DECLOMYCIN®
DEMETHYLCHLORTETRACYCLINE

Capsules: 150 mg; **Tablets:** film coated, mg, 150 mg and 75 mg of demethylchlorte cycline HCl.

LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York

Lederle

heavenly relief
for unearthly cough

Benylin®
EXPECTORANT



Each fluidounce contains: 80 mg. Benadryl® (diphenhydramine hydrochloride, Parke-Davis); 12 grains ammonium chloride; 5 grains sodium citrate; 2 grains chloroform; 1/10 grain menthol; and 5% alcohol.

An antitussive and expectorant for control of coughs due to colds or of allergic origin, BENYLIN EXPECTORANT is the leading cough preparation of its kind.

BENYLIN EXPECTORANT tends to inhibit cough reflex... soothes irritated throat membranes. And its not-too-sweet, pleasant raspberry flavor makes BENYLIN EXPECTORANT easy to take.

PRECAUTIONS: Persons who have become drowsy on this or other antihistamine-containing drugs, or whose tolerance is not known, should not drive vehicles or engage in other activities requiring keen response while using this preparation. Hypnotics, sedatives, or tranquilizers if used with BENYLIN EXPECTORANT should be prescribed with caution because of possible additive effect. Diphenhydramine has an atropine-like action which should be considered when prescribing BENYLIN EXPECTORANT.

ADVERSE REACTIONS: Side reactions may affect the nervous, gastrointestinal, and cardiovascular systems. Drowsiness, dizziness, dryness of the mouth, nausea, nervousness, palpitation, and blurring of vision have been reported. Allergic reactions may occur.

PACKAGING: Bottles of 4 oz., 16 oz., and 1 gal.

Parke, Davis & Company
Detroit, Michigan 48232

PARKE-DAVIS

410R69



"The inconvenience of a cold"

For a cold, NTz® Nasal Spray provides rapid relief of nasal symptoms. Relief starts with the first spray which opens the inferior part of the common meatus. A second spray, a few minutes later, will shrink the turbinates to help provide sinus drainage and ventilation. Dosage may be repeated every three or four hours as needed, for temporary relief of symptoms. NTz is well tolerated but overdosage should be avoided.

As a sinusitis deterrent, NTz Nasal Spray can be used to keep the nasal passages open during a cold to help prevent development of acute sinusitis—or to help prevent the acute condition from becoming chronic.

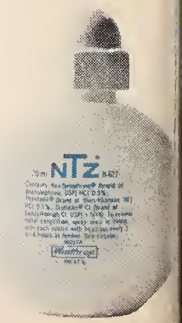
Supplied: NTz Nasal Spray, plastic squeeze bottles of 20 ml.; NTz Nasal Solution, bottles of 30 ml. (1 fl. oz.) with dropper.

NTz is more than a simple vasoconstrictor. It contains

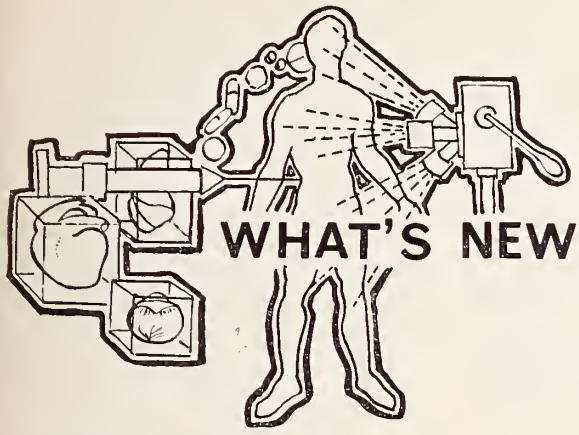
Neo-Synephrine® (brand of phenylephrine) HCl 0.5 per cent, the major component, virtually synonymous with fast, efficient but gentle nasal vasoconstriction.

Thenfadil® (brand of thenyldiamine) HCl 0.1 per cent, topical antihistamine for reduction of rhinorrhea, sneezing or itching. It combats the allergic reactions that may occur in colds or sinusitis.

Zephiran® (brand of benzalkonium, as chloride, refined) 1:5000, antiseptic preservative and wetting agent to promote penetration and spread of the formula.



Winthrop Laboratories, New York, N.Y. 10016 Winthrop



WHAT'S NEW?

Mattel is relabeling its popular child's confection "Incredible Edibles" to warn that for those children who have diabetes, the carbohydrate and caloric content of the product should be included in calculating the day's diet. Dietary upset is highly unlikely and none has been reported but the company feels the revised label is a proper precaution.

* * *

A new air-powered precision dermatome is offered by the Howmet Corporation. It uses a disposable blade which is reliably held in position so that the thickness control mechanism will produce uniform grafts of proper thickness. It operates on a pressure of 90 to 110 psi, with either compressed dry nitrogen or breathing grade compressed air. It is easily sterilized, and does not require any electrical wiring or foot controls. The name is: Hall Air Dermatome.

* * *

Jubilee Industries of Culver City, California, is investigating the feasibility of manufacture and the clinical dependability of an inexpensive clinical, non-breakable, disposable, plastic thermometer. The device has been patented and, if it can be made by mass production methods and proves accurate, will probably find wide usage. None is available yet; all work to date has been investigative.

* * *

Upjohn is reporting on work done at Duke University which indicates good clinical results from the treatment of acne by Lincocin. Tested against a placebo by the double-blind method with alternation of treated patients and controls showed distinct advantages in each group when it was in the active treatment cycle. The same investigators also found that Lincocin was effective in treating skin infections of other varieties when the organism was gram-positive.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.



I don't care if you do like the flavor . . . you're going to have to stop eating my tongue depressors!

OVER 100 YEARS

of service in the prosthetics field

Hanger PROSTHETICS

The year 1961 marked one hundred years of service in the field of prosthetics for the Hanger Organization. Over these one hundred years the name Hanger has become synonymous with prosthetic appliances.



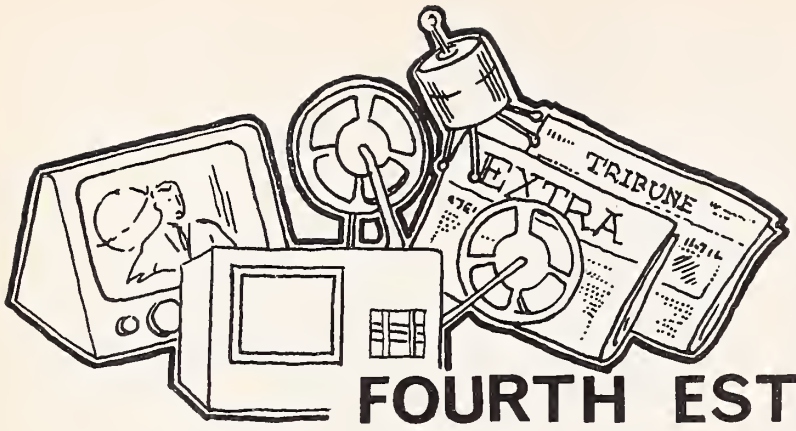
J. E. Hanger, who in 1861, founded the Hanger Organization

• There are over 50,000 wearers of Hanger Prostheses — more than any other make • Complete line of arm and leg prostheses for all types of amputations • Constantly improved through research • The Hanger Organization offers the services of Certified Prosthetists • Advanced college courses given Hanger Prosthetists • Nearly 40 offices in principal cities.

May we put our years of experience to work for you?

Hanger PROSTHETICS — Centennial Hanger Anniversary

1332 N. Illinois St., Indianapolis, Ind. 46202
3108 Burnet Avenue, Cincinnati, Ohio 45229
446 W. Pontiac Street, Fort Wayne, Ind. 46807
416 N. Main Street, Evansville, Indiana 47711



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

"The Time Of Their Lives"

Eric Hoffer, the longshoreman-philosopher, learned things the hard way.

He knows metaphysics can't load a cargo or move a crate. He knows that the way to get things done is by doing them. This is a simple, non-metaphysical thing known as work.

It is something which is totally unknown to a small group of spoiled young demonstrators who hate America because it is not Utopia, who want to destroy the society they see around them because it does not guarantee instant happiness for everyone including those who are unwilling to work hard for anything.

There is bound to be deep antagonism between a man like Hoffer and a man like Henry Mayer, one of the instigators of the student demonstrations that disrupted the University of California at Berkeley in 1966, and have been stirred up at irregular intervals ever since, not only at Berkeley but on university campuses across the nation.

Mayer testified last week before President Johnson's Study Commission on Violence, of which Hoffer is a member.

Many of these superior beings went straight from a cushioned home life in which they were consumers of just about everything they wanted but producers of nothing, to a campus life where their theories could reign supreme. There they were never tested in the rough and tumble proving ground of reality. These are not the people who man the nation's factories and grow its crops, it should be remembered.

They do not build its skyscrapers, dwellings, highways, airports and docks. They do not run its ships, trains, planes and trucks. They do not design its machinery, drive its tractors or combines, perform its surgery and research, make its medicine, haul its goods to market or pay its taxes.

Yet they are full of contempt for the people who do, for the way they live and the way they think.

They are violently opposed to America's role in Vietnam but none of them has ever uttered one faint word of criticism of the Communist war aimed at fastening an iron dictatorship of the Red "elite" on all of the people of Vietnam.

"Student activists are not troublemakers," Mayer said, among other things.

Hoffer's disgust burst out of bounds, "I'm sitting listening to all this stuff here and I just can't swallow it," he said. Of the campus demonstrators, he declared:

"They're having the time of their lives. They're having a ball. You expect educated people to behave in a civilized way. Instead, they behave like hoodlums."

It's a safe bet that Americans who do the nation's work agree with him 100%.—*The Indianapolis Star*, Oct. 30, 1968.

Cautious on Area University

The proposal to create an autonomous, state-supported university in Northwest Indiana is stimulating, but so drastic it should be considered with much caution.

The suggestion was made last week by Richard Wells, state superintendent of public instruction. Wells, a Valparaiso resident and a former teacher at Gary Emerson, has lived and worked in this area for a long time, and he knows the diversity and depth of our educational needs.

We share his enthusiasm for wanting to meet those needs. However, merging regional university facilities in Lake, Porter, and La-Porte counties, as he suggests, has some possible drawbacks that should be explored.

One is that the local Indiana and Purdue campuses have recently expanded their services and facilities through a cooperative program, as well as individually strengthening their ability to serve the area. They both have ambitious plans. They are beginning to fill the area's needs, although it is still just a beginning.

Another is that even if the General Assembly did approve legislation to create an independent university structure here, it might be reluctant to grant enough funds to operate the facilities effectively.

It is true, as Wells says, that I.U. and Purdue are controlled from

Continued



"All Interns are Alike"

It stands to reason. They all go through the same training; they all have to pass the same tests; they all have to measure up to the same standards; they all are underpaid, too. Therefore, all interns are alike.

That's utter nonsense, of course. But it's no more nonsensical than what some people say about aspirin. Namely: since all aspirin is at least supposed to come up to certain required standards, then all aspirin tablets must be alike.

Bayer's standards are far more demanding. In fact, there are at least *nine specific differences* involving purity, potency and speed of tablet disintegration. These Bayer® standards result in significant product benefits including gentleness to the stomach, and product stability that enables Bayer tablets to *stay* strong and gentle until they are taken.

So next time you hear someone say that all aspirin tablets are alike, you can say, with confidence, that it just isn't so.

You might also say that all interns aren't alike, either.



Bloomington and Lafayette. But the two universities are effective lobbyists in Indianapolis, and they are showing more and more interest in Northwest Indiana. A new unit, seeking state funds, probably would be at a disadvantage competing with established universities.

Northwest Indiana will continue the fight to get a medical school, and overdue highway projects. A major effort is being made to land a hugh jetport for the area. All these are vital, and to add another important local project to the list might well cool the General Assembly's enthusiasm for listening to Northwest Indiana. The university idea could dissipate the area's energies and influence.

Wells is right in saying that this area is unique, it is growing, and it has needs other sections of the state do not have. The question is whether to work solidly for better facilities through the existing system or to launch a breakaway move.

Steps towards complete autonomy should be taken with extreme caution.—*Gary Post-Tribune*, Oct. 30, 1968.

Aid Withdrawal Pains

One of the arguments for higher state appropriations to the state universities to be asked of the Indiana General Assembly in its forthcoming session will be the fact that the universities have become heavily dependent on Federal research and other grants, which now are being trimmed back because of the budget problems of the Federal government.

A striking presentation of the situation is made by the Indiana University School of Medicine, which notes that it receives "significantly more" financial support from Federal agencies than from state agencies. More than 46% of the school's operating budget for the 1967-68 fiscal year was covered by Federal grants, against less than 40% from state appropriations.

The rest, about 14% came from student fees and tuition charges, grants from voluntary health agencies and private corporations, and gifts from foundations and individuals.

The operating budget does not include construction costs, which are budgeted separately, nor operating costs of the university hospitals. The hospitals are supported from patient charges, grants from Federal and private organizations, and gifts.

Dr. Glenn W. Irwin Jr., dean of medicine, noted in his recent annual report that Federal grants provide an overwhelming proportion of the budgets for several individual departments of the school. He cited $2.3 million in Federal grants to the department of medicine, compared with less than half a million in state appropriations in a total budget of $3 million. The department of psychiatry, with a $1 million budget, received $680,000 in Federal funds. The department of surgery had more than $330,000 in Federal grants, nearly $215,000 from private and voluntary sources, in a budget of $850,000.

In the face of curtailed Federal grants and increasing costs and demands, Dr. Irwin suggested three possible courses—limiting or reducing the programs of the school, increasing the school's charges for education, service and research programs, or seeking greater economic support from the legislature. The first course he said would be tragic, giving forceful reasons. The second he said would make the school less competitive for both outstanding teachers and students, and would not provide sufficient income. That leaves the course of seeking larger state appropriations.

The dean said it is unwise as a matter of principle for medical schools to be as dependent as they are for support from a single Federal agency, the Public Health Service. He said there is great need for the states to be a counterweight to the Federal government, and this can be accomplished only if the state legislatures provide greater financial support for education, service and research programs of the medical school.

We fully agree that such high dependence on Federal grant money in state and local activities is unwise. We have said so many times.

In the situation of Indiana at this time, however, the legislature faces increased demands for money on all sides. These will include similar requests from other state schools for relief from the effects of reduced Federal grants. It is to say the least unlikely that the legislature, even if so inclined, will find it feasible to cover all these gaps of shrinking Federal aid.

It needs to be pointed out that the states would be in a far better position to provide a counterweight to the Federal government if the Federal government were not preempting so large a portion of tax resources. And the costs would not be rising so rapidly if the Federal government were pursuing noninflationary fiscal policies.

The Federal government has been building up by deliberate design the high dependence on it of such institutions as the I.U. School of Medicine. Uncounted opponents of this trend have pointed out, time and time again, the dangers of being caught in a squeeze between curtailment or withdrawal of Federal aid and the undermined resources of local and state government.

While the Federal government is cutting back some categories of aid grants, it is not at the same time reducing its drain of tax resources. On the contrary, Federal taxes have been raised this year.

The long range cure is to reverse the Federal course, turning it toward balanced budgets to help fight inflation, reduction of incursions in-

to areas of community, state and private responsibility, and reduction of Federal taxation, leaving more resources at the state and local levels.

Meanwhile institutions suffering from curtailment of Federal grants, painful though it may be, must reexamine the need and wisdom of carrying on all the programs which have been launched or expanded under the stimulus of Federal grants. —*The Indianapolis Star*, Nov. 17, 1968.

More Family Doctors

The opening of Indiana's largest residency program in general practice by South Bend's St. Joseph's Hospital, along with plans for a similar program at South Bend's Memorial Hospital, provides fresh evidence that our community is on the forefront of medical excellence in the state of Indiana—and therefore deserving of consideration as the site of a second Indiana medical complex.

The biggest gap in American medicine today is the shortage of general practitioners — those "family doctors" who are at the heart of good community medical care.

The residency programs being put into operation by local hospitals are an imaginative attempt to plug the gap by increasing the status and desirability of general practice. The hope is that the innovation will help make general praetice "something to aspire to," in the words of Dr. Robert L. Devetski, director of St. Joseph's Hospital's residency program.

A side benefit to this community, it is hoped, will be an infusion of family doctors into local practice, since residents have a tendency to stay in the community where they are trained.

It is just such bold approaches to medical manpo .er needs that qualify this community for the necessary next step—a full-scale medical education complex.

The 1969 General Assembly will have to create a second state medical school if it is to discharge a primary obligation to the citizens of Indiana. The new residency programs make South Bend a prime contender to be the site of that school.—*Logansport Pharos - Tribune & Press*, Nov. 15, 1968. (Reprinted from the *South Bend Tribune.*)

Fiscal Bind Ahead

Dr. Otis R. Bowen (R., Bremen), speaker of the 1967 Indiana House, sees the new Legislature establishing a second medical school and adopting Medicaid.

Bowen was re-elected last week and is a leading contender for the 1969 speakership. So his forecast must be taken seriously.

What it portends are some major expenditures for a state administration pledged to economy and a halt in the tax spiral.

Bowen says Medicaid will cost the state more than $5 million annually. But unless the next Legislature acts, Indiana will lose from $27 million in federal money in present medical care benefits. Deadline for Medicaid approval is before 1970.

Cost of establishing another medical school would be from $30 million over six years with the federal government paying half, Bowen says. So there is at least another $15 million for the state to furnish.

Medicaid and the medical school are popular issues. Both won approval of the 1967 Legislature but were vetoed by Governor Branigin.

There will be other major demands on the state's pocketbook. Improved state support to education is one. Bowen says other fiscal problems will be public health and welfare.

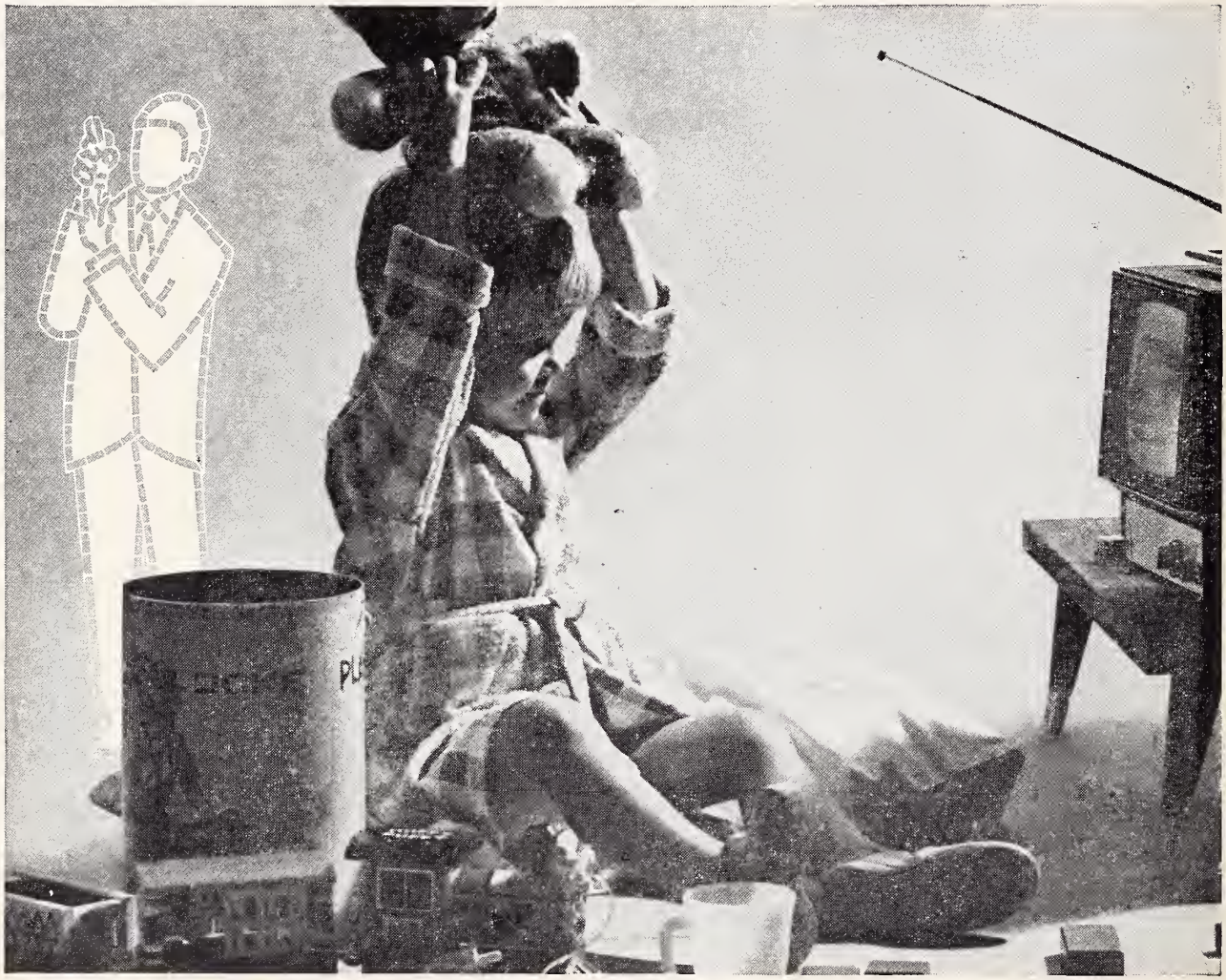
Governor-Elect Whitcomb campaigned heavily on a promise to hold the tax-lid tight. Many observers believe this stand helped most to earn him his victory over Robert Rock who was less definite on spending.

With Whitcomb comes a top-heavy Republican Legislature. It will not be able to blame the Democrats if the next biennial budget means a bigger tax bite.

What Whitcomb and the Legislature are about to face is the vise of demand for (1) expanded public services and (2) lower taxes. Whitcomb said he will escape its pinch by coining money out of savings: making government more efficient.

The people will be watching to see how he fares: hoping he succeeds—*Logansport Pharos - Tribune & Press*, Nov. 15, 1968. (Reprinted from the *Hammond Times*). ◄

It's almost as if you were there to give an injection of penicillin



V-Cillin K®, Pediatric dependable oral penicillin therapy

Potassium Phenoxymethyl Penicillin

Description: V-Cillin K, the potassium salt of V-Cillin® (phenoxymethyl penicillin, Lilly), combines acid stability with immediate solubility and rapid absorption. Higher, more rapid serum levels are obtained than with equal oral doses of penicillin G.

Indications: Streptococcus, pneumococcus, and gonococcus infections; infections caused by sensitive strains of staphylococci; prophylaxis of streptococcus infections in patients with a history of rheumatic fever; and prevention of bacterial endocarditis after tonsillectomy and tooth extraction in patients with a history of rheumatic fever or congenital heart disease.

Contraindication: Penicillin hypersensitivity.

Warnings: In rare instances, penicillin may cause acute anaphylaxis which may prove fatal unless promptly controlled. This type of reaction appears more frequently in patients with a history of sensitivity reactions to penicillin or with bronchial asthma or other allergies. Resuscitative drugs should be readily available. These include epinephrine and pressor drugs (as well as oxygen for inhalation) for immediate allergic manifestations and antihistamines and corticosteroids for delayed effects.

Precautions: Use cautiously, if at all, in a patient with a strongly positive history of allergy.

In prolonged therapy with penicillin, and particularly with high parenteral dosage schedules, frequent evaluation of the renal and hematopoietic systems is recommended.

In suspected staphylococcus infections, proper laboratory studies (including sensitivity tests) should be performed.

The use of penicillin may be associated with the overgrowth of penicillin-insensitive organisms. In such cases, discontinue administration and take appropriate measures.

Adverse Reactions: Although serious allergic reactions are much less common with oral penicillin than with intramuscular forms, manifestations of penicillin allergy may occur.

Penicillin is a substance of low toxicity, but it possesses a significant index of sensitization. The following hypersensitivity reactions have been reported: skin rashes ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; and reactions resembling serum sickness, including chills, fever, edema, arthralgia, and prostration. Severe and often fatal anaphylaxis has occurred (see Warnings). Hemolytic anemia, leukopenia, thrombocytopenia, and nephropathy are rarely observed side-effects and are usually associated with high parenteral dosage.

Administration and Dosage: Usual dosage range, 125 mg. (200,000 units) three times a day to 500 mg. (800,000 units) every four hours. For infants, 50 mg. per Kg. per day divided into three doses.

See package literature for detailed dosage instructions for prophylaxis of streptococcus infections, surgery, gonorrhea, and severe infections.

How Supplied: Tablets V-Cillin K® (Potassium Phenoxymethyl Penicillin Tablets, U.S.P.), 125 mg. (200,000 units), 250 mg. (400,000 units), and 500 mg. (800,000 units).

V-Cillin K® (potassium phenoxymethyl penicillin, Lilly), Pediatric, for Oral Solution, 125 mg. (200,000 units) and 250 mg. (400,000 units) per 5 cc. of solution (approximately one teaspoonful). [042567A]

900134 **Additional information available to physicians upon request.**

Eli Lilly and Company, Indianapolis, Indiana 46206

Lilly

The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 62 — January 1969 — Number 1

A Survey of Continuing Medical Education in Indiana

JACK W. HICKMAN, M.D.*
ROBERT B. STONEHILL, M.D.**
CHARLES R. BROWN, M.S.***
GEORGE T. LUKEMEYER, M.D.†
Indianapolis

IN the spring of 1968, a cooperative venture to survey the continuing medical education efforts of physicians in the state of Indiana was undertaken by the Indiana Regional Medical Program, the Indiana State Medical Association and the Indiana University School of Medicine. The questionnaire of the Regional Medical Program of Metropolitan Washington D.C. was adapted,[1] and mailed to all of the 3,922 members of the Indiana State Medical Association (see appendix). There were 1.922 replies received representing a response of 49% of the physicians contacted.

The plan was to obtain information regarding not only the past and present continuing medical educational activities of these physicians, but also to obtain some information that would be helpful in planning future activities that would meet the needs and the desires of the physicians of the state. This paper will present the results of this survey. A copy of the questionnaire used in the survey is added as an appendix to the paper. The results of the survey were tabulated and placed on tape to be analyzed, using the computer facilities at Indiana University Medical Center.

Nature of the Responding Group

It was hoped that the responding physicians would be representive of the entire group surveyed. Some general statements can be made about the physicians who completed the questionnaire.

1. The percentage breakdown of the responding physicians by general or specialty practice compared almost exactly with the distribution of physicians by specialty in the state of Indiana as listed by the American Medical Association.[2]
2. The type of practice of the responders also agreed closely with the known prevalence of solo practice in this state; 71% of the general practitioners responding were in solo practice as were roughly 50% of all specialists.
3. Approximately 65% of the physicians who responded graduated from medical school between 1940 and 1959, and 50% of all the responders were graduates of the Indiana University School of Medicine.
4. Of all the physicians answering the questionnaire, 93% had active hospital staff appointments; 3.5% held only courtesy appointments and 3.5% held no hospital appointments.

Thus while only 19% of the physicians returned the questionnaires, most of the measurable criteria indicated that this was a representive group. This assumption may or may not be justified.

* Assistant Dean and Associate Professor of Medicine, I.U. School of Medicine, Indianapolis 46202.

** Professor of Medicine, I.U. School of Medicine and Coordinator, Indiana Regional Medical Program.

*** Administrator, Indiana Regional Medical Program.

† Associate Dean and Professor of Medicine, I.U. School of Medicine.

Present and Past Continuing Medical Educational Activities

A. Professional Activities: The most frequently attended meeting of all physicians was the hospital staff conference. These conferences were attended seven or more times a year by 91.5% of the general practitioners and by 88.2% of the specialists. They were attended 13 or more times yearly by 80.3% of the general practitioners and 76.6% of the specialists. County medical society meetings were attended seven or more times a year by 67.8% of general practitioners and by 56.6% of the specialists.

The annual meeting of the Indiana State Medical Association was attended by 57.7% of the generalists and 45.3% of the specialists. On the other hand, local specialty meetings and tumor boards were better attended by specialists; respectively, they were attended by 50.3% and 17.9% of the general practitioners and by 92% and 28% of the specialty groups. National and international meetings were attended by 40% of the generalists and 45.2% of the specialists in 1967. Formal continuing educational courses were attended by approximately one-third of all physicians in 1967, with no significant difference in attendance between generalists and specialists, while 2.7% of the general practitioners and 7.2% of the specialists actively participated in the formal continuing education courses. In answer to the questions concerning visitations to an institution for the purpose of learning a new technic, diagnosis or therapy during 1967, affirmative answers were received from 16.4% of the general practitioners and 20.4% of the specialists.

Thus it appears that the most widely attended conference which could be utilized for continuing medical education purposes is the hospital staff conference. A second theatre of active participation is the county medical society meeting, even though the attendance was significantly lower here.

B. Medical Literature: Medical journals appear to serve as a very important instrument in continuing education as shown by Table 1. Over 75% of the physicians read three or more medical journals regularly and a significant percentage review five or more. In addition, 75% of the physicians stated that there was a satisfactory medical library in their community while 65% stated that they could utilize the TWX service of the Indiana Medical Center for thermofax copying of articles through their local library. In spite of this available service, only 13.3% of all responding physicians have utilized it: 8.6% of the general practitioners and 17.5% of the specialists. Why one quarter of the physicians state that their local library facilities are not adequate and yet only 13.3% have availed themselves of this TWX medical center service remains unanswered.

C. Listed Methods of Continuing Education: Table 2 shows the frequency of use of various methods of medical education listed by the responding physicians. By far the most frequent method listed by all groups were medical journals, texts, conversations with colleagues and one to three-day postgraduate courses. The reliance on detailmen of the various drug companies cannot be ignored.

When the returns of physicians who graduated after 1950 were compared with those who graduated earlier, the younger physicians showed a higher degree of participation in virtually all educational activities than their older colleagues.

It is of interest to compare these findings with those of a comparable survey conducted in California.[3] That survey reported that the most important modality for transmission of medical information was the two-three day symposium, followed by textbooks and journals. There were also differences between their younger and older physicians: the younger physicians were less easily satisfied by the courses they attended than were their older colleagues.

D. Factors Limiting Participation: General practitioners experienced greater difficulty in participating than members of the specialty groups. The problems which added

MEDICAL JOURNALS READ REGULARLY BY SELECTED SPECIALTIES

	NUMBER OF JOURNALS					
	None	One	Two	Three	Four	Five or More
Specialties:						
General Practice	2.8%	8.5%	21.7%	30.2%	20.4%	16.4%
General Surgery	2.0	6.8	11.6	23.2	22.4	34.0
Internal Medicine	1.4	4.3	15.6	24.8	21.3	32.6
Other Medical Specialties*	1.0	6.7	18.3	22.1	26.0	25.9
Other Surgical Specialties**	1.3	10.8	19.9	27.6	23.9	12.5
All Other	2.5	5.3	12.9	26.3	25.5	27.4

*Includes: Allergy, cardiovascular disease, dermatology, gastroenterology, neurology, pediatrics, pulmonary diseases.

**Includes: Colon & rectal surgery, neurological surgery, obstetrics & gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery.

TABLE 1

METHODS USED IN CONTINUING MEDICAL EDUCATION

METHOD*	GENERAL PRACTICE	GENERAL SURGERY	INTERNAL MEDICINE	OTHER MEDICAL SPECIALTIES	OTHER SURGICAL SPECIALTIES	ALL OTHER
Medical Journal	96.6%	99.3%	99.3%	95.5%	99.4%	98.3%
Texts	74.5	82.7	87.0	89.4	81.6	85.2
One-three day post-graduate courses	70.1	55.5	60.4	75.2	68.8	60.8
Seven or more day courses	18.1	22.8	31.8	13.3	24.5	18.8
Radio	4.5	5.0	2.5	—	2.2	3.7
Audio tapes	33.0	45.1	33.1	35.4	32.2	25.0
TV	18.6	24.1	19.4	18.6	18.2	19.1
Motion pictures	25.8	46.3	21.4	14.2	30.0	24.7
Two-way telephone conferences	12.4	13.6	16.2	10.6	7.8	7.6
Conversations w/colleagues	79.2	79.0	75.4	77.8	75.5	74.8
Detailmen	67.1	42.0	29.9	47.7	44.9	37.9
Other	10.6	16.0	13.6	17.6	14.6	16.5

*Most physicians indicated more than one method.

TABLE 2

FACTORS AFFECTING PARTICIPATION IN CONTINUING EDUCATION

FACTORS*	GENERAL PRACTICE	GENERAL SURGERY	INTERNAL MEDICINE	OTHER MEDICAL SPECIALTIES	OTHER SURGICAL SPECIALTIES	ALL OTHER
No difficulty	39.2%	51.9%	42.8%	58.6%	57.1%	53.4%
No desire to attend	2.3	1.2	2.0	—	3.2	3.7
Programs too distant	30.1	29.3	22.4	24.3	18.3	22.9
Time not satisfactory	26.4	15.0	20.4	12.6	14.4	17.5
Interfere with time committed to patients	51.3	39.3	47.5	29.7	31.3	29.9
Not suited to needs	11.2	14.4	10.5	15.3	16.8	16.1
Too many hospital staff meetings already	14.1	14.4	14.5	10.8	15.5	13.2
Too much time away from family	22.4	19.4	21.7	18.9	15.6	11.8

*Most physicians indicated more than one factor affecting participation.

TABLE 3

PREFERRED APPROACH TO CONTINUING MEDICAL EDUCATION

PROGRAMS*	GENERAL PRACTICE	GENERAL SURGERY	INTERNAL MEDICINE	OTHER MEDICAL SPECIALTIES	OTHER SURGICAL SPECIALTIES	ALL OTHER
Formal courses	60.0%	42.5%	56.3%	52.4%	41.7%	45.1%
Demonstration units	40.1	27.9	32.4	24.9	30.3	28.8
TV programs to hospital	38.8	47.6	36.4	23.9	35.9	30.4
Visiting teaching consultants to hospital	49.9	47.4	57.6	50.0	36.8	43.5
Hospital staff conferences	40.2	34.8	45.0	35.4	33.6	35.0
Participating in teaching rounds in hospitals	24.7	40.5	38.4	41.2	31.3	23.0
Two-way telephone conferences	9.4	11.4	15.3	3.6	6.5	4.1
Other	4.3	6.3	5.3	5.5	6.5	7.7
None	2.4	2.5	2.0	1.8	8.4	6.5

*Most physicians indicated more than one program.

TABLE 4

the greatest difficulty to this group were interference with time committed to patients, programs given at places too distant and unsatisfactory timing (Table 3). These difficulties were by no means experienced by this group alone.

Overall, 982 physicians reported that they had factors adversely affecting participation in educational programs. On the other hand, 895 reported no difficulty and a small number (45 physicians) recorded that they did not participate in such programs. They recorded no desire to attend now and no plans for such activity in the future.

Again the California survey shows an interesting comparison.[3] The primary barrier to attending a program that those physicians reported was the timing of the courses. On the other hand, the location of the program offered little difficulty.

In a study of physicians in Utah, Castle and Storey[4] noted that the primary obstacle to their continuing education was that the practitioners were too busy with patient care. As in Indiana, this problem was particularly difficult for the generalist, 51% of whom voiced this problem against 37% of all responding physicians.

E. Preferences for Future Continuing Education Activities: A number of approaches to continuing medical education appear to be preferred, as indicated in Table 4. Some of the most popular are formal courses, visiting teaching consultants, TV programs brought to the local hospitals and hospital staff conferences. Participation in teaching rounds is also popular among the specialty groups. All of these programs could be conducted locally and thus be more convenient to the practitioner.

When comparing younger and older age groups, the younger physicians favored more activity in all proposed future educational endeavors listed.

F. Comments by Responding Physicians: A number of physicians appended to their questionnaires comments expanding on their ideas concerning continuing education. These ranged from practical suggestions regarding future endeavors to the pithy truism, "If you don't continue educating yourself, you have had it." Many of the comments gave general endorsement to continuing educational efforts, many expressed appreciation of the short courses which have been given at the Indiana University Medical Center and others expressed a desire for courses and conferences to be held in the local communities. The need for practical course material was voiced, as well as for courses involving new procedures and active participation by the physicians taking instruction.

Discussion and Conclusions

While only 49% of the physicians replied to the educational questionnaire, it appears that a reasonable cross section was represented in the responding group. It also appears that most physicians are making sincere efforts to remain abreast of the

multiple advances in medical practice. The principal factors interfering with greater participation are patient overload, physical distance from programs now presented and timing of the programs.

It would appear that any educational activity which presents relevant material locally and conveniently would allow greater practicing physician participation. The responding physicians suggested educational devices which would interest them in spite of their multiple commitments. Of special note is the interest in medical educational television. This is all the more startling when one realizes that this medical educational activity is just being initiated and is in its infancy in Indiana.

It would also appear that the most convenient site of future medical educational programs is the local hospital. Efforts to reinforce existing programs and to initiate new ones promise to be most rewarding. The concept that the local community hospital is part of the "university without walls" is not a myth and should be reinforced. The Indiana University Program for Postgraduate and Continuing Medical Education and the educational activities of the Indiana Regional Medical Program are based upon this premise.

Acknowledgment

The authors wish to thank Mr. Kenneth Bush, Indiana State Medical Association, for his invaluable contributions in distribution of the questionnaire.

REFERENCES

1. Mattingly, T. W., Chiazze, L., Xavier M.: Survey of Continuing Education of Physicians in Metropolitan Washington, *Proceedings: Conference Workshop on Regional Medical Programs*, Volume II, Public Health Service Publication, Number 1774, Pp. 75-82, Washington D. C., 1968.
2. *Distribution of Physicians, Hospitals, and Hospital Beds in U. S., 1966*, Volume 1, Regional State and County, American Medical Association, Chicago, p. 81, 1967.
3. A survey of Continuing Medical Education for Physicians, Part I. (Conducted by the Bureau of Research and Planning on behalf of the Committee on Continuing Education of the California Medical Association— under the auspices of the California Medical Education and Research Foundation), April, 1968.
4. Castle, C. H., Storey, P. B.: Physicians' Needs and Interests in Continuing Medical Education, *JAMA* 206:611, No. 3, 1968. ◄

APPENDIX

SURVEY OF STATUS OF CONTINUING EDUCATION AND TRAINING OF INDIANA PHYSICIANS SPONSORED BY

Planning and Education Committee,
Indiana Regional Medical Program for Heart Disease, Cancer & Stroke.

* * *

Commission on Medical Education and Licensure,
Indiana State Medical Association.

* * *

Division of Postgraduate Medical Education,
Indiana University School of Medicine.

* * *

1. Name of medical school attended. Year graduated.
2. Please indicate type of practice.
 a. ☐ General practice
 ☐ Specialty practice
 Which specialty?
 b. ☐ Solo practice
 ☐ Partnership
 ☐ Group practice
 ☐ Salaried
3. Please list current hospital appointments. (If none, check here ☐)

 Hospital _____ Type of Appointment _____
4. Please list hospital(s) in which you do most of your active practice.
5. How often did you engage in each of the following types of professional activity during the past year?

Type of Activity (Meeting, Conference)	Frequency				
	Weekly	Monthly	7-12 Per Year	1-6 Per Year	None
1. Hospital staff conferences					
2. Medical societies (county)					
(state)					
3. Specialty societies					
4. Tumor board					
5. Others (list)					

6. List any natianal and/or internatianal prafessianal meetings, conferences, seminars, etc. which yau attended or in which yau participated in the past three years. (If nane, na entry.)

Year	Conferences or Meetings	Attended Only	Participated (Presented paper, lecture, panel discussian, etc.)
1966			
1965			
1964			

7. List farmal caurses af medical education attended or participated during the past three years (ane day or more duratian), including AAGP pragrams.

(If nane, check here ☐.)

Year	Caurse and Duration	Attended	Participated
1966			
1965			
1964			

8. List visits ta a center or institution far the purpase of learning a new technic in diagnosis or therapy during the past three years. (If none, check here ☐.)

Year	Institutian	Duratian

9. List the medical jaurnals read regularly.

(If nane, check here ☐.)

10. Is there a satisfactary medical library in yaur cammunity?

Yes ☐ No. ☐

a. Can yau use the TWX service fram yaur lacal library ta the Indiana Medical Center Library far 24-haur service for thermafax capying of articles? Yes. ☐ Na. ☐

b. Have yau used the TWX service? _____

Haw many times? _____

11. The fallowing methods have been used by physicians in continuing medical educatian. Please check the methods used by yau.

Medical jaurnals _____

Texts _____

One-three day pastgraduate caurses _____

Seven ar mare day caurses _____

Radio _____

Audia tapes _____

TV _____

Motian pictures _____

Twa-way telephone canferences _____

Canversatians w/colleagues _____

Detailmen _____

Other (please specify) _____

12. Please check the statement yau cansider mast appropriate re cantinuing educatian.

☐ I have na difficulty in participating in pragrams and shauld like to continue ta participate.

☐ One ar more af the factars below have prevented me from participating ta the extent I desire.

- ☐ Place af pragrams tao distant ar incanvenient.
- ☐ Time af pragrams nat satisfactary.
- ☐ Attendance interferes with time cammitted ta patient care.
- ☐ Pragrams nat suited ta my needs.
- ☐ Taa many hospital staff meetings already.
- ☐ Tao much time away fram family already.

☐ I have nat desired ta attend.

☐ I have na plan or desire ta participate in future.

13. What type or types af lacal pragrams da you believe wauld be helpful ta yau personally?

- ☐ Farmal caurses
- ☐ Demanstratian units
- ☐ Televisian pragrams ta yaur haspital
- ☐ Visiting teaching cansultants ta yaur haspital
- ☐ Haspital staff canferences
- ☐ Participatian in teaching raunds in hospitals
- ☐ twa-way telephane canferences
- ☐ Other — state
- ☐ Nane

Bills to be proposed at the current legislature regarding the multiple handicapped individual affect the Indiana physician. A statute would require a physician who diagnoses or treats an individual having a handicap or handicapping condition to report such condition to the State Board of Health. Rationale and the need for physician's consideration and support of this measure and related proposals are discussed.

Current Legislation Proposals for the Multiple Handicapped Individual and the Indiana Physician

NANCY A. ROESKE, M.D.*
EUGENE M. HELVESTON, M.D.**
Indianapolis

BILLS for acts concerning the needs of the multiple handicapped person will be presented to the current legislature. The bills reflect the work of the Committee to Study the Multiple Handicapped whose chairman is Representative Harry B. Spanagel. The committee was created in 1967 to study the possible development of programs of education, care and treatment which could enable the multiple handicapped to achieve the greatest degree of independence.

This multiple handicapped person is defined as one who has at least two handicaps, either physical or mental or both and who may have needs, either emotionally, physically, medically, socially or financially, for programs of habilitation and rehabilitation. It is important to note that the special services required by such individuals are not necessarily the sum of programs and methodologies commonly used for those having single handicaps. The combination of handicaps may interact upon a person in a manner which necessitates a special multidisciplinary therapeutic approach. Therefore, all services must be preceded by a multifaceted diagnostic program in order to determine not only the nature of the problem or problems, but also the multidisciplinary therapeutic process which may be necessary.

1. The problem is great.
2. The present professional staff is inadequate.
3. The proposals are heroically idealistic.

Yet the goals and the framework for achievement should be established with realistic acceptance of the arduous task.

The School System

There are approximately 58,000 handicapped children known to the Indiana State Department of Public Instruction. Of these 58,000 children, nearly 13,600 are multiple handicapped. Yet only five of the 1,314 special classes in the state of Indiana attempt to primarily serve the multiple handicapped child.

At least one-half of the school systems have difficulty in obtaining adequate diagnostic services for children. Even when such services are available, the ability for the school to provide qualified teachers is limited.

With full awareness of the problem, the committee makes the following legislative recommendations:

1. The public school system be responsible for the education and training of handicapped children.
2. In recognition of the importance of early diagnosis and treatment, public schools should be permitted to provide special education classes for handicapped children beginning at age three years. Authority to conduct experimental program for deaf children at the age of six months is also recommended.

* Director, Riley Child Guidance Clinic; Assistant Professor, Department of Psychiatry, Indiana University Medical Center and member of the Ad Hoc Inter-Agency Committee for the Multiple Handicapped.

** Assistant Professor, Department of Ophthalmology, Indiana University Medical Center, Indianapolis 46202.

3. Public schools should be mandated to educate handicapped children between the ages of six and 16 years.
4. In addition to a strong public school program, it will be necessary to maintain and even strengthen the current system of state residential schools for the deaf, blind, mentally retarded and the emotionally disturbed.
5. The state should encourage persons to enter the field of special education. A student loan program should be established.
6. Appointment of a legally responsible person to administer public assistance funds for a physically or mentally incapable person.
7. More adequate public assistance programs be provided.
8. The establishment of a uniform, centralized system for reporting a handicapping condition. The State Board of Health should administer the system which develops a report form, collects and analyzes the reports and disseminates the information as needed to other state departments.
9. Development of a state system for the diagnosis, evaluation and referral of individuals in order to facilitate coordination of services between professionals in this field.
10. All state rehabilitative programs should be coordinated through one agency, the State Commission for the Handicapped.

Exhibit VIII is the proposed bill which states the physician's role:

"SEC. 3. It shall be the duty of every physician, superintendent of a hospital, director of a local health department, director of a local welfare department, state director of rehabilitation, superintendent of a state institution serving the handicapped or superintendent of a school corporation, who diagnoses, treats, provides or cares for an individual having a handicap or handicapping condition, to report such condition to the State Board of Health within thirty (30) days. The report shall be made in the manner and upon forms prescribed and furnished by the State Board of Health. The contents of such statements shall be solely for the use of departments of state government in the performance of their duties under law and of organizations having a legitimate interest in the information. The reports shall not be open to public inspection nor considered in any way a public record."

There has been a previous law (1949) requiring a physician to report a legally blind person to the State Department of Health. In view of the incompleteness of the reporting of these blind individuals, it seems that physicians may not have been aware of this law. They may also be unaware of the importance of such a report in terms of the individual's future development: physical, psychological and educational.

The Blind and Deaf Child

Scientific investigation of blind and deaf children's development during the past 15 years has begun to delineate their manifold problems in development. There have been studies concerning the questions: how does such a child perceive his environment; how does he differentiate himself, others and objects within the environment; how does he communicate and how does he learn to abstract and conceptualize experiences with decreased or without visual or auditory imagery. Understanding the complexity of problems in development of these children may serve as an example for the even greater problems of the multiple handicapped child.

In the developing child, all five senses are integrated and reinforcing in function. Contrary to popular opinion, there is no increase of visual acuity in the deaf child or of hearing acuity in the blind child. The deaf or blind child learns to pay closer attention with his remaining senses. The modification and utilization of the remaining sense organs is noted early in the development of such children.

At four to six months of age, blind infants may decrease their motor behavior and lie quietly. The infant is already learning that his hearing is important for orientation. When he begins to crawl, the parents frequently reinforce this passive role because they fear the child might hurt himself. Afraid he might be hurt, the blind child may be fearful of being physically aggressive in exploring his environment. It is, therefore, understandable that the blind child usually does not walk until 18 to 24 months.

Speech becomes the primary method for orientation. Verbalization is often early and develops rapidly with the blind child having a larger vocabulary than the sighted child. Speech is factual and functionally oriented toward helping the child understand objects. Although the blind child uses speech to explore his environment, he needs actual auditory and tactile experiences to differentiate the objects which he verbalizes.

In order to clarify differences between the spoken word and the meaning of the word, and further to abstract and conceptualize relationships between objects, the child requires more experiences than the sighted child in order to establish his own framework of reference. The blind child literally feels every inch of the Indian elephant in order to understand its whole, rather than to see it at a glance. Confronted with the effort necessary in order to differentiate his environment, it is understandable that the child frequently retreats to a preoccupation with his inner fantasy world. The auditory and kinesthetic fantasies serve to ward off anxiety which is associated with his attempts to adapt to objects

in the outer world and serve as a sublimation for his aggressive and erotic feelings. The blind child is uncertain whether his aggression would result in a counter-aggression or abandonment, particularly by parents, and remains tentatively inhibited in his behavior. The blind adolescent or young blind adult continues to show a more concrete and functional level of concept formation.

In addition to the visual impairment impeding personality development, social deprivation experiences like incubation at birth and divorce of parents may have an adverse influence on the child. A preliminary epidemiological study of the mental health of the 203 students at the Indiana State School for the Blind in 1967 by the author found that 71% of the students' fathers were manual workers and reflected lower middle class social-economic background. Prematurity and incubation occurred in 35% of the students. Incubation is felt by this author to be a social isolation experience of critical psychological importance in the development of the infant who becomes blind.

Thirty-five percent of the parents were separated or divorced. Although not all the parents could be interviewed in order to determine the effect of a visually handicapped child upon the marital relationship, the comments of the interviewed parents are of interest. The marriage was described as unstable or unhappy prior to the birth of the child. The anger of the husband for the defective child seemed to be "the last straw."

It is significant that emotional illness is more frequent in these children. This finding is perhaps related to the incubation of child and divorce of parents. One third of the children are considered emotionally disturbed to a degree which interferes with their learning and social functioning. Similar statistics are reported in other states. Forty-seven percent of the emotionally disturbed children were incubated; whereas only 29% of the children who show no academic, social or emotional problems were incubated. Fifty percent of the emotionally disturbed children's parents are divorced; whereas only 27% of the other children's parents are divorced.

It would seem that a handicapped child, at least a blind child, is a high risk candidate for being a multiple handicapped child. At the Indiana State School for the Blind, approximately 40% of the children could be so designated.

Helen Keller commented that she felt being deaf posed more problems in adjustment than being blind. One of the most distinguishing characteristics of man is his ability for verbal communication which conveys subtilties of feelings and sophisticated levels of cognition. Crying, cooing and early infantile babbling are noted to be no different in totally deaf infants and infants with normal hearing. But after one year of age, such sounds in a deaf child do not develop into speech patterns since parental imitation and reinforcement is not present.

By nursery school, deaf children's attempts to communicate by whole body behavior rather than by verbal behavior is apparent in playing games. Children who hear have greater continuity and better organized play. Three and four-year-old children will use language in order to control the situation at a tolerable level of aggressive interaction. In contrast, deaf children call attention to themselves by exaggerated body movement and frequently develop esoteric behavior. Since they cannot verbally tell another child in a game what to do, they attempt to force the child by physical aggression or withdraw from the group. Thus, deaf children's play is more diffuse, less stable and group interaction is constantly breaking down.

The deaf child's perception is limited to what he actually sees and his interpretation of what he sees. He, like the blind child, needs an increased number of experiences for identification of objects as well as for understanding their function. The communication of social subtilties of feelings is difficult to convey to the deaf child since these social concepts have limited direct concrete expression. It has been reported that, if a preschool deaf child receives training in early manual communication, he's more skillful in concept formation by the time he is ten years old.

Children's concepts are the most important material for abstract thinking. They develop slowly out of images and memories and as a result of the child's reorganization of problem-solving experiences. Development of conceptual thinking is aided by language symbols. One of the greatest problems in teaching concepts to deaf children arises from the fact that they grasp the concepts non-verbally and function without the immediate necessity for the verbal symbol.

All handicapped children require special help in maturation. It is not known by this author whether the parents of other children with a specific handicap have a higher rate of divorce, but the importance of mutually supportive family relationships when parents are confronted with such a child seems obvious. Anger, depression, guilt and denial are experienced by every parent of a handicapped child. Such feelings interfere with their ability to help the child. The physician's efforts, both personally and by reporting such children, begins the process of education —of parents and child—which is paramount for maximum growth and development.

Nancy A. Roeske, M.D.

Early Diagnosis—The Role of the Ophthalmologist

Early diagnosis, early specific eye treatment and effective interprofessional cooperation are essential for proper care of the visually handi-

capped child. The ophthalmologist can examine for early signs of retrolental fibroplasia while an infant is still in an incubator. Refraction as well as examination of the ocular fundus, cornea and lens and determination of eye muscle balance can be accomplished successfully in the first weeks or months of life. A physician or parent should never say that a child is too young for examination or that a child will outgrow an apparent abnormality. Accurate diagnosis can be made in almost every case of early occurring ocular disease and in many instances effective therapy can be instituted.

Those conditions which cause visual impairment in children include: retrolental fibroplasia, retinoblastoma, congenital cataracts, congenital glaucoma, retinal degeneration, various types of inflammation and accidents. Newer technics in diagnosis and therapy, including surgery, medical and optical technics, make treatment of many of these conditions quite successful.

Every premature infant should be seen by an ophthalmologist as soon after birth as possible. Examination of the retinal vessels during the time when oxygen therapy is being given may enable the ophthalmologist to warn of impending retrolental fibroplasia, a condition which can be prevented in most cases with very careful titration of oxygen.

Retinoblastoma, presenting as a crossed eye or white "cat's eye" pupil, may be present in one or both eyes at birth or may develop during the early years of life. This malignant disease can be treated successfully in most cases, but again, early diagnosis is imperative. The pattern of occurrence in retinoblastoma suggests that it is inherited as an autosomal dominant so genetic counseling is also an important factor in the overall treatment of retinoblastoma.

Congenital cataracts are now being treated surgically at five months of age and even sooner. With use of needle aspiration technics, the surgery is safe, postoperative care is minimal and contact lenses may be fitted three to four weeks after surgery, preventing amblyopia.

Congenital glaucoma is often treated successfully with simple surgery. This must be accomplished early because the damage caused by the high intraocular pressure of congenital glaucoma is irreversible. Persistent photophobia or corneal enlargement in a child should alert one to the possibility of congenital glaucoma and should indicate the need for ophthalmologic evaluation.

Any ocular deviation after the first few months of life should be evaluated completely. While many infants may have a slight deviation and not real crossed eyes, no physician should be concerned about over-referring possible strabismic patients. The dangers of under-referral are too great since crossed eyes can cause not only irreversible vision loss in one eye but may be the earliest manifestation of retinoblastoma, hydrocephalus or cerebral palsy.

Not every patient can be treated successfully. Some children are destined to a life of blindness. This, however, does not end a child's need for good eye care.

Any blind child should be reported to the proper agency as mentioned above. Parents should be counseled regarding future expectations for their child. Other medical help should be arranged and parents should be advised to contact the School for the Blind as early as possible. Officials at the Indiana School for the Blind will assist parents in dealing with their child's problems. They urge parents to raise their blind child in such a way that he will be able to participate successfully in blind school activities.

Another function of the ophthalmologist is to protect the child and parents from the quack who claims to make the blind see.

Early diagnosis and treatment for the *preservation* of vision, sound counseling, interdisciplinary cooperation and effective case reporting are all essential components in the overall care of the visually handicapped patient. These are responsibilities of the entire medical and other health care professions.

Eugene M. Helveston, M.D.

BIBLIOGRAPHY

1. Barry, H., Jr., Marshall, F.: Maladjustment and Maternal Rejection in Retrolental Fibroplasia, *Ment. Hygiene* 37:570-580, 1953.
2. Burlingham, D.: Hearing and Its Role in the Development of the Blind, *Psychoanal. Study Child.* 19:95-112, 1964.
3. Clark, L.: The Expression of Emotion by the Blind (Part I), *New Outlook for the Blind* 61:155-163, 1967; (Part II) 61:194-201, 1967.
4. Kates, S., Kates, F.: Social and Non-Social Verbal Concepts of Deaf and Hearing Children, *J. Abnorm. Psychol.* 70:214-217, 1964.
5. Lenneberg, E., Rebelsky, F., Nichols, I.: The Vocalizations of Infants Born to Deaf and Hearing Parents, *Human Devel.* 8:23-37, 1965.
6. Roeske, Nancy A.: Epidemiological Study of Mental Health of Blind School Students, reported at Research Meeting, Dept. of Psychiatry, Indiana University School of Medicine, April, 1967.
7. Spanagel, H. B.: Final Report of Comm. to Study the Multiple Handicapped.
8. Stuckless, E., Birch, J.: The Influence of Early Manual Communication on the Linguistic Development of Deaf Children, *Amer. Annals Deaf* 111:452-462, 1966.
9. Tervoort, B.: Esoteric Symbolism in the Communication Behavior of Young Deaf Children, *Amer. Annals Deaf* 106:436-480, 1961. ◄

Additional bibliography available upon request.



roducing alginates to antacids

for a difference in taste you can feel

Derived from seaweed, and long used to impart velvety consistency to foods, alginates—a Warner-Chilcott contribution to antacid palatability—help 1) erase the chalkiness and grittiness found with some other antacids; 2) dispel unpleasant aftertaste. Like ice cream, Gelusil-M is smooth and creamy; and it has a cool mint flavor. Thus, for your patients Gelusil-M may be better to start on and easier to stay on.

introducing new GELUSIL®-M*

each 5 ml. teaspoonful contains:
500 mg. magnesium trisilicate
250 mg. aluminum hydroxide (Warner-Chilcott)
200 mg. magnesium hydroxide

*U.S. Patent No. 3,326,755

a consistent buffering anticostive† antacid

†Avoids constipation.

See next page for prescribing information

GELUSIL–one name to remember...and a dosage form for every patient



Gelusil®-M Liquid

especially for the constipation-prone patient

Indications: Gelusil-M is indicated for prompt and dependable symptomatic relief of peptic ulcer, gastritis, heartburn, hiatal hernia, esophagitis, and other conditions for which control of gastric hyperacidity is required.

Precaution: Prolonged or intensive therapy in patients with severe renal insufficiency may lead to hypermagnesemia.

Dosage: One to two teaspoonfuls (5 ml. to 10 ml.) between meals and at bedtime or whenever symptoms occur. Certain conditions, such as acute peptic ulcer, may require individualized dosage. If diarrhea occurs, reduce dosage or discontinue use.

Supplied: Gelusil-M (spearmint-flavored)—light green bottles of 12 fl. oz.; and a **special hospital pack.** Keep tightly closed—shake vigorously.

Gelusil® Tablets

the universal take-along antacid

Easy to take along / easy to take / pleasantly mint-flavored. An antacid with adsorbent and demulcent properties which contains in one tablet: 0.25 Gm. aluminum hydroxide (Warner-Chilcott) and 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 tablets—or more—between meals and at bedtime, or whenever symptoms occur. Tablets should be chewed.

Regular Gelusil® Liquid

when constipation is not a problem

Pleasant mint flavor...ideal for hospital or home. Available in 12 fl. oz. and 6 fl. oz. bottles and a special hospital pack. An antacid which contains adsorbent and demulcent agents in each 4 ml. teaspoonful: 0.25 Gm. aluminum hydroxide (Warner-Chilcott), 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 teaspoonfuls (4 ml. each)—or more—between meals and at bedtime, or whenever symptoms occur.

Also Available: Gelusil® Flavor-Pack, Gelusil-Lac®.

WARNER-CHILCOTT
Morris Plains, New Jersey

GM-IN-91-4C

The last of a four-part series on aviation medicine covers the dangers of dysbarism.

The Dangers of Dysbarism

ROBERT B. STONEHILL M.D.*
RAYMOND H. MURRAY, M.D.**
Indianapolis

WITH the popularity of commercial travel, the public has become accustomed to stewardess demonstrations of emergency oxygen equipment prior to each take-off. While sometimes not specifically stated, this equipment is for the safety of the passengers should the aircraft lose pressurization and the occupants be exposed to the much lower barometric pressure and oxygen concentration of the aircraft's operational altitude. At current operational ceilings of 35,000 feet, the equipment would meet the oxygen needs of such a contingency. However, another danger arises under these circumstances: injury caused by the rapid changes in barometric pressure itself. Injuries from this cause make up the spectrum of dysbarism and are poorly understood by the medical profession in general.

Two consequences of the physical properties of gases are important to recall. First, a volume of gas contained in an elastic membrane, such as a balloon, will increase in size as the surrounding (ambient) barometric pressure is reduced. Second, the solubility of a gas in solution is proportional to the partial pressure of that gas in the surrounding atmosphere. When this pressure is reduced, the dissolved gas will come out of solution and tend to form bubbles. An example of this phenomenon is experienced daily when the top is removed from a bottle of soda pop. Probably these two physical properties of gases are the most significant cause of dysbarism which is evidenced as symptoms and signs from trapped gases, and evolved gases (see Table 1).

Gases can be trapped in body cavities, which are usually open to the outside, when free passage of air in or out of the cavity is blocked. Inflammation and edema of the nasal mucous membranes can cause blockage of the Eustachian tubes and sinus orifices. Upon rapid changes of ambient pressure, equalization between the pressures within these orifices and the atmosphere will be delayed or prevented causing the severe pain of aerotitis media or aerosinusitis.

"Bends" and "Chokes"

Abdominal distention, caused by gases within the gastrointestinal tract, accompanies reduced atmospheric pressure until either flatus or gaseous eructations allow deflation. When these adjustments do not occur, abdominal pain of great severity can result. These symptoms can be painful but not dangerous unless pressures of such a magnitude are generated to rupture a hollow viscus or cut off circulation; these possibilities are remote.

MANIFESTATIONS OF DYSBARISM

Symptoms from trapped gases
Abdominal distention Aerotitis media Aerosinusitis Aerodontia
Symptoms from evolved gases
Bends Chokes Neurocirculatory Collapse

TABLE 1

By popular usage in aeromedical circles, the term dysbarism is usually restricted to those conditions resulting from the evolution of gases from the body fluids. The most frequent syndrome is known as the "bends." The principal manifestations are deep boring aches or pains in the bones or muscles around the peripheral joints. They can vary in severity from mildly noticeable discomfort to pains of such intensity that the individual must descend from altitude. When pains are severe there is a tendency to splint the extremity. They can also be accompanied by evidences of primary shock and neurocirculatory collapse. The incidence of bends tends to be proportional to the altitude exposure, and it seldom occurs at altitudes below 25,000 feet. However, it has been reported at altitudes as low as 17,000 feet.[1]

Another distressing manifestation of dysbarism is "chokes." This symptom complex is characterized by substernal distress (tightness or pain), a nonproductive cough, difficulty in breathing and exacerbation of both the substernal distress and the cough on attempting to take a deep breath. The incidence of chokes is approximately one-tenth that of bends. It may accompany bends or be associated with neurocirculatory collapse. Generally the factors which predispose the individual to bends also tend to cause chokes. However, because of the lower incidence of chokes, direct causal relationships are more difficult to prove.[2]

The most life-threatening manifestation of dysbarism is neurocirculatory collapse, and the occurrence of bends or chokes should alert the

* Professor of Medicine, Indiana University School of Medicine, Indianapolis 46202.

** Professor of Medicine, Indiana University School of Medicine, Indianapolis 46202.

physician to this possibility. Fortunately this complication occurs very infrequently. Alder reported 400 cases in approximately one million altitude exposures to more than 30,000 feet with only seven fatalities.[3] However, Berry and Smith reported 62 cases during actual flight in a 19-month period of extensive Air Force operations.[4] A review by Malette et al. of 35 cases, 16 of which were fatal, indicates that neurocirculatory collapse can be quite serious and carries a definite threat to life.[5] The majority of patients demonstrate components of both neurologic and circulatory involvement. Some show only circulatory or neurologic signs, but more frequently evidence of circulatory failure of some degree becomes manifest, and it is this malfunction which is life threatening.

Signs of neurologic involvement are protean. Visual disturbances, such as scotomata, hemianopsia or diplopia occur most frequently. Paresis, paralysis or abnormal reflexes, as well as dysesthesia, aphasia or reduced level of consciousness, may be present. Frequently signs change in location and intensity upon re-examination. Even primary shock with its bradycardia, hypotension, pallor, sweating and fainting can be secondary to dysfunction of the autonomic nervous system. Unfortunately, this is frequently followed by secondary shock with severe hypotension, tachycardia and reduced circulatory plasma volume.

Denitrogenization Theory

The evidence that bends, chokes, and neurocirculatory collapse result from evolved gases from the tissues and circulating fluid is all indirect because of the limitations encountered in utilizing patients as experimental models. There is also evidence that vasospasm and blood-sludging may be important.[6,7] Probably vasospasm can play a secondary, contributing role by means of reflex spasm resulting from intra or extravascular bubbles. The common denominator is local ischemia from a variety of causes. Intravascular gas bubbles have been seen experimentally in animals exposed to the low pressure of exceedingly high altitude or to high pressure levels with subsequent rapid decompression.[8,9] The protection against the development of bends by "denitrogenization" is the evidence that lends greatest weight to the bubble theory. This is accomplished either by breathing 100% oxygen, which leaches nitrogen from the body prior to altitude exposure, or by the exposure of subjects to moderate altitudes for several days prior to ascent to high altitudes.[10] In the latter instance, the body can eliminate a considerable amount of nitrogen slowly as the result of the reduced partial pressure of nitrogen in the air at moderate altitudes. Nitrogen is inert in the body, being present in highest concentration in fat tissues. Perhaps this explains the proclivity of older and overweight individuals to dysbarism. Fat emboli in the lungs and other tissues are inconstant but striking features of necropsy in fatal cases. The majority also show fatty degeneration of the liver. Hickey et al. postulate that the nitrogen in the fat cells of the liver tends to form intracellular bubbles, ruptures the cells and liberates the fat into the liver sinusoids and, thus, into the circulation.[11]

During routine operations most commercial aircraft are pressurized so that the cabin pressure is much greater than the pressure of the altitude through which the plane is flying. Only when this pressurization fails and passengers are exposed to extreme altitude must the possibility of dysbarism be considered. A CAB safety study made in 1963 showed that 112 failures occurred from 1940 to 1962 which caused or could have caused decompression in a jet aircraft.[12]

It is important to note that emergency administration of oxygen will not prevent the onset of dysbarism. Experimental research in animals with intravascular administration of agents which reduce surface tension indicates that this approach may be of some value in protection from aero emboli.[13] However, as yet, this technic is not applicable clinically. Whether or not an individual who has suffered from severe dysbarism is more prone to recurrences than to the initial attack is still unknown. In view of this lack of information, Berry and King recommend that such individuals in the Air Force be restricted to altitudes of less than 20,000 feet.[14]

In anyone who has had an altitude exposure of over 20,000 feet the occurrence of any symptoms of dysbarism should alert the physician. Symptom-free periods between the return to ground level and the onset of serious neurocirculatory decompensation have been reported. Therefore, it is recommended that an exposed patient be observed and that the vital signs be checked for at least two hours after return to ground level.[15] In treating neurocirculatory collapse Malette et al. recommend that the hematocrit be utilized to estimate the reduction in the circulating plasma volume. They emphasize that severe collapse occurs rapidly when the compensation for markedly reduced plasma volume suddenly becomes inadequate. To prevent this deterioration, they recommend the early, adequate replacement therapy for correction of reduced plasma volume. Usually oxygen is given along with other supportive measures. One case report revealed the rapid resolution of a life-threatening situation when the patient was placed in a recompression chamber and exposed to pressures greater than one atmosphere,[16] and this has become a preferred method of treatment when available in the United States Air Force, along with the measures mentioned above.

In the vicinity of Indiana the following facilities have recompression chambers:

Wright Patterson Air Force Base
Dayton, Ohio

The Medical Research Foundation, Minneapolis, Minnesota
The St. Luke's Hospital, Milwaukee, Wisconsin
The Presbyterian-St. Luke's Hospital, Chicago, Illinois
The St. James Hospital, Chicago, Illinois
The Lutheran General Hospital, Park Ridge, Illinois
The Maumee Hospital, Toledo, Ohio

In the event that you have a patient ho has suffered from manifestations f severe dysbarism, it would be ad- sable to contact one of these in- itutions for rapid transfer of the atient so that recompression could e carried out in conjunction with asma replacement, oxygen admin- tration and other supportive easures.

Summary

With the increased use of com- ercial jet aircraft, the possibility of ss of cabin pressurization and sub- equent high altitude exposure of the ccupants increases. The adverse ef- cts of exposure to the reduced arometric pressure of high altitude self have not been publicized. Thus, is important for physicians to ecome familiar with manifestations f altitude dysbarism.

The effects of reduced barometric ressure result from gases trapped ithin the body cavities or the evolu- on of gases from the liquid phase ithin the tissues or body fluids.

In general, trapped gases can be uite discomforting but not usually angerous unless the pressures gen- rated are very great. Generally the e-establishment of a patent foramen etween the cavity and atmosphere ill cause immediate relief.

However, the problems that arise hen nitrogen in the body fluids or t tissues comes out of solution can e life threatening. Since this is most pt to occur in older and more obese dividuals, a significant percentage of the flying public can be considered "dysbarism prone." Here manifestations are bends (with extremity pains), chokes (with respiratory distress, substernal pain and dry cough) and neurocirculatory collapse. Neurocirculatory collapse may present a bizarre pattern of neurologic aberrations which resolve if the patient recovers. When circulatory failure becomes evident, mortality can be expected to be high and intensive care is essential.

Since neurocirculatory collapse has been reported to develop rapidly after a relatively long symptom-free period, it is advocated that the individuals who experience any symptoms of dysbarism be observed for at least two hours after removal from the altitude exposure.

Generally treatment is supportive and includes the administration of oxygen. However, it appears that the early correction of reduced circulatory plasma volume and the placement of the patient in a recompression chamber in an attempt to redissolve the bubbles may also be essential in severe cases.

BIBLIOGRAPHY

1. Houston, C. S.: Occurrence of bends, scotomata, and hemianopsia at altitudes below 20,000 feet, *J. Avn. Med.* 18:165, 1947.
2. Adler, H. F.: Dysbarism, unpublished report, USAF School of Aviation Medicine, Randolph Air Force Base, Texas, 1951.
3. Adler, H. F.: Neurocirculatory collapse at altitude, Special Project, USAF School of Aviation Medicine, Randolph Air Force Base, Texas, June, 1950.
4. Berry, C. A., Smith, M.R.: Recent USAF experience with inflight dysbarism, *Aerospace Med.* 33:995, 1962.
5. Malette, W. G., Fitzgerald, J. B., Cockett, A. T. K.: Dysbarism. A review of 35 cases with suggestions of therapy, *Aeromedical Review* 3-61, School of Aviation Medicine, US Air Force, Brooks Air Force Base, Texas, 1961.
6. Swindle, P. F.: The possible relationship between intravascular agglutination of erythrocytes and decompression sickness, CAM Report No. 178, National Research Council, Washington, D. C., 13 August, 1943.
7. Knisely, M. H.: Observations and interpretations of changes in circulation induced by aero-embolism, Wright Field Report No. Eng-M-49-696-lc, Wright Field, Ohio, 14 January, 1943.
8. Berg, W. E., Harris, M., Whitaker, D. H., Twitty, V. C.: Additional mechanisms for the origin of bubbles in animals decompressed to simulated altitudes, *J. Gen. Physiol.* 28:253, 1945.
9. Wagner, C. E.: Observations of gas bubbles in pial vessels of cats following rapid decompression from high pressure atmospheres, *J. Neurophysiol.* 8:29, 1945.
10. Clark, R. T., Clamann, H. G., Balke, B., Tang, P. C., Fulton, J. D., Graybiel, A., Vogel, J.: Basic research problems in space medicine: a review, *Aerospace Med.* 31:553, 1960.
11. Hickey, J. L., Stembridge, V. A.: Pulmonary fat and tissue embolism: its occurrence in aircraft fatalities, memorandum No. 6, Embolism, Joint Committee on Aviation Pathology, Armed Forces Institute of Pathology, Washington, D.C., July, 1959.
12. Gerathewohl, S. J.: Aeromedical aspects of the supersonic transport: a review, *Aerospace Med.* 38:1225, 1967.
13. Malette, W. C., Fitzgerald, J. B., Eiseman, B.: Aero-embolus: A protective substance, *Surg. Forum* 11:155, 1960.
14. Berry, C. A., King, A.H.: Severe dysbarism in actual and simulated flight, *US Armed Forces Med. J.* 10:1, 1959.
15. Mahady, S. C. F.: The use of cardiovascular changes in the prediction of untoward reactions following a chamber flight, AAF SAM Project No. 225, Rep. No. 1, Randolph Air Force Base, Texas, 25 June, 1944.
16. Donnell, A. J., Norton, C. P.: Successful use of recompression chamber in severe decompression sickness with neurocirculatory collapse, *Aerospace Med.* 31:1004, 1960. ◄

So he'll breathe easier:

relieve anxiety while you relieve pain.

Relief of pain is usually a major goal in traumatic conditions. But often of importance, too, is alleviation of anxiety and tension that may heighten patient discomfort.

Single-prescription, non-narcotic Equagesic may effectively relieve pain. *And* ease anxiety and tension.

TABLETS

Equagesic®

(meprobamate and ethoheptazine citrate with aspirin)

Wyeth®

IN BRIEF.

Contraindications: History of sensitivity or severe intolerance to aspirin, meprobamate or ethoheptazine citrate.

Warnings: USE IN PREGNANCY: Safety for use during pregnancy or lactation has not been established; therefore, it should be used in pregnant patients or women of child-bearing age only when the physician judges its use essential to the patient's welfare.

Precautions: Keep out of reach of children. Not recommended for patients 12 years old or less. Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves. Excessive prolonged use of meprobamate in susceptible persons—as alcoholics, ex-addicts, severe psychoneurotics—has resulted in dependence or habituation. Withdraw gradually after prolonged excessive dosage to avoid possibly severe withdrawal reactions including epileptiform seizures. Warn patients of possible reduced alcohol tolerance, with resultant slowed reactions and impaired judgment and coordination. If drowsiness, ataxia or visual disturbances (impairment of accommodation and visual acuity) occur, reduce dose. If symptoms persist, patients should not operate machinery or drive. After meprobamate overdose, prompt sleep, reduction of blood pressure, pulse and respiratory rates to basal levels, and hyperventilation are reported. Give cautiously and in small amounts to patients with suicidal tendencies. Treat attempted suicide (has resulted in coma, shock, vasomotor and respiratory collapse and anuria) with gastric lavage and appropriate symptomatic therapy (CNS stimulants and pressor amines as indicated). Two instances of accidental or intentional significant overdosage with ethoheptazine and aspirin have been reported. These were accompanied by CNS depression (drowsiness and lightheadedness) but resulted in uneventful recovery. On basis of pharmacologic data, CNS stimulation could be anticipated, with nausea, vomiting and salicylate intoxication (requires induced vomiting or gastric lavage, specific parenteral electrolyte therapy for ketoacidosis and dehydration, and observation for hypoprothrombinemic hemorrhage [usually requires whole blood transfusions]).

Adverse Reactions: Ethoheptazine and aspirin may cause nausea with or without vomiting and epigastric distress, in a small percentage of patients. Dizziness is rare at recommended dosage. Meprobamate may cause drowsiness, ataxia and rarely allergic or idiosyncratic reactions. These reactions, sometimes severe, can develop in patients receiving only 1 to 4 doses. Such patients may have had no previous contact with meprobamate and may or may not have an allergic history. Mild reactions are characterized by urticarial or erythematous maculopapular rash. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever have been reported. If allergic reaction occurs, discontinue meprobamate; do not reinstitute. Severe reactions, observed very rarely, include fever, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anaphylaxis, stomatitis and proctitis (1 case) and hyperthermia. These cases should be treated symptomatically including, when indicated, such medication as epinephrine, antihistamine and possibly hydrocortisone. A few cases of leukopenia, usually transient, have been reported on continuous use. Rarely, aplastic anemia (1 fatal case), thrombocytopenic purpura, agranulocytosis, and hemolytic anemia have been reported, almost always in presence of known toxic agents.

Overdosage: See precautions section for management of overdosage.

Composition: 150 mg. meprobamate, 75 mg. ethoheptazine citrate and 250 mg. aspirin per tablet.

Wyeth Laboratories Philadelphia, Pa.

Photo professionally posed.





Gastric distension may be prevented by prior gastrostomy.

Gastric Distension During Tracheoesophageal Fistula Repair

GALE E. DRYDEN, M.D.
*Indianapolis**

A review of anesthesia for congenital tracheoesophageal anomalies[1] by Stogsdill, Miller and Stoelting points out many medical fundamentals for the successful surgical care of these patients. These include: early diagnosis, better preoperative care, such as prophylactic use of antibiotics and correct hydration before surgery, increased experience of the surgical and anesthetic team and better postoperative care.

All patients should be intubated, but the choice of anesthetic agents is not critical. Monitoring of the temperature, blood pressure, pulse and ECG are needed for safe conduct of the anesthesia during surgery. The muscle tone of the child is usually easy to overcome by surgical manipulation and hyperventilation. Extreme care in the use of muscle relaxants is advocated in the anesthetic management of this type of patient since the response and recovery from the drugs is not always predictable.

Case Report

A female infant was born at noon, April 18, 1967, with a birth weight of 7 pounds, 2 ounces, a product of a 14-year-old Negro mother whose gestation and delivery was uncomplicated. The infant's one minute Apgar rate was 9.

An excess of mucus was noted in the infant's mouth. Fourteen hours after birth, feeding resulted in vomiting, choking and cyanosis. X-ray study revealed a blind esophageal pouch and the presence of air in the stomach. A Type 3, Class B, tracheal esophageal fistula was diagnosed.

Penicillin and Kanamycin therapy was instituted. Surgery was scheduled at 8:00 p.m., April 19, 1967. A venous cutdown was done; 250 cc 5% DW with 10 mgm Na Lactate and 7 mgm K Cl was started to correct the estimated 5% dehydration. Laboratory study at that time showed: Hgb., 20-gm; Hct. 63. The rectal temperature stabilized at 98°F.

At 10:00 p.m., after 75 cc of fluids had been administered, the infant's trachea was intubated with a 16F Portex tube. Blood pressure was 90 systolic, pulse was 120 and there was a normal ECG pattern. The patient was placed in the left laternal position and maintained on N_2O_2 — 50-50, and anesthesia was maintained through a semi-closed circle absorption technic and fluothane through a Fluotec vaporizer. The respiratory rate was 50 per minute and was assisted or controlled with peak pressure not exceeding 15 C.M. water to maintain a tidal volume of 20 to 30 cc's measured by Wright respirameter. The blood was replaced upon loss and 20 cc's were given during the operation. The pulse ranged from 110 to 140/minute. The blood pressure gradually dropped for two hours, and the radial pulse became much weaker until faintly palpable at 40 mm/Hg. It remained low for the next hour and didn't respond to lighter anesthesia, change of ventilation or fluid replacement.

When the esophageal fistula had been corrected and the chest closed, a gastrostomy was done. As soon as the abdomen was opened, it was noted that the stomach and intestines contained large quantities of gas. Upon deflating the stomach, the blood pressure immediately returned to 80 mm/Hg systolic and peripheral circulation improved. One-half hour before the end of the procedure, peaking of the T waves was noted. It is believed that the potassium in the fluids and whole blood was responsible for the T wave changes. The I. V. administration of ½ cc of calcium gluconate corrected the peaked T waves. Postoperatively the patient did well and currently is a thriving infant.

Comment

The occurrence of gastric distension from endotracheal anesthesia during repair of a TE fistula Type 3 Class B & C should be considered in planning the corrective program. The size of the fistula and the amount of pressure necessary to ventilate the patient will determine the volume of gas passing through to the stomach. The establishment of a gastrostomy as the initial phase of surgery would serve as a vent for any gas that would enter the stomach by way of the fistulous tract and prevent excess gas in the G. I. system (Figure 1.)

The value of monitoring is also evident by the temperature and ECG changes which were noted and corrected without harmful consequences.

BIBLIOGRAPHY

1. Stogsdill, W. W., Miller, J. R., Stoelting, V. K.: Anesthesia and Analgesia, *Current Res.* 46:#1, Jan.-Feb., 1967.
2. Vogt, E. C.: Congenital Esophageal Atresia, *Amer. J. Roentgenol.* 22:463, 1963.

* Director of the Department of Anesthesiology, Marion County General Hospital, 960 Locke St., Indianapolis 46202.

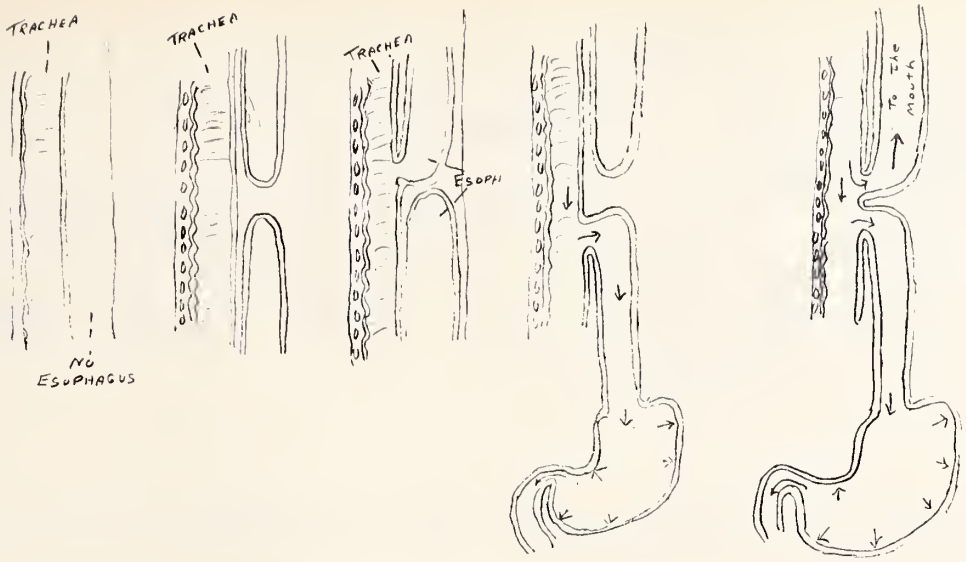


FIGURE 1

THE ARROWS indicate the direction of flow of air to the stomach with controlled ventilation resulting in gastric distention. (Vogt classification[2] of congenital defects.)

Type 1—Congenital absence of the esophagus.

Type 2—Atresia of the esophagus without fistula.

Type 3 (A)—Tracheoesophageal fistula of the proximal esophagus with atresia of the esophagus.

Type 3 (B)—Tracheoesophageal fistula of the distal esophagus with atresia of the esophagus.

Type 3 (C)—Tracheoesophageal fistula of both the proximal and distal esophagus with atresia of the esophagus.

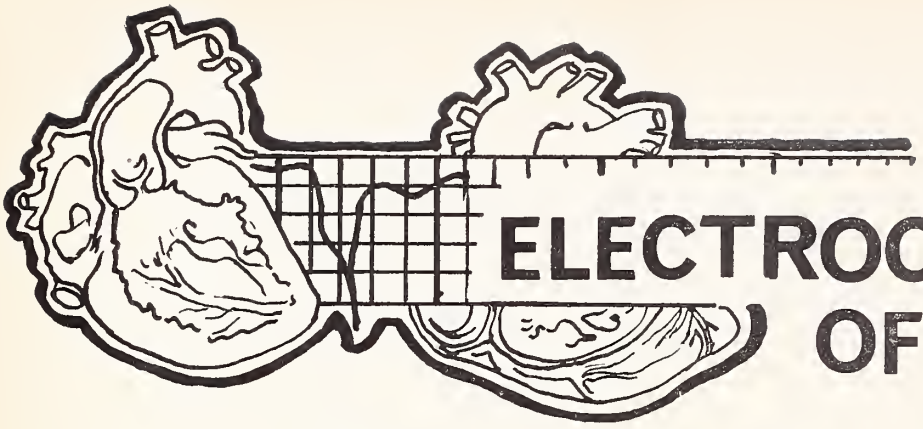
FOURTEENTH ANNUAL

MEDICLINICS

- **POSTGRADUATE MEDICAL REFRESHER COURSE**
- **MARCH 10-20, 1969**
- ***FORT LAUDERDALE, FLORIDA***
- ***Headquarters: Galt Ocean Mile Hotel***
- Sponsored by Florida Academy of General Practice and the North Broward General Hospital. Accepted for 32 hours of credit by the American Academy of General Practice.

Registration information:

MEDICLINICS
832 CENTRAL MEDICAL BUILDING
SAINT PAUL, MINNESOTA 55104
$100.00 REGISTRATION FEE



ELECTROCARDIOGRAM OF THE MONTH

AV Dissociation: The Use of Isoproterenol (Isuprel®)

CHARLES FISCH, M.D.*
Indianapolis

SLOW rates and various forms of AV conduction disturbances following myocardial infarction will frequently respond to administration of isoproterenol (Isuprel®). The accompanying tracing is one of AV junctional disturbances following acute inferior myocardial infarction.

The control strip (lead III) is included merely to show the inferior infarct. There is a significant Q wave followed by an elevated ST segment and terminal inversion of the T wave. This sinus rate (P wave) is about 38 with an AV junctional focus giving rise to the QRS complexes at a rate of about 55. The third P wave conducts to the ventricle with a foreshortening of the R-R interval. Thus we are dealing with atrioventricular dissociation due to slowing of SA rate and escape of junctional focus.

Strip 2 (lead II) is an example

* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

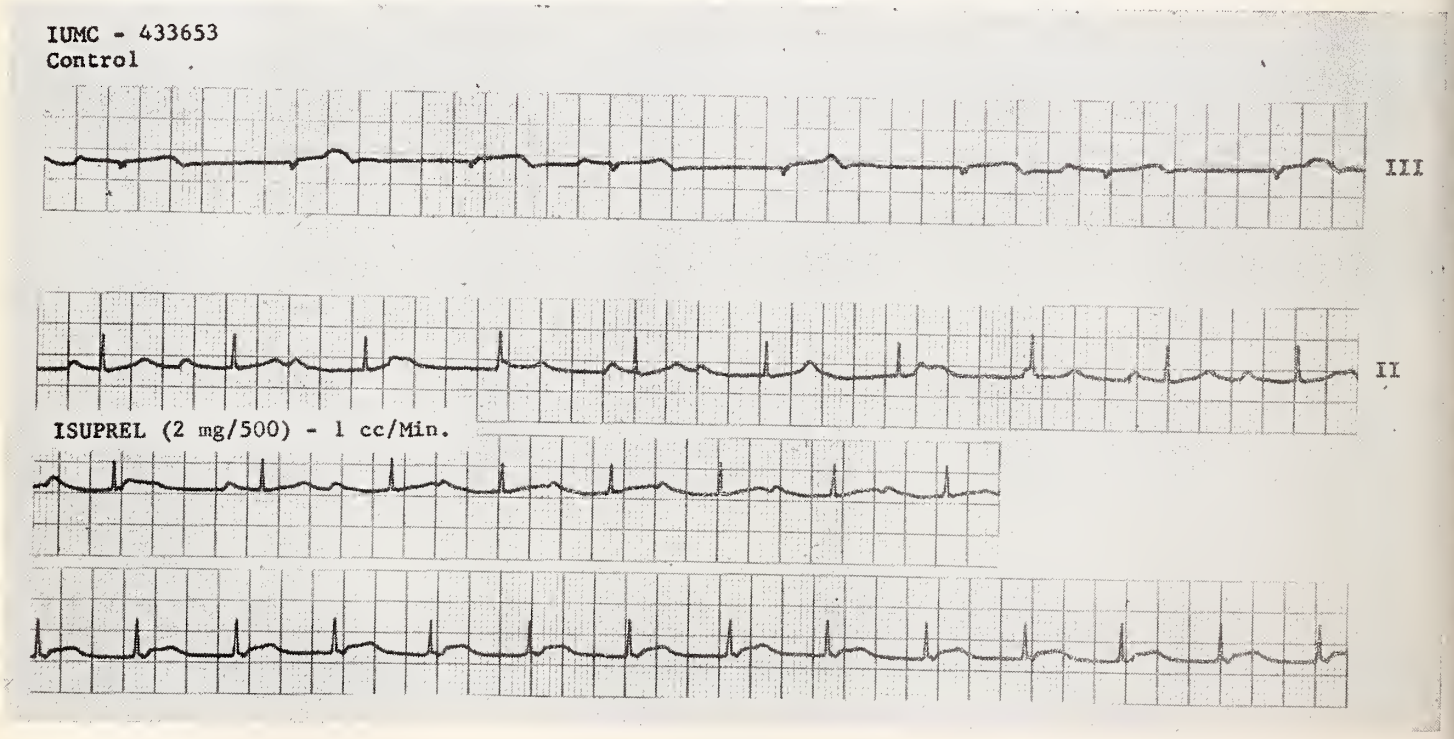


FIGURE 1
AV dissociation which responded to Isuprel® (for details, see text).

of AV dissociation with a sinus rate of about 85 and AV junctional rate of about 70. Since the atrial rate exceeds the junctional rate, the AV dissociation is not only due to a fairly rapid AV junctional focus but also due to some degree of AV block. Were it not for the latter, the atrial would control the ventricular rate. Following administration of Isuprel, sinus rhythm with a prolonged P-R (40 seconds) was established (third row). With further administration of isoproterenol, one of the complications of rapid administration of the drug became evident, namely AV junctional tachycardia (row 4).

I.U. School of Medicine Postgraduate Courses

(Division of Postgraduate Medical Education)

DATE	COURSE TITLE	LOCATION	COURSE DIRECTOR
Feb. 12	Emotional Problems of Young People	Ball State University, Muncie, Ind.	Wayne G. Pippenger, M.D.
Feb. 12	Modern Therapy of Cancer	I. U. M. C.	Robert Rohn, M.D.
Feb. 19	Management of Pediatric Handicaps	I. U. M. C.	Morris Green, M.D.
Mar. 5	Therapy of Chronic Obstructive Lung Disease and Bronchitis	I. U. M. C.	Roy Behnke, M.D.
Mar. 13/14	Community Neurology	I. U. M. C.	Joseph Green, M.D.
Mar. 19, 20, 21	Electrocardiography for Physicians	I. U. M. C.	Donald Close, M.D.
Mar. 24, 25, 26	Electrocardiographic Interpretation of Arrhythmia	Marion County General Hospital	Charles Fisch, M.D.
Mar. 26	Ophthalmology for the General Practitioner	I. U. M. C.	Fred Wilson, M.D.
April 2	Management of Congenital Anomalies of Skin and Soft Tissue	I. U. M. C.	James Bennett, M.D.
Apr. 15, 16, 17, 18	Radiology of Trauma	I. U. M. C.	John Campbell, M.D.
Apr. 13-Apr. 27	Anatomical and Clinical Otolaryngology	I. U. M. C.	David Brown, M.D.
April 23	Management of Common Dermatologic Conditions	Marion County General Hospital	Victor Hackney, M.D.
May 13/14	Indiana Multidisciplinary Child Care Conference	Stouffer's Inn	Morris Green, M.D.
May 22	Psychiatry in Everyday Practice	Elks Country Club, Sullivan, Ind.	Betty Dukes, M.D.



X-RAY CONFERENCE

Arteriographic Diagnosis of a Bleeding Gastric Ulcer

ERICH K. LANG, M.D.
*Shreveport, La.**

THIS 42-year-old Caucasian male was admitted to the hospital in surgical shock apparently caused by a bleeding gastric ulcer. The patient had been admitted for a similar condition on six prior occasions. Each time there was a classical history of melena, hematemesis, and, on two occasions, point tenderness in the left upper abdominal quadrant suggesting the presence of a gastric ulcer. Gastric analysis and examination of the stool confirmed the presence of blood both in the stomach and in feces. However, eight meticulously performed upper gastrointestinal series failed to identify any abnormalities in the stomach, duodenal bulb or small bowel.

After the patient had been transfused with five pints of blood and all approaches of conservative management had been exhausted, a blind gastrectomy was performed during the last admission because of uncontrollable hemorrhage. This procedure appeared to have eradicated the disease at least for the ensuing six months.

* Professor and Chairman, Department of Radiology, Louisiana State University School of Medicine in Shreveport, Shreveport, La. 71106.

At the time of this admission, however, there was undeniable clinical evidence of recurrent upper GI bleeding. The hematocrit was 26. Analysis of the stomach contents revealed the presence of blood; feces tested positive for the presence of hemoglobin. A meticulous upper gastrointestinal series was carried out and revealed a normal stomach stump and a well-functioning gastroenteroanastomosis of Billroth II type.

The patient was again transfused and conservative management was deployed. On the fifth day, a selective arteriogram of the celiac axis vessels was carried out and a classical "bleeder" in the fundus of the stomach was identified. A large, secondary vessel fed from the left gastric artery appeared to end in this ulcer crater and contrast material was seen to puddle in the crater on delayed films (Figure 1).

Because of the proximity to the cardia, this structure was incised during the wedge resection of the ulcer crater and an esophagogastroanastomosis had to be performed.

Since this last operative procedure, the patient has returned to full-time employment and has reported no further incidence of gastric hemorrhage or other complaints referrable to his gastrointestinal system. A routine follow-up examination nine months after this last admission revealed his hemoglobin and hematocrit to be within normal limits.

Discussion

Selective arteriography of the vessels of the celiac axis and the superior mesenteric group is recommended for the assessment of patients with known upper gastrointestinal hemorrhage refractory to diagnosis by other means. In our limited experience, the arteriogram provided the correct diagnosis in three patients

ith a bleeding gastric ulcer, two pa-
ents with a bleeding gastric
iomyoma and three patients with
nall bowel tumors. The upper gas-
ointestinal barium studies, though
refully performed, had been re-
orted and interpreted as negative in
l of these patients. The procedure is
nocuous and, in our opinion, is
rticularly useful for the diagnosis
small bowel tumors often refrac-
ry to diagnostic assessment. As
idenced by this example, arterio-
aphy should always be deployed
fore subjecting a patient to a
lind resection" of the stomach,
ping to control bleeding by such a
ocedure. ◄

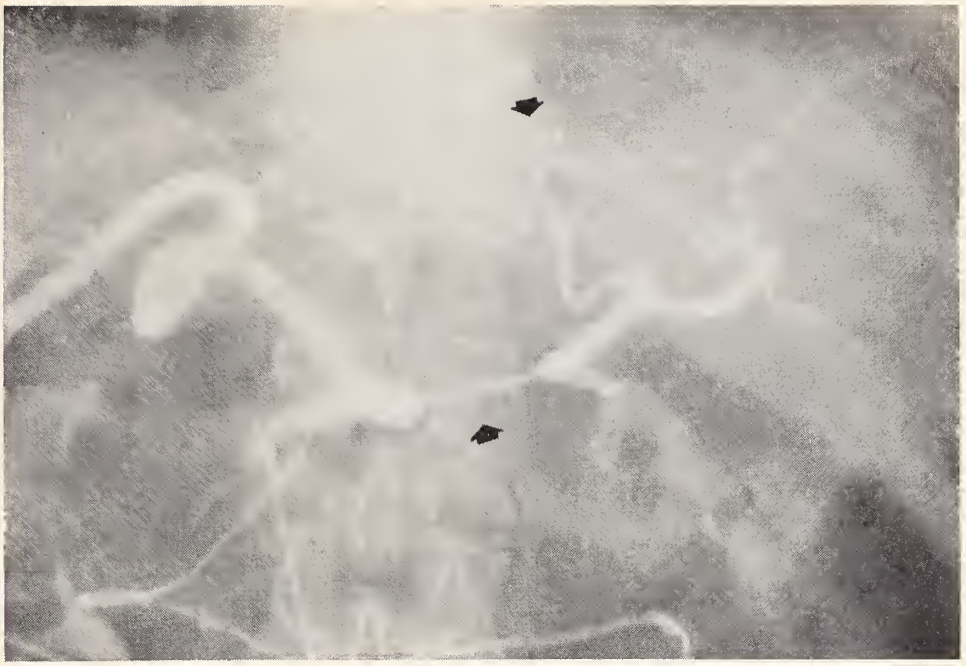


FIGURE 1

A SELECTIVE arteriogram of the celiac axis demonstrates a highly dilated and enlarged secondary vessel of the left gastric artery which appears to end blind in a puddle of dye (arrow). This represents the ulcer crater in the fundus of the stomach near the cardia. The spasm of the splenic artery (arrow) is caused by advancing the tip of the superselective catheter to oppose the origin of the left gastric artery.

HIGHLAND HOSPITAL

ASHEVILLE, NORTH CAROLINA

Founded 1904

A DIVISION OF THE DEPARTMENT OF PSYCHIATRY OF DUKE UNIVERSITY

Accredited by the Joint Commission on Accreditation and Certified for Medicare

Complete facilities for evaluation and intensive treatment of psychiatric patients, including individual psychotherapy, group therapy, psychodrama, electro-convulsive therapy, Indoklon convulsive therapy, drugs, social service work with families, family therapy, and an extensive and well organized activities program, including occupational therapy, art therapy, athletic activities and games, recreational activities and outings. The treatment program of each patient is carefully supervised in order that the therapeutic needs of each patient may be realized.

High school facilities for a limited number of appropriate patients are now available on grounds. The School Program is fully integrated into the hospital treatment program and is accredited through the Asheville School System.

Complete modern facilities with 85 acres of landscaped and wooded grounds in the City of Asheville.

Brochures and information on financial arrangements available

Contact: Mrs. Elizabeth Harkins, ACSW, Coordinator of Admissions

or

Charles W. Neville, Jr., M.D.

Assistant Professor of Psychiatry and Medical Director

Area Code 704-253-2761

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

Editor: Frank B. Ramsey, M.D., 1802 North Illinois Street, Indianapolis, Ind. 46202.

Associate Editors: A. W. Cavins, M.D., 221 South Sixth Street, Terre Haute; Lall G. Montgomery, M.D., Ball Memorial Hospital, Muncie; David A. Bickel, M.D., 515 Odd Fellows Building, South Bend; Samuel R. Mercer, M.D., 702 Medical Center Bldg., Fort Wayne; I. W. Wilkens, M.D., 1743 Shelby St., Indianapolis.

Editorial Board: Term Expi

Jack W. Hickman, M.D., Indianapolis . . . Dec. 31, 19
Frank H. Coble, M.D., Richmond Dec. 31, 19
Jene R. Bennett, M.D., South Bend Dec. 31, 19
W. D. Snively, Jr., M.D., Evansville Dec. 31, 19
Alvin J. Haley, M.D., Fort Wayne Dec. 31, 19
Wei-Ping Loh, M.D., Gary Dec. 31, 19

Assistant Editor: Jackie Freers Stahl
Business Manager: James A. Waggener
3935 N. Meridian, Indianapolis, Indiana 46208.

Abortion and the Law in Indiana

CONSIDERATION by the General Assembly now in session of the problems of abortion and the sentiment on the part of some for a change in the legal aspects of the subject are an indication of the emotional state of a considerable segment of the population. The situation is not peculiar to Indiana. It is present in greater or lesser degree in all civilized countries of the world.

Illegal abortion, while impossible of exact assessment, is estimated to occur at the rate of one million cases per year in the United States. This is close to one illegal abortion to every five pregnancies. In Hungary, where abortions are most easily obtained, there are 1,200 abortions per 1,000 live births.

Illegal abortions probably produce 100,000 hospital admissions annually because of complications. The mortality is estimated at between 5,000 and 10,000 per year with a cost of $350 million.

Of those who are aborted, 80% are married. Most are between 30 and 40 years of age, have two or more children and are pregnant by their husbands. There is no consistent pattern as to income level or educational level. Most are white—less than 10% of patients illegally aborted are Negro.

Statistics on therapeutic abortions, even though they are considered legal, are as difficult to determine as though they were illegal. The best estimate as to frequency is 8,000 to 10,000 per year.

Twenty percent of therapeutic abortions are done for medical reasons such as severe cardiovascular disease, ulcerative colitis, diabetes, nephritis or malignancy afflicting the mother. Thirty percent are due to fetal conditions such as rubella, erythroblastosis or other anticipated fetal deformities.

Psychiatric causes such as suicidal tendency, rape, incest and mental deficiency are the basis for 50% of legal abortions. The morbidity and mortality are extremely low.

Eighty percent of therapeutic interruptions are done on private patients. Seventy-five percent of the patients are married, 20% are Catholic, 93% are white. In New York City the rate of abortions to live births is 1:256 in private hospitals and 1:10,000 in municipal hospitals.

In the United States the laws in 42 states permit abortion only to save the mother's life. In five states the life or health of the mother is considered. In three states there is either a prohibition against abo tion for any reason or no abortic law at all.

Most of the laws were writte before 1900. Advances in medici and good prenatal and obstetric care have tended to make the med cal indications for abortion less ar less valid. Diabetes, which was one time a prime indication f abortion, may now be treated so su cessfully as to practically elimina it from hazards of pregnancy.

Abortion is a controversial su ject, fraught with emotional aspec and difficult of resolution. The Cal fornia Medical Association h called for a broadening of their sta law. The Medical Associations Utah and New Mexico have a proved commissions to study t problem.

A recent Gallup Poll showed th about 80% of the public favore legal abortion for reasons of mate nal health as well as life and majority favored legalized abortio in cases where the child might b born deformed. Seventy-two percer did *not* favor legal abortion in cas where the family cannot support a ditional children.

Legislators need the counsel an advice of physicians on this explosiv problem. Members of ISMA are i vited to write the Commission o

egislation of the Indiana State Medi-
al Association and express their
pinions.

SKF Foundation Grows In Breadth and Volume

TOTAL contributions of the Smith
line & French Foundation which
as organized in 1953 have now ex-
eeded $10 million. Benefactions an-
ually are now in the neighborhood
f one million dollars.

Its 15-year history has seen not
nly an increase in its financial vol-
me but a broadening of its field
f interest.

It was, originally, dedicated to
edicine and the sciences related to
edicine. With the advent of fed-
al aid to medical research, the
undation has turned some of its
pport to other branches of educa-
on. Since 1958 more than half of
e financial outlay has been to sup-
rt education in medicine and the
ological sciences. There have also
en unrestricted grants to univer-
ties, colleges and independent sec-
dary schools.

One of its most successful pro-
ams has been the support of newly
pointed educators in medicine,
harmacy and mental health. Em-
hasis has been on grantees with
esh ideas for curriculum and physi-
l equipment.

Two deans, who received small
ants, were able to produce opera-
e funds from donations on the
tio of ten to one. In 1967, un-
stricted grants totaling $91,950
ere made to 15 institutions for use
newly appointed educators.

Contributions in 1967 also pro-
ded Butler University College of
harmacy and Purdue University
llege of Pharmacy with new
uipment.

Recipients of matching gifts for
ucation included Butler Univer-
y, DePauw University, Indiana
niversity, Purdue University and
e University of Notre Dame.

Comparable assistance is annually awarded to schools throughout the United States. The foundation's primary concern, however, remains with medicine and its related sciences. Most of the grants are given to schools of medicine or pharmacy.

Grants are usually nonrecurring. Continuous support is given to only a very limited number. The emphasis is on "seed money" in charitable and educational programs to help establish a new idea or activity. A majority of the grants are between $1,000 and $5,000 and are therefore numerous and widespread.

Guest Editorials

Please Turn Down the Lights

A previous article, "Latency Period," suggested that adults ought not keep pushing pre-adolescent boys into the constant company of girls. By the mechanism of caricature, the boy with long hair may be expressing his unconscious protest ("Look what you have done to me") — sort of a reductio ad absurdum.

The same principle applies to the hippies. They are mocking us, showing us the grotesque results of our permissive and over-indulgent attitude toward the rearing of children.

We also questioned the wisdom of introducing or emphasizing sex education in the grade schools.

Information about sex can be put into dainty little packages, it is true. But when the packages are opened, the contents are not just inanimate data, facts of life. Sex education can hardly escape becoming not "what is" but "how to" — a manual of operational instructions.

To the younger boy or girl this seems cruelly unfair. One would not insist on teaching a third-grader how to drive a car and then admonish him that he must wait eight years for his driver's license. A nine-year-old had better not be told all about sex and then required to mark time for ten long years before marrying. Let him learn the details of mating — as with driving — when he is inclined and prepared to use such information.

There is another, non-arguable antipathy to the current glut of sexual information and the shocking candor of its publicity. The resistance comes not so much from the acknowledged puritan in each of us but from the poet.

Sex has always been one of the mysteries, one of the astonishing beauties of human experience. If we keep pulling out and examining each thread of the tapestry, we may no longer remember the tapestry at all. In the same vein, would one not suffer a little loss in listening to an English rendition of La Boheme? If one's heart has ever been bruised by the chanting of Dies Irae at a requiem mass, he will shut his eyes to the translation.

To be other than bestial, any erotic event has to be intimate, has to be absolutely private. The sensitive person does not want to imagine — let alone talk about — the physical relationship of another couple.

Perhaps we seem to be "against" enlightenment and progress in this whole (semantic) issue of sex education. But progress is not simply constructive or additive. Something is invariably supplanted. Is it progress to scrape off the patina of propriety and good taste? Is it progress to throw away the tablecloth and dip one's hands into the entrails, the guts, of the uncooked meal? No; love will come like a doe in the twilight of modesty and not in nakedness of noon.—**William B. McGrath, M.D., assistant editor,** *Arizona Medicine* **25:891, October, 1968. Reprinted with permission.**

Essential Facts in the Attack on Environmental Pollution

THE scientific attack on air and water pollution has been greatly aided by voter approval of large fi-

nancial borrowings. It behooves us all to understand the technics used in the attack. Physicians have been trained in sanitation and will be asked concerning safe methods of waste disposal. The State Health Department has released pertinent information on one commonly used technic known as the "sanitary landfill."

As defined by the Sanitary Engineering Division of the American Safety Society of Civil Engineers, a sanitary landfill is not a "dump." It is a method of "disposing of refuse on land without creating nuisances or hazards to public health or safety, by utilizing the principles of engineering to confine the refuse to the smallest practical area, to reduce it to the smallest practical volume, to cover it with a layer of earth at the conclusion of each day's operation or at such more frequent intervals as may be necessary."

Sanitary landfill is the only currently acceptable method which will dispose of all types of normal solid waste including the large and bulky items as well as general refuse and garbage.

The sanitary landfill operation includes delivery of the refuse to the site, spreading of the refuse into thin layers, compaction of the refuse to eliminate the void spaces in the refuse, and covering the refuse with dirt at daily intervals or less.

It does not give rise to air pollution because no open burning is necessary, and does not pollute the surface or ground waters because these factors are taken into account in the engineering design of the landfill. It is possible to design a landfill so that all unsatisfactory conditions are avoided.

Several variables are involved in estimating the cost of operating a sanitary landfill, including the distance the refuse must be carried to reach the sanitary landfill, the type of soil, the type of equipment required, the availability of soil for cover material, the location and depth of the ground water, and the quantity of refuse received. The variable factors may be broken down into the broad general categories of the cost of hauling to the sanitary landfill, the costs of spreading and compacting the refuse, the cost of direct movement, and the cost of land.

The cost of refuse disposal usually is considerably less than the cost of refuse collection. In fact, collection costs may be as much as 25 times greater than disposal costs. The economic rule of thumb used to determine the cost of sanitary landfilling for the average community is that a sanitary landfill will cost approximately 50 cents to $1.50 per person per year depending on operating cost factors.

A sanitary landfill is a construction project as well as a refuse disposal project. It is a method of reclaiming land. Examples of reclaimed land from a sanitary landfill may be found in many areas. The California refuse disposal areas around Los Angeles are examples.

There are also several examples of the use of refuse disposal sites for land reclamation in New York State. Collins Park in Scotia, (Schenectady County), the Cardinal McCloskey High School site in Albany, (Albany County), LaGuardia Airport in New York City, and the former New York World's Fair site in Flushing Meadows are a few.

Alternative procedures for refuse disposals are: *Incineration.* Incineration and sanitary landfill are the proved methods of refuse disposal in the United States. A properly designed and operated incinerator will reduce the volume of refuse to be disposed of by 65% to 85% in practical operation. The practical weight reduction obtained in incineration is about 75%. It should be noted that a sanitary landfill must be run in conjunction with an incinerator for the disposal of the incinerator residue as well as for the disposal of bulky materials which the incinerator will not handle. The reporte incineration costs run approximatel $6 to $12 a ton depending on th size of the incinerator, the operatin procedures, and the capital cost o construction. When an incinerator i equipped with air-cleaning equip ment meeting modern code require ments, the cost is close to the $1 figure. The capital cost of construct ing an incinerator which will mee modern code requirements is abou $10,000 per ton of capacity. I should be noted that most incine ators are operated as waste reductio facilities rather than as waste de struction facilities. In this concep the incinerator is only one step i the process from the production c the waste to the ultimate disposal c the wastes.

The traditional open dump. Thi method of refuse disposal is n longer allowed and is specificall prohibited by Part 19 of the Stat Sanitary Code. Open dumping c selected nonputrescible solid waste may be allowed if an exemption issued by the full-time health office of the involved area. Normally, th only material for which an exemp tion could be justified would b non-putrescible wastes such as i organic demolition material (brick concrete, and such) and perha other wastes such as junk, old lum ber, sawdust, and so forth.

Composting. Composting is process whereby the organic portio of the waste material is converte into a humus material which is us able as a soil conditioner or as a ba for fertilizer products, but it is no in itself, a fertilizer. This process sound theoretically, but to date h not proved to be practical in th United States. This is attested to b the fact that only four of the major composting plants construct in the United States since 1950 a operating presently. The reasons f closing the various plants ha ranged from unfavorable economi to nuisance conditions which aro from the operation.

Hi-density compaction. A recent innovation in solid waste handling has received a great deal of publicity. This new approach involves compressing refuse into very dense blocks by using hydraulic presses that exert tremendous pressures on the material. The volume of the refuse after compaction is only 40% of the original volume; in some cases, depending on the material, volume reduction to as little as 10% of the original is possible. This process offers substantial economies by reducing transportation costs, making rail or barge transfer feasible. Sanitary landfills receiving baled refuse from this process can be used for a longer period. In addition, the volume reduction is equal to incineration and at lower capital and operating costs.

The compacted refuse has a specific gravity greater than sea water, making ocean burial possible. The Japanese are exploring the possibility of encasing baled refuse with concrete or sheet steel for use as building blocks.

It can be seen that proper waste disposal is a problem of logistics, engineering, and cost effectiveness. The medical public needs to be well informed on this subject and we intend to enlarge on it further as the attack gains momentum.—**Reprinted with permission from** *The New York State Journal of Medicine* **68:2747, 1968.**

Editorial Notes . . .

Purdue engineers are conducting a unique field experiment to determine what factors produce true indoor home comfort. Each of four houses is heated, air conditioned, vented and humidified in different ways. All houses are fitted with elaborate continuous recorders for temperature of air and walls, humidity and ventilation of all rooms. The tenants were carefully selected with equal educational backgrounds and psychologically tested to insure as objective data as possible. The object is to specify all the physical and mechanical elements which contribute to environmental comfort in the home.

The North American Rockwell Corporation will study improved ways of removing, treating and transporting people injured in auto wrecks. The U.S. Department of Transportation has contracted for the study which will also finish the National Highway Safety Bureau with operating guidelines for ambulance drivers and attendants. It is estimated by the American College of Surgeons that 25% of the permanent physical disabilities of auto victims could be avoided by proper care. North American Rockwell has designed rescue equipment and devised procedures for spacecraft, military and commercial aircraft.

The proportion of Medicare patients in hospitals continues to increase. July, 1968, recorded 10.5% more patients 65 and over than were admitted in July, 1967. Total admissions of patients of all ages were up by only 3.5% in the same period.

Health quackery costs more each year in the United States than the entire cost of health education. Quackery also costs more than all medical research done in this country. What a boost medical education would have if all the quack dollars could be invested in medical schools.

The centennial of the birth of Karl Landsteiner was observed in October at the meeting of the American Association of Blood Banks. Landsteiner's discovery of the ABO blood groups made transfusion possible. His studies are the basis of many discoveries in the field of immunology. He received the 1930 Nobel Prize in Medicine and Physiology.

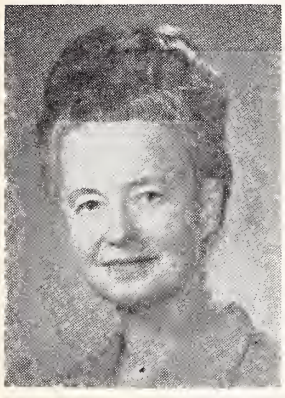
Pharmaceutical Manufacturers Association president C. Joseph Stetler charged recently that the Monopoly Subcommittee of the U.S. Senate is attempting to create a climate of public acceptance for price control legislation on prescription drugs. Stetler pointed out that a subcommittee report cited differences in drug prices by contrasting prices paid by a small buyer who purchased six bottles on the open market with the price paid to the manufacturer by the City of New York for 5,000 bottles. The PMA stand is that price differences due to quantity and due to whether the transaction is with the manufacturer, a wholesaler or a retailer, are legitimately associated with normal business practices.

Pharmaceutical industry employees will have the advantage of a training course in the packaging of prescription drugs when the Westinghouse Learning Corporation makes available an entirely new modular packaging mechanics training course late in 1968. The Pharmaceutical Manufacturers Association is arranging for the course. Over 50 of the PMA member firms have already indicated that appropriate employees will attend. The learning system is flexible enough to allow fast learners to proceed at maximum speed. Slower learners are provided more detailed courses arranged in deliberate stages. The Westinghouse Learning Corporation, among its other nation-wide functions, operates the Job Corps Center at Edinburg, Indiana. ◄

The Woman's Auxiliary

REPORTS TO ISMA

To make membership meaningful to each physician's wife within Indiana is the accent of this year's work by the auxiliary at both local and state levels. Not only attracting new members to our auxiliaries, bu challenging all present members to fuller understanding of auxiliary work and therefore fuller participatior in it demands our attention.



Objectives of the auxiliary continue to be underscored by all officers and chair- men as we point out how the wives of doctors can assist organized medicine ir its program for the advancement of medicine and public health. Just as doctors keep abreast of scientific developments by attending seminars and special schools and by reading medical journals, we, too, through our participation in auxiliary meetings, study groups and conferences, and by our reading of auxiliary publications, can keep in touch with current health needs. Our members-at-large who reside in counties where auxiliaries are not organized participate in all state-level activi- ties and receive both the *Hoosier Doctor's Wife* and the national *MD's Wife* as soon as their state and national dues are paid.

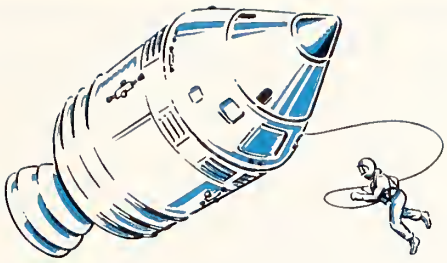
In an address some years ago, Mrs. Frank P. Dwyer of Pennsylvania said it this way:

"What makes an auxiliary member? This is my idea of her. She is a special sort of club woman—a mainstay of her husband's career at the home base, the maker of special standards of family actions, a public relations agent at her telephone or at her lay club, a buffer in a hectic home life, a discreet listener, an expert in the jargon of the trade, a patient and tolerant companion and an appeaser of disgruntled hostesses looking for absent doctors.

"She is a homemaker, an office assistant and all the countless things a doctor's wife can be in one day. She may have no particular talent for crusading, but her closeness to medicine makes auxiliary work a per- sonal thing to her. As a member of the auxiliary she is part of an organization with a standard of values held by no other group. She must be fully aware that medical relations are in her hands at the community level whether she wishes it or not. High class public relations programs for medicine are of no avail in her small world if her friends and neighbors have a poor opinion of her. As she upholds the diginity and safe- guards the reputation of her husband, so it is her mission—collectively with other doctors' wives— to preserve the rights and ideals of organized medicine."

We hope your wife is a member involved in auxiliary work who fits Mrs. Dwyer's description of her. Can she afford *not* to be?

Betty Kephart



Man in space, now fait accompli, re-emphasizes the importance of Uro-Phosphate therapy. Research into the effect of space travel on the astronaut reveals that weightlessness causes loss of bone calcium. As the bones are required to bear less and less of the weight of the body they lose calcium, increasing the calcium content of the urine. When physical activity is reduced, the acidity of the urine should be adjusted to keep increased calcium in solution a prophylaxis to prevent kidney or bladder calculi.

Uro-Phosphate®

NOW A SUGAR-COATED TABLET

Each tablet contains: METHENAMINE, 300 mg.; SODIUM ACID PHOSPHATE, 500 mg.

Uro-Phosphate gives comfort and protection when inactivity causes discomfort in the urinary function. It keeps calcium in solution, preventing calculi; it maintains clear, acid, sterile urine; it encourages complete voiding and lessens frequency when residual urine is present.

Uro-Phosphate contains sodium acid phosphate, a natural urinary acidifier. This component is fortified with methenamine which is inert until it reaches the acid urinary bladder. In this environment it releases a mild antiseptic keeping the urine sterile.

Uro-Phosphate is safe for continuous use. There are no contra-indications other than acidosis. It can be given in sufficient amount to keep the urine clear, acid and sterile. A heavy sugar coating protects its potency.

Dosage:

For protection of the inactive patient 1 or 2 tablets every 4 to 6 hours is usually sufficient to keep the urine clear, acid and sterile.

2 tablets on retiring will keep residual urine acid and sterile, contributing to comfort and rest.

A clinical supply will be sent to physicians and hospitals on request.

WILLIAM P. POYTHRESS & COMPANY, INC., RICHMOND, VIRGINIA 23217

Manufacturers of Ethical Pharmaceuticals



When the pink pill for U.R.I. symptoms speeds into action, someone somewhere breathes easier.

ou provide prompt and continuous lief from symptoms of U.R.I. when ou prescribe Novahistine Singlet. ovahistine Singlet is formulated to uickly relieve the fever and the aches nd pains that so frequently accompany pper respiratory infections. And these ntinuous-release tablets provide a soconstrictor-antihistamine formu- tion to shrink swollen membranes nd reduce congestion of the tur- nates and sinuses.

A total daily dosage of 3 or 4 tablets will normally provide the continuous relief your patient expects. Use with caution in patients with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution ambulatory patients that drowsiness may result.

PITMAN-MOORE Division of The Dow Chemical Company, Indianapolis, Indiana

Novahistine®
Singlet decongestant-analgesic

(Each tablet contains: phenylephrine hydrochloride, 40 mg.; chlorpheniramine maleate, 8 mg.; acetaminophen, 500 mg.)

DOW

Third Annual Symposium of the National Pharmaceutical Council

THE Third Annual Symposium of the National Pharmaceutical Council* was conducted in Washington, D.C. on November 21, 1968. The subject "The Delivery of Health Care Services" was addressed from several viewpoints and by speakers of diverse origins, yet with a remarkable pattern of agreement. Fundamental concepts, although expressed differently and implied in varying ways, were close to identical. The ferment to improve medical care is universal.

M. Alfred Haynes, M.D., project director for the National Medical Association Foundation, was the keynote speaker and moderator. He emphasized the contrast between medical research accomplishments and the potential for excellent health care on the one hand and the relatively poor level of actual effective delivery to all the people on the other.

Dr. Haynes pointed out that while the wealthy and most city dwellers saw doctors more often than others, both the rich and the poor fell far short of ideal service. He also outlined the professional manpower shortage which exists even with the addition of thousands of foreign medical graduates, the need for more health workers, the shortage of extended care facilities, the economic barrier to good health care, and the fact that computerization, while helpful, will not be the answer.

He also observed that emergency care was more available than long-term integrated care both of the preventive and therapeutic type. He stated that the poor do not want charity and that, in his opinion, solo practice would continue.

The Hospital Standpoint

James B. Donaldson, M.D., associate dean of Temple University Medical School, opened his discussion by observing that the medical profession usually opposes new ideas but does not propose any new ones. His remarks were directed to the problem as viewed from the hospital standpoint. He commented on the overuse and abuse of the hospital emergency department with 30% to 40% of the cases being nonemergency in nature. He thinks that this is due to the lack of medical care elsewhere.

Dr. Donaldson agreed that all people want private care. He is worried about the slowness of diagnostic work as produced by hospitals for outpatients and recommended that more of such work should go to private facilities. He pointed out that insurance contracts usually dictate the use of inpatient facilities for diagnostic work which otherwise could be done on an outpatient basis.

He quoted Richard Nixon as saying that we are now short 60,000 doctors, 70,000 nurses and 600,000 paramedical personnel. He thinks this estimate may be on the low side. He thinks that two hospital problems are the too-long wait for elective procedures and the lack of continuing M.D. education programs.

The Pharmacy Standpoint

Louis C. Zopf, D.Sc., dean of the College of Pharmacy, University of Iowa, pointed out that health care is becoming more and more institutionalized and that the safety factor in drug dispensing is very important. He feels that, despite the emphasis on institutions, the corner drugstore renders a vital service and will remain in the picture.

He emphasized that pharmacy schools are modernizing in the same manner as medical schools. Curricula are being improved and the pedagogy is being upgraded. Some schools of pharmacy now teach pharmacy students more pharmacology than medical students usually receive and they all teach as much physiology as medical schools do. In his hospital the pharmacists are taken on rounds, not to participate in diagnosis or treatment, but to observe drug reactions and the complications thereafter.

Dr. Zopf agreed with the other panelists that there is certainly no excess of talent in the medical service field, and that none should be wasted. He thinks that better use should be made of the existing talent, before new technicians are trained. He recognizes the pharmacists do a lot that is not professional

A Foundation Operation

Donald C. Harrington, M.D. president of the San Joaquin Foundation for Medical Care, described the operation of the Foundation which was organized by the San Joaquin County Medical Society for the purpose of furnishing balanced medical care. Its patients are protected by Blue Shield or by one of 19 insurance companies with coverage for complete medical care. Dr. Harrington describes the system as being patient oriented and as being organized principally to control costs and to provide integrated care.

Charges are determined by three fee schedules, one for each of the

* The National Pharmaceutical Council is an instrumentality of 28 major, research oriented, pharmaceutical manufacturing companies which is dedicated "to cooperate with every segment of pharmacy and medicine, and all concerned agencies of federal and state governments, to advance the services of the health professions in the medical care and treatment of the American public."

lassifications of coverage. Quality ontrol is accomplished by elaborate lectronic data records which review ot only medical services but also ıe prescribing and dispensing of rugs and appliances. Quality re-ew is done by a committee of phy-cians. Decisions of the committee e usually well received.

Dr. Harrington is of the opinion at the group method is satisfactory r certain groups and in the proper rcumstances, but that both solo actice and fee for service will sur-ve for a long time and will func-n alongside the panel method.

"Better Use of Doctors"

Arthur P. Richardson, M.D., dean the School of Medicine, Emory niversity, discussed the subject of lucation of physicians and the blic. He stressed that the demand r medical service is going to in-ease both absolutely and propor-nately, that more specialization ust be expected, that the demand r more M.D.'s cannot be met and at group practice will increase.

He thinks that birth control will t relieve the problem, but that the e of M.D.'s can be improved by ucating the physicians and the blic to better use of doctors. A ghly informed public is necessary better use of physician talent.

Dr. Richardson advocated a move to the core curriculum and introduction of elective subjects, but did not think that medical education should be shortened.

He thinks that one of the reasons, and maybe the principal reason, that the public wants more family physicians or general practitioners is the tendency, in most cases, for this type of physician to be willing to spend time with a patient in talking over problems and giving advice. The remark "When I am well I want a general practitioner and when I am sick I want the best specialist" may arise out of this deeply felt but unrecognized mental attitude.

Dr. Richardson wonders if a health counselor might fill this need. Such a person would not necessarily be an M.D.—a pharmacist might perform this function. The health counselor would require special training in a variety of disciplines not characteristic of any of the current health care team members. His training would be complex, would involve administration and the ability to deal with people.

Dr. Richardson thinks that, since American medical schools not only teach but also do research and render medical care, they should also experiment with the delivery of health care. Schools should work with all the health professions and should have facilities within the school for the training of all varieties of paramedical technicians and therapists.

He feels that all technicians and therapists should have a common education as a first phase—all should have a basic knowledge of, for instance, anatomy and biochemistry. Each group should have detailed specific training as a second phase, and in-service training as the third phase.

Overtraining on the part of those who wish to create prestige and status for themselves should be discouraged, but students who wish to change courses or even enter the medical school should be encouraged to do so. Education thus obtained which is not utilized for their final certification would not be wasted but would become a part of their cultural education.

Dr. Richardson also mentioned the possibility and desirability of training all educated persons to perform a part of their own health counseling. He thinks that the medical school should have a function of teaching in all the university's colleges of arts and sciences. All university degrees should imply knowledge of health matters. ◀

INDIANA MEDICAL BUREAU
816 Hume Mansur Bldg.
631-5802

A Licensed Employment Agency
Specializing in Medical Personnel

Our 18th Year Of Service

Preceptorship Proves Highly Rewarding

K. W. BUSH
Administrative Assistant, ISMA

ON the cover of a recent issue of *The Indiana State Medical Association Journal* is a copy of a letter which reads,

"I hereby certify that the Bearer, Mr. Henry Tooley, has been studying the Practice of Physick and Surgery near eight years under my direction, and that by the assistance of a good genius, and close attention he has made great progress in both studies. — Since my acquaintance with him he has conducted himself with the strictest moral rectitude free from the least whisper of scandal, and I recommend him as a good Member of Society to all who may take notice of him.—"

Thus on September 23, 1793, Mr. Tooley was launched into a career as a physician.

There have been many changes in medical education since that time but the value of studying medicine under a practicing physician seems to be coming back into vogue as an excellent adjunct to a medical student's curriculum.

David Binstadt will vouch for it. He's a senior medical student at the University of Cincinnati and has been living and breathing as the day and night shadow of Dr. Stephen Smith of Knightstown.

Dave's comment is that "you don't get this in medical school" and he didn't believe that things could be so busy all the time.

Dr. Smith and David got together through a recently inaugurated program of the University of Cincinnati and the friendly relationship of David's wife's parents and Dr. Smith's wife's parents in Chicago.

David has 12 weeks of elective alternatives in his senior year and the students in his class of 97 have been encouraged to get out and find out what it's all about. Thus the four week stay with Dr. and Mrs. Smith and their three children.

Room and board were furnished by the Smiths. David and his wife, Chari, lived in an apartment over Dr. Smith's garage.

Says Dr. Smith, "We have a phone in the apartment and when I got calls at home Dave picked up the phone and got the benefit of the patient calls too," Dr. Smith said. "During the day, when they are both busy and calls come int the home, Chari also learned abou the important role of the wife in busy doctor's life."

David saw between 500 and 60 patients with Dr. Smith, witnesse and assisted Dr. Smith in surgery a midnight on an emergency abdomi nal case, and also scrubbed up t observe and assist on an emergenc appendectomy, along with assistin in obstetrical deliveries and numer ous minor lacerations, sprains, burn and cuts.

He also learned how a physicia fits into the total picture of com munity life. He and Dr. Smith a tended a Kiwanis Club luncheo and a school board meeting. H heard Dr. Smith recommend to th board that they should up-grad school health care by employing full-time nurse, requiring all teach ers, on tenure, to have a Red Cros first aid certificate, and requirin teachers to have a complete physic examination every three or fiv years by their physician.

Says David, "I'm really impresse



DR. Stephen D. Smith, Knightstown, looks on as David Binstadt, a senior medical stude at the University of Cincinnati, examines Dr. Smith's daughter, Elizabeth, age six. David spe four weeks with Dr. Smith recently, studying medicine under the practicing physician. Photo by Bonnie Buckles, Knightstown.

ith the versatility and flexibility eeded by a general practitioner." r. Smith, he said, really keeps cur- nt and up-to-date on medical lit- rature.

A typical day for them was hos- ital rounds in the morning, fol- wed by house calls and then after- on hours in the office. Dr. Smith so has office hours on Monday ghts and Saturday mornings.

During trips back and forth to e hospital Dr. Smith played medi- l tapes on a recorder in his car d he and David discussed them.

On Sunday, November 10, Dr. nith and David went to the Mayo inic in Rochester, Minnesota for three-day postgraduate course for neral practitioners.

Interestingly enough, David observed that Dr. Smith reads Dr. Steincrohn in the newspaper every morning, not to keep abreast of medical advances but to be one step ahead of his patients who come in and make observations of the medical columnist's remarks. They both agree it is a good thing to do and is a part of the art of medicine which David is learning.

Dr. Smith not only leads a busy life as a physician but is also a member of the Indiana State Medical Association's Board of Trustees, representing the Sixth Medical Society District, of which he is also president, both time-consuming tasks. He is also a past president of the Rush County Medical Society.

He's the fourth generation physician in Henry County, following the practices of his uncle, grandfather, great-grandfather and grandmother.

His father, Dudley Smith, was a newspaperman, a past president of the Indianapolis Press Club and campaign manager for Governor Henry Schricker.

David hasn't yet decided upon general practice but is thinking strongly about it. His second choice would be pediatrics. Commenting on his stay with the Smiths, he said "This is certainly one way to encourage more young doctors to enter general practice." It may be the experience which will eventually help him in his decision. ◄

HARDING HOSPITAL, Inc.

(A Fully Accredited Private Psychiatric Hospital)
WORTHINGTON
OHIO

For the Diagnosis and Treatment of Psychiatric Disorders

and with

Limited Facilities for the Aging

GEORGE T. HARDING, M.D.
Medical Director

D. L. HANSON
Administrator

Phone: Columbus 614-885-5381

Medical Panorama

The World Doth Turn

A. W. CAVINS, M.D.
Terre Haute

TO those who have followed the career of Wilbur J. Cohen for the past quarter century, the material excerpted below from an editorial in *Massachusetts Physician* for October, 1968, will make choice reading. Every practicing physician in the U.S.A. should have knowledge of this:

During the week of April 21, 1968, Senator Ribicoff, Democrat, (Conn.) conducted hearings on health care costs before his Subcommittee on Executive Reorganization of the Senate Government Operations Committee. For the most part, the hearings produced a lot of familiar material.

* * *

On the last day of the April hearings, Mr. Wilbur J. Cohen, Secretary of Health, Education and Welfare (at that time he had been appointed but not yet confirmed) presented a 44-page statement. In his opinion, the most important long-run factor in the increase of physicians' fees is the substantial increase in demand for physicians' services without a eorresponding increase in supply. During the extensive questioning period that ensued, Senator Ribicoff at one point posed this question:

Now three witnesses this week, one Dr. Fuchs, a medical economist; Governor Rockefeller of New York; and Mr. Olcott D. Smith, Chairman of the Board of the Aetna Insurance Company, in one way or another all seemed to favor a universal health insurance program. Do you see any merit in a universal health insurance program?

Mr. Cohen replied:

I would have to say first, Senator, as you know, I strongly favored such a universal health insurance program as it was advocated in this country in the 1940's. I think that from the experience that we have had in the last two years, I have come to the conclusion that it is a much more monumental task than was first apparent. Our system in this country is so complex, and we have such serious manpower shortages, that I would not want to say that at this moment we could work out a blueprint for a universal comprehensive system that would be workable and usable in the American situation. I think it would be better to go at this problem in terms of looking at the priority needs that exist and in meeting those, than trying to find a kind of simple blueprint that would probably not fit all of these various conditions.

No Solution

What a complete reversal from 20 yea ago! Then the Republican candidate fo president, Governor Thomas E. Dewe (New York) strongly opposed the Wagne Murray-Dingell bills for a compulsory na tional health insurance program. M Wilbur Cohen had played a leading role i developing the proposed bills. Now, 2 years later, the positions seem to be con pletely reversed. Experience is a powerfu and valuable teacher. It appears that eve the brief experience with a limited healt insurance program, Medicare, has high lighted the many problems that arise. Pape plans for large-scale social programs seldo work out smoothly when put into operatio Thus, public housing and public assistanc programs were developed in the 30's a social panaceas to many of our social ill Now, 30 years later, experience has prove that not only are they not the answer bu that, while not even solving the basi problems, they give rise to a host of other

No Blueprint

Perhaps Mr. Cohen had this in min when he replied with a cautious and co servative statement about the desirability a national health insurance program. Ce tainly, physicians can heartily endorse M Cohen's statement that a simple bluepri would not fit the complex medical ca needs of the people in the United States

The last sentence of the abov quotation is, no doubt, the prim understatement in the medical fiel for 1968.

75 Allendale Pl.
Terre Haute, In

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date July 13-17, 1969
Place New York, N. Y.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA ORTHOPEDIC SOCIETY
Date March 28-29, 1969
Place Lafayette

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of the month October through May, excluding December
Place The Athenaeum, Indianapolis

AMERICAN COLLEGE OF SURGEONS INDIANA CHAPTER
Date April 17-19, 1969
Place Purdue University, West Lafayette

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 15-17, 1969
Place Evansville

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date April 30-May 1, 1969
Place Imperial House, Columbus

INDIANA CHAPTER OF AMERICAN ACADEMY OF PEDIATRICS
Date May 14-15, 1969
Place Stouffer Inn, Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 10-14, 1969
Place Murat Temple and Essex House Motel, Indianapolis

INDIANA PUBLIC HEALTH ASSOCIATION, INC.
Date April 22-24, 1969
Place Stouffer Inn, Indianapolis

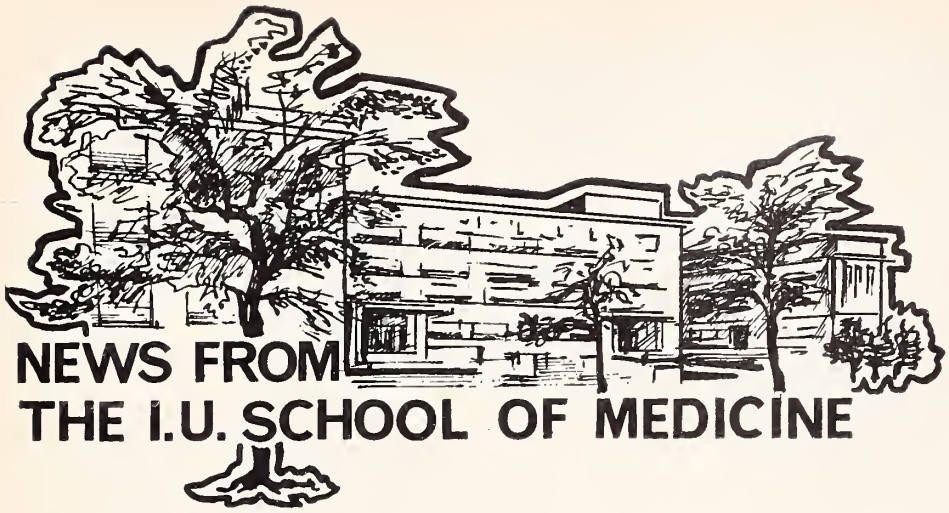
INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 13-16, 1969
Place Indianapolis

INDIANA ROENTGEN SOCIETY
Date May 4, 1969
Place Holiday Inn, Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 24, 1969
Place Marott Hotel, Indianapolis

INDIANA STATE LICENSED PRACTICAL NURSES' ASSOCIATION, INC.
Date May 5-9, 1969
Place Robert Lee Motel, New Albany

INDIANA STATE NURSES ASSOCIATION
Date October 16-18, 1969
Place Civic Auditorium, Evansville



NEWS FROM THE I.U. SCHOOL OF MEDICINE

A unique clinical fellowship in orthopaedic surgery for senior medical students established last year at the Indiana University School of Medicine through a grant from the Zimmer Manufacturing Company of Warsaw, Ind., will be continued this year, it was announced recently by Dr. Thomas Horwitz, director of the project.

The $3,500 grant annually pays for four Senior Student Fellowships of $750 each, with an additional $500 to cover transportation and administration expenses.

The program, which is designed to give the student a broader understanding of orthopaedic surgery, was initiated as a pilot to guide the department in developing the senior elective year for 1969-70. However, it has proven such an excellent discipline in undergraduate training that the Zimmer Company has agreed to continue it.

The course has been developed for the interested senior student during his "off quarter." The fellowships are open to the best qualified applicants from medical schools throughout the country. During the 10 weeks, the student-fellow will spend time on the orthopaedic services of the Riley, Long, Veterans Administration and General Hospitals, a period of preceptorship with an orthopaedic surgeon in private practice, a period in the research facility of the I.U. department, and he will audit some of the instructional activities of the orthopaedic resident program.

* * *

Current thinking and practices in the treatment of head injuries in children are discussed in a new book, *Pediatric Head Injuries,* by John Mealey, Jr., M.D., associate professor of surgery (neurological surgery) at the Indiana University School of Medicine, staff neurosurgeon at the I.U. Medical Center, consulting neurosurgeon, Marion County General Hospital, and attending neurosurgeon, Indianapolis Veterans Administration Hospital.

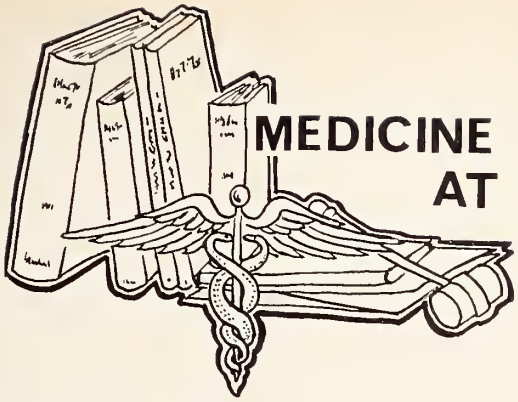
The author examines the incep tion, clinical management and prog nosis of the gamut of head injurie in the pediatric age group. Th 260-page book has 59 illustration and 15 tables. Closed head injurie and different skull fractures are ela borated and correlated with an an alysis of the complex causal mechan isms and underlying pathology. Th book is published by Charles C Thomas, Springfield, Ill.

* * *

Two chairmen of departments i the school of medicine have pub lished books involving the field o pediatrics. One, entitled *Pediatri Low Dosage Medical Radiography* was written by Dr. John A. Camp bell, chairman and professor o radiology, and the other, co-edite by Dr. Morris Green, chairman an professor of pediatrics, and Dr Robert J. Haggerty of the University of Rochester, is entitled *Ambulator Pediatrics.*

The first book is published b the Indiana State Board of Health

Dr. Green's book, published by W B. Saunders Company, has sever medical center faculty member among the 117 contributing authori ties listed. From the school of medi cine are Dr. Arthur L. Drew, Dr. Car W. Fuller, Dr. Eugene G. Roach, Dr Nancy A. Roeske, Dr. James C Shanks, and Dr. James E. Simmons From the school of dentistry is Dr W. Bailey Davis. Also listed is Dr Paul R. Lurie, formerly professor a the school of medicine and now chair man of cardiology at the University of Southern California. ◄



MEDICINE AT LAW

Father's Petition To Prevent Abortion Denied—Dismissal of a husband's suit to prevent his wife from obtaining an abortion under the California Therapeutic Abortion Act was upheld by the California Supreme Court, without opinion. After a trial court dismissed the husband's petition for an injunction without a hearing on the merits, both the appellate court and the state's supreme court refused to order a hearing. The mother has the sole right to decide whether or not to obtain an abortion, the appellate court said.

Under the statute, a woman can have an abortion if a committee of medical experts finds that continuance of the pregnancy would gravely impair the woman's physical or mental health. The committee consists of two or more licensed physicians or surgeons belonging to the staff of the hospital in which the proposed operation is to take place. The woman's mental health is considered threatened if she becomes dangerous to herself or to the person or property of others, or if she is in need of supervision.

The husband, a police sergeant, contended that the law was unconstitutional because it failed to protect the unborn child and because it deprived him of his marital rights. If an abortion were performed, he would be denied the comfort and companionship of the child, he said. The sergeant claimed that the law violated his due process rights because once the committee authorized the abortion, the husband had no opportunity to challenge its decision.

An appeal to the U.S. Supreme Court is not planned, because the question raised under the Abortion Act has become moot. The Act requires that an abortion be performed by the twentieth week of pregnancy, and the California Supreme Court decision was handed down on the day before the twenty-week period expired.—*O'Beirne v. Superior Court of Santa Clara County* (Sup. Ct., Calif., Dec. 7, 1967).

Cigarette Manufacturer Liable For Cancer Death—A cigarette manufacturer was liable for a smoker's death from cancer of the lung, a federal appellate court ruled. The smoker was entitled to rely on the manufacturer's implied assurances that the cigarettes were wholesome and fit for the purpose intended.

In a suit for breach of warranty, judgment in favor of the manufacturer was reversed. A new trial was granted on the issue of damages only.

On the first trial, the jury decided that death was due to lung cancer proximately caused by smoking the manufacturer's cigarettes. Nonetheless, the jury returned a verdict for the company. They felt that in 1956, when the man's disease developed, the manufacturer could not have known that users of their cigarettes would be put in danger of contracting cancer.

The victim's widow appealed. She claimed that, under Florida law, the manufacturer would be liable for her husband's death even though it was impossible for the company to have realized the harmful effects of their product.

On a petition to grant a rehearing, the Supreme Court of Florida said that a manufacturer who breaches an implied warranty of fitness for human consumption will be liable for resulting injuries even though the company could not have known that the commodity was harmful.

A second trial was granted to determine whether the cigarettes were reasonably safe for use by the general public. Again, the manufacturer won a jury verdict.

However, after judgment in the second trial was entered, the Florida Supreme Court ruled in another case that a manufacturer would be absolutely liable for breach of an implied warranty of fitness for human consumption (*McLeod v. W. S. Merrell Company, Division of Richardson-Merrell, Inc.*, 174 So.2d 736). In that case, the court said that even if a company takes all possible steps to make its product safe, it will be liable to anyone who is injured while using the product for the intended purpose.

In the present case, the reviewing court said that it was bound by this latest position of the Florida Supreme Court. It therefore ordered the trial court to enter a judgment for the smoker's survivors and to submit the issue of damages to another jury.

Even without the ruling in the *McLeod* case, the verdict for the manufacturer would have to be reversed, the court said, because the issue of whether the death was due to cancer as a result of smoking should not have been considered in the second trial. In granting the second trial, the court had ruled that smoking had been proved in the first trial to be the cause of death. The parties had been ordered to restrict the second trial to a determination

Continued

of whether the cigarettes were reasonably safe for use by the general public—*Green v. American Tobacco Company*, 391 F.2d 97 (C.A. 5, Jan. 24, 1968).

Defense of Intoxication Not Established—The conviction of an accused on a charge of assault and battery with intent to commit rape was affirmed by the Indiana Supreme Court. The court rejected a contention that the accused should not have been held responsible for his conduct because he was intoxicated at the time of committing the offense.

In order to be held criminally liable, a person must not only have performed the acts constituting a crime but also must have intended to perform those acts. Voluntary intoxication does not excuse a crime except where the accused was so intoxicated that he was unable to form the specific intent involved in the crime with which he is charged. One who became intoxicated in order to acquire the confidence to commit a crime may not assert his drunkenness as a defense.

The accused testified that, at the time of the alleged incident, he had drunk only two beers. That evidence was insufficient to show that he was so intoxicated as to have been unable to form the specific intent to rape.—*Davis v. State of Indiana*, 232 N.E.2d 867 (Ind., Jan. 17, 1968).

Sexual Psychopath Act Constitutional—An Indiana statute requiring a person against whom sexual psychopath proceedings have been brought to submit to an examination by two qualified physicians does not violate constitutional privilege against self-incrimination, the state's Supreme Court ruled.

The privilege against self-incrimination protects against disclosure of facts involving criminal liability, not civil liability. A sexual psychopath proceeding is civil in nature. Its purpose is not to punish, but to insure that those who need treatment receive it.

The Sexual Psychopath Act specifically provides that information obtained in the examination may not be used in any other proceeding brought against the person examined. The Act also provides for the right to be confronted by witnesses and the right of appeal.—*State of Indiana ex rel. Haskett v. Marion County Criminal Court, Division One*, 234 N.E.2d 636 (Ind., Feb. 28, 1968).

No Cause of Action For Infant's Death—No cause of action was stated in a suit for damages against three physicians for an infant's death resulting from brain damage caused by the physicians' alleged negligence in delivering the child, the North Carolina Supreme Court ruled. Under the wrongful death statute in this state, the administrator of the child's estate could recover damages only if he could show that the infant's death resulted in financial loss to the estate. The administrator failed to show that had the child lived, he would have had any earning capacity, and the court refused to estimate what the child could have earned.

An examination of the mother ten days before delivery disclosed that the infant was in a transverse lie with a high head. At the delivery, the infant's head did not engage in the vaginal canal even when the cervix was dilated 6-7 cm. Although consent was given for a caesarean, the operation was not performed. Instead, after the membranes ruptured, an internal and external version with breech extraction was performed. The umbilical cord prolapsed into the vaginal canal, where the infant's head clamped down on it, cutting off his oxygen supply and causing brain damage. After birth, the infant could not swallow and had no eye blink. He died a few months later.

Under the wrongful death statute, negligence alone, without pecuniary loss resulting from the death, does not create a cause of action. The act does not provide for the assessment of punitive damages or the allowance of nominal damages in the absence of pecuniary loss. It would require sheer speculation to attempt to assess damages as of the time of the alleged negligently inflicted fatal injuries, the court said.

The court pointed out that the issue of whether the mother had any cause of action had not been raised. Also, no discussion was given to the question of whether the parents could recover for money expended for care and treatment of the infant while he was alive.—*Stetson v. Easterling*, 161 S.E.2d 531 (N.C., June 14, 1968).

Physicians Pay For Epileptic Patient's Collision—Two physicians who failed to report to health authorities that a patient had epilepsy agreed to pay damages when the patient killed one person and injured three others in an automobile accident. The state law requires a physician to report to the local health officer a patient who has epilepsy or who is subject to other types of blackouts, such as those caused by diabetes. The officer then contacts the State Department of Public Health which, in turn, notifies the Department of Motor Vehicles. The DMV decides, on the basis of medical reports and an examination, whether the patient should be granted a driving license.

In this suit, which was terminated by settlement, the physicians made a $95,000 out-of-court payment. The director of the DMV stated that many physicians do not make reports because they are afraid that the patient will sue them for violation of the physician-patient confidential relationship. However, it is urgent that physicians report these patients, and

his case emphasizes that physicians annot be good fellows at the expense of the public, he said.—News Release, San Francisco, California, March 1, 1968.

No Negligence in Death From Compazine—The family of a patient who underwent a gallbladder operation in an Air Force base hospital and subsequently had a fatal reaction to Compazine could not recover damages from the government. Ten hours after the operation, Compazine was administered to combat nausea. A federal appellate court upheld the trial court's findings (1) that the patient had an idiosyncrasy to the drug which could not have been known to the hospital or the physicians and (2) that the physicians were not negligent in delaying the administration of an antidote until they determined that the drug was really the cause of the trouble.

The family contended that the physicians were negligent in administering the drug in the immediate postoperative period and in failing to administer one of two antidotes, Benadryl or phenobarbital, after its effects became apparent. The expert medical testimony in regard to these two contentions was conflicting.

The Federal Rules of Civil Procedure provide that the findings of a trial court are to be overturned only if they are clearly erroneous. Although the expert testimony was conflicting, it could not be said that the trial court's findings were unsupported, the reviewing court pointed out. It was the trial court's prerogative to resolve the conflict and it did not appear from the record that the court was mistaken, the federal appellate court ruled.—*Smith v. U.S.*, 394 F.2d 482 (C.A. 5, April 24, 1968).

Pension Contributions for Physician's Employees—The Internal Revenue Service has previously ruled that a qualified retirement plan which includes a self-employed physician who is a part owner of a clinic, not operated as a partnership, must also include all common-law employees of the clinic who have at least three years of service. The Service has amplified that ruling by a further ruling stating that the contributions or benefits required for the common-law employees are based only on that portion of their compensation that is paid by the physician who established the plan.—*IRS Rev. Rul. 68-391*, I.R.B. 1968-30, 19.

No Deduction for Radium Depreciation—A taxpayer who obtained radium and used it in his business as a therapeutic agent could not deduct an amount for depreciation, the Internal Revenue Service ruled. The life of radium has been scientifically estimated to be indeterminate. Since no appreciable depreciation results from its continued use as a therapeutic agent, it does not have a determinable useful life to the taxpayer in his trade or business.—*IRS Rev. Rul. 68-192*, I.R.B. 1968-17, 5.

Private Attendant Is Hospital Patient's Employee—An attendant selected by a hospital patient to perform services normally expected of maids and servants was an employee of the patient for purposes of withholding income tax and social security, the Internal Revenue Service ruled, even though the patient selected her from a list maintained by the hospital. The attendant was subject to the patient's direction and control, and the patient could, had she so desired, have engaged someone not on the hospital's list.

The services performed by the attendant were not professional or semi-professional services, such as those performed by registered nurses or licensed practical nurses. She performed for the patient (an elderly woman) such services as bathing her, arranging her hair, reading to her, and arranging her bedding. Since the services were of the nature of those ordinarily performed by domestic servants, the attendant was an "employee" for federal employment tax purposes, even though the services were performed in a hospital.

The attendant was required to meet certain standards set by the hospital as to such things as uniforms, reporting for work, and tasks required to be performed for the patient. However, the patient paid the attendant, directed and controlled the manner in which she performed her duties, and had the right to discharge her. The attendant was thus the employee of the patient, rather than of the hospital.—*IRS Rev. Rul. 68-398*, I.R.B. 1968-30, 30.

Physician May Sue for Denial of Surgical Privileges—A physician's suit against a hospital district and several physicians, alleging that they violated his constitutional rights by suspending his surgical privileges in 1961 and refusing him reinstatement in 1966, should not have been dismissed, a federal appellate court ruled. The suit was brought under the Civil Rights Act of 1871. In reversing the trial court's dismissal of the case, the appellate court said that it was not certain that the physician could not prove facts which would establish a cause of action.

The court said that it was not necessary for it to consider the validity of the claim or of the defenses raised. Those matters are for the initial consideration of a trial court.—*Mizell v. North Broward Hospital District*, 392 F.2d 580 (C.A. 5, March 27, 1968).

Court Has Jurisdiction Over Out-Of-State Patient—In a suit by a physician to recover the value of services rendered by him, a New York appellate court ruled that a non-resident who enters the state to receive medical treatment is amenable to the jurisdiction of the state courts. Jurisdiction over the person of the non-resident may be acquired by

Continued

service of process outside the state. Therefore, the physician could bring, in his own home state, a suit against the patient.—*Cohen v. Haberkorn*, 291 N.Y.S.2d 119 (N.Y., May 6, 1968).

Executor May Not Authorize Autopsy—The performance of an unauthorized autopsy did not provide an executor with a defense to a hospital's claim for the expenses of caring for the deceased. A cause of action for damages arising out of the autopsy vested, by statute, in the spouse or next of kin but not in the executor, a New York trial court ruled.

Even though the deceased's will directed the executor as to the interment of the body, this did not give the executor the authority to give or refuse permission to perform the autopsy.—*In Re Estate of Mgurdichian*, 291 N.Y.S.2d 453 (N.Y., June 27, 1968).

Physician May Be Liable for Follow-up on Hospital Orders—Twin patients who suffered a severe loss of vision from oxygen administered after their premature birth were granted a new trial in their suit against a physician and a hospital. Although the evidence supported the jury's finding that the physician was not negligent in ordering the oxygen treatment, the New York Court of Appeals ruled that he might be negligent if he failed to discover that his orders were not being followed. The questions of whether the hospital failed to follow the physician's orders as to the amount of oxygen administered and whether the adverse results would have been avoided if his orders had been followed should have been submitted to the jury, the court ruled.—*Toth v. Community Hospital at Glen Cove*, 239 N.E.2d 368 (N.Y., June 5, 1968).

Ruptured Abdominal Aorta Not Cardio-vascular Disease—Benefits were recovered from a hospitalization insurer for a hospitalization due to a ruptured abdominal aorta which occurred within six months of the policy's issuance. The policy provision excluding coverage for "cardio-vascular disease" occurring within six months of the policy's issuance was not applicable, the South Carolina Supreme Court ruled.

It was contended that the exclusion did not apply because the insured did not have "cardio-vascular disease," but merely had vascular disease with no cardiac disease whatever.

An expert in English grammar testified that the hyphen is similar in effect to supplying the conjunction "and" and that the hyphen eliminates any suggestion of the conjunction "or." The insured's physician testified that the patient had no cardiac disease and that the ruptured abdominal aneurysm was a vascular disease involving only the blood vessels. Another physician testified that the term cardio-vascular disease included an aortic aneurysm.

The reviewing court said that the policy provision was capable of two meanings and that the trial court was justified in construing it in favor of the insured.—*Reynolds v. Wabash Life Insurance Company*, 161 S.E.2d 168 (S.C., April 29, 1968). ◄

WANTED: Physicians Locations

GENERAL PRACTICE

Arthur A. Tesi, 5524 Roache Dr., Columbus, Ohio 43224

Ray Schiflett, 1415 W. Randol Mill Rd., Arlington, Texas 76010

Marvin L. Nice 114 Belvidere Ave., Forest Park, Ill. 60130

Ronaldo A. Cabreza, Halifax District Hospital, Daytona Beach, Fla. 32015

SPECIALISTS

C. P. Duren, 500 Mill Creek Rd., Lebanon, Mo. 65536—*Internal Medicine*

V. Krishna Swamy, Drake Memorial Hospital, Cincinnati, Ohio 45216—*Internal Medicine*

Michael A. Linell, 3007 Edgewood Dr., Liberty Lake, Wash. 99019—*Internal Medicine*

Howard W. Kopping, 2105 Fifth Ave., San Diego, Calif. 92101—*Internal Medicine*

Kishore R. Desai, 2020 Cliffview Rd., Cleveland, Ohio 44121—*OB-GYN*

Mohamad H. Jafroodi, 43-32 Kissena Blvd., Flushing, New York 11355—*OB-GYN*

Fernando M. Ordonez, 306 E. Seminole, Dwight, Ill. 60420—*Pediatrics*

Peggy Lou Sankey, 500 Mill Creek Rd., Lebanon, Mo. 65536—*Pathology*

Edmund A. Welden, 316 3rd Ave., Lewiston, Mont. 59457—*Student Health Service and General Practice*

ADDITIONAL LOCATIONS

County City

Henry—NEW CASTLE—population 20,349, located 40 miles east of Indianapolis. A fully accredited 160-bed county hospital with open staff is located in New Castle. Opening for a general practitioner in a group. No financial outlay is required. Contact either Roy McKee, M.D., or Paul Stricker, M.D., 319 South 14th St., New Castle, Indiana—Telephone 317-529-6250.

Marshall—CULVER—population 1,700 located in the lake region of northern Indiana. Home of Culver Military Academy. Partner wanted by a recent Indiana graduate. Contact Michael F. Deery, M.D., 953 E. Shore Dr., Culver for details. Telephone 842-3327.

Ohio—RISING SUN—population 2,000 with a surrounding population of 6,000. One physician in the town. Hospital facilities available at Lawrenceburg, Indiana, 13 miles away. Contact Mr. Peter Maurer, Maurer Drug Store, Rising Sun. ◄



Let's be specific about Campbell's Soups... and *reducing diets*



There are more than 30 million people in America who are overweight. During the next year, you probably will see more than 1,000 of them in your own practice.

One good way to help these patients is to give them a reducing diet based on ordinary eating patterns.

Campbell has prepared a sensible plan for weight control based on ordinary eating patterns. The plan consists of a patient instruction booklet and a set of menus which provide approximately 1,200 calories daily. The menus are balanced to provide the minimum daily requirements of nutrients.



To obtain a supply for your office write to:
Campbell Soup Company, Box 265, Camden, N. J. 08101

No two women are quite alike...





and no other oral contraceptive is quite like Ovulen-21®

Each tablet contains ethynodiol diacetate 1 mg., mestranol 0.1 mg.

The progestin is distinctive, and for some women this may mean a different clinical response. The Compack® tablet dispenser is distinctive; its functional simplicity makes it virtually patient-proof. The acceptance of Ovulen-21 is distinctive... together with Ovulen®, it is more often prescribed than any other individual contraceptive product currently available.

Indication—Oral contraception.

Contraindications—Thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, undiagnosed abnormal genital bleeding.

Warnings—Watch for the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism, retinal thrombosis); if present or suspected discontinue the drug immediately.

British studies reported in April 1968[1,2] estimate there is a seven- to tenfold increase in mortality and morbidity due to thromboembolic diseases in women taking oral contraceptives. In these controlled retrospective studies, involving 36 reported deaths and 58 hospitalizations due to "idiopathic" thromboembolism, statistical evaluation indicated that the differences observed between users and non-users were highly significant. The conclusions reached in the studies are summarized in the table below:

Comparison of Mortality and Hospitalization Rates Due to Thromboembolic Disease in Users and Non-Users of Oral Contraceptives in Britain.

Category	Mortality Rates		Hospitalization Rates (Morbidity)
	Age 20-34	Age 35-44	Age 20-44
Users of Oral Contraceptives	1.5/100,000	3.9/100,000	47/100,000
Non-Users	0.2/100,000	0.5/100,000	5/100,000

No comparable studies are yet available in the United States. The British data, especially as they indicate the magnitude of the increased risk to the individual patient, cannot be applied directly to women in other countries in which the incidences of spontaneously occurring thromboembolic disease may differ.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or sudden onset of proptosis, diplopia or migraine. Withdraw medication if papilledema or retinal vascular lesions are found.

Since the safety of Ovulen in pregnancy has not been demonstrated, it is recommended that pregnancy be ruled out for any patient who has missed two consecutive periods before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the first missed period.

A small fraction of the hormone agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—Pretreatment physical examination should include special reference to the breasts and pelvic organs, and a Papanicolaou smear.

Endocrine and possibly liver function tests may be affected by Ovulen. Therefore, it is recommended that such tests if abnormal be repeated after the drug has been withdrawn for two months.

Pre-existing uterine fibromyomas may increase in size under the influence of progestogen-estrogen preparations.

Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation.

In breakthrough bleeding, and all irregular vaginal bleeding, consider nonfunctional causes. Adequate diagnostic measures are indicated in undiagnosed vaginal bleeding.

Carefully observe patients with a history of psychic depression and discontinue the drug if severe depression recurs.

Any possible influence of prolonged Ovulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study.

A decrease in glucose tolerance has occurred in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be observed carefully while receiving Ovulen.

Because of the effects of estrogens on epiphyseal closure Ovulen should be used judiciously in young patients in whom bone growth is not complete.

The age of the patient constitutes no absolute limiting factor, although Ovulen therapy may mask the onset of the climacteric.

The pathologist should be informed of Ovulen therapy when relevant specimens are submitted.

Adverse Reactions—A statistically significant association has been shown between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: cerebrovascular accidents, neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement, secretion), change in weight, changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, allergic rash, rise in blood pressure in susceptible individuals, mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme and nodosum, hemorrhagic eruption, itching.

The following laboratory results may be altered by oral contraceptives: hepatic function: increased sulfobromophthalein and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test; pregnanediol determination.

References: 1. Inman, W. H. W., and Vessey, M. P.: Brit. Med. J. 2:193-199 (April 27) 1968. 2. Vessey, M. P., and Doll, R.: Brit. Med. J. 2:199-205 (April 27) 1968.

Before prescribing see Detailed Product Information.

SEARLE Where "The Pill" Began
G. D. SEARLE & CO., P. O. Box 5110, Chicago, Illinois 60680



Help clear up that miserable stuffed-up feeling with Dimetapp. Each hard-working Extentab brings welcome relief from the stuffiness, drip and congestion of upper respiratory conditions for up to 10-12 hours. Yet, patients seldom experience drowsiness or overstimulation. The key to success is the Dimetapp formula: Dimetane (brompheniramine maleate)—along with phenylephrine and phenylpropanolamine, two time-tested decongestants. They get the job done . . . in a hurry.

Indications: Dimetapp is indicated for symptomatic relief of the allergic manifestations of respiratory illnesses, such as the common cold and bronchial asthma, seasonal allergies, sinusitis, rhinitis, conjunctivitis, and otitis.
Contraindications: Hypersensitivity to antihistamines. Not recommended for use during pregnancy.
Precautions: Until patient's response has been determined, he should be cautioned against engaging in operations requiring alertness. Administer with care to patients with cardiac or peripheral vascular diseases or hypertension.
Side Effects: Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia, have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.
Dosage: 1 Extentab morning and evening.
Supplied: Bottles of 100 and 500.

A.H. ROBINS COMPANY
RICHMOND, VA. 23220
A·H·ROBINS

in sinusitis, colds, U.R.I.
Dimetapp® Extentabs®

(Dimetane® [brompheniramine maleate], 12 mg.; phenylephrine HCl, 15 mg.; phenylpropanolamine HCl, 15 mg.)

up to 10-12 hours clear breathing on one tablet



New Blue Shield Procedure and New Benefits

(One of a series prepared by Indiana Blue Shield)

Blue Shield to Pay Doctors Direct

As soon as possible after January 1, 1969, Blue Shield will begin making payments directly to physicians for unpaid claims. Except for the Federal Employees Program, in the future there will be very few co-endorsed checks.

On a weekly basis physicians will receive a "professional payment listing" and one check. This check will be for the total amount of all the claims on the listing.

Each listing will include the patient's name and identification number. The type of service, place of service, dates of service and claim number will be indicated. The identification number and claim number should be included in any necessary correspondence with Blue Shield. Including both will expedite reply.

The doctor's charge will also be shown, as well as the amount paid by Blue Shield. The column labeled "charges not allowed" will indicate whether or not a service is eligible or if the amount charged is more than can be paid.

Another aid will be an "Explanation of Payment" that will be sent to the patient explaining the amount of payment, to whom it was paid and for what services.

If all pertinent information is included on the claim, prompt payment can be expected. This new method of paying physicians direct should put an end to patient-delayed checks, furnish a precise record of claim payments and provide faster service.

New Motors Benefits

The following Blue Shield benefit changes become effective for the employees of General Motors, Ford and Chrysler on November 1, 1968:

1. No limit on the number of days for general medical care, including care for tuberculosis other than pulmonary.
2. The benefit for pulmonary tuberculosis is extended from 30 to 45 days with a 90-day renewal.
3. Benefit for initial newborn examination by other than delivering physician or anesthesiologist.
4. No limitation on the number of consultation services per admission or condition.
5. Dental surgery is a benefit for multiple extractions or removal of unerupted teeth for a hospital bed patient with a concurrent hazardous medical condition.
6. No maximum for diagnostic, x-ray or laboratory procedures (routine examinations or screening procedures are not covered).
7. A coordination of benefits provision has been included in the General Motors contracts. ◄



ABSTRACTS, BOOK REVIEWS

SYSTEMIC MYCOSES

Ciba Foundation Symposium, edited by G. E. W. Wolstenholme and Ruth Porter, Little, Brown & Co., Boston, Mass., 1968; 287 pages with numerous illustrations; $12.00.

By definition, mycosis means an infection caused by a fungus—these do not produce chlorophyll; the infection can be deep or superficial. It is the deep or systemic mycoses that were discussed at this symposium held in Ibadan, Nigeria, shortly before the outbreak of their devastating civil war.

In the temperate zones, we are more accustomed to the relatively benign fungi such as the superficial tinea, the Candidiae, the easily treated sporotrichosis, etc. Of course, we have with us the closely related Mycobacteriae such as tuberculosis and leprosy but that is another story.

In the tropics, we have the formidable problems arising from histoplasmosis, aspergillosis, blastomycosis, madurellosis, actinomycosis and all their related hosts. In my case capsule THE FUMBLED FUNGUS, I had occasion to discuss this entire gamut. I can still recommend Dalldorf's text on this field.

The present symposium is rather on the elementary level, recapitulating the well known. The clinical applications of antifungal agents is updated and this is all to the good. Few of us are, as yet, aware of saramycetin and 5-fluorocytosine. Amphotericin B and its close relative, hamycin, are presented to the reader's attention as their merits are re-emphasized.

As usual, the binding, printing and paper are of superior quality.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

GROWTH OF THE NERVOUS SYSTEM

Ciba Foundation Symposium, edited by G. E. W. Wolstenholme and Ruth Porter, Little, Brown & Co., Boston, Mass., 1968; 295 pages with numerous figures; $12.00.

An extremely competent group of research workers under the chairmanship of the prestigious Sir John Eccles are represented in a far ranging scan of their entire field. The result is quite impressive even if—to the non-expert—largely above my capacity to criticize intelligently.

I am intrigued by the established fact of regeneration of nerve fibers within the CNS. I did not know that the retina can be made to regenerate after severance of the optic nerve. The nerve growth factor, NGF, is an isolate from mouse sarcoma and demonstrated to be produced by normal salivary glands! It is a protein that will have its structural formula demonstrated in the very near future.

Explants of the CNS can be grown in vitro with results that need a LOT of exploration in depth! What draws which fiber to where under precise conditions (still not really understood)?

Altogether, a most interesting symposium adumbrating, although dimly to the ordinary doctor, exciting frontiers of macromolecular medicine.

As usual, the paper, binding and printing are superb. It is a worthy addition to the growing shelf of Ciba Symposia.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

POLICE MEDICAL DICTIONARY

Schmidt, J. E.,—Chas. C Thomas, Publisher—1968; 246 pages; $14.50.

There are all sorts of dictionaries extant geared to almost all professions, ages and levels of intelligence. This one is really an attempt to give the high school graduate policeman some additional comprehension vis-a-vis the criminal cohorts.

Thus, "frottage" is given only its meaning as applied to a "frotteur." Random's *Dictionary of the English Language* gives this particular definition only as the last of several other non-legal termins. As a doctor, I would cavil at defining "heat stroke" as a "form of heat exhaustion." But, I suppose we should not make the definitions too difficult.

The printing, binding and type are excellent. The price—even in these days of inflation—seems more than a mite excessive. Nevertheless, this dictionary deserves a place on the police sergeant's desk, the emergency room, paramedical schools and similar places.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

Abstracts From Various Literature, Prepared by AMA

ENTERIC-COATED POTASSIUM CHLORIDE ENTEROPATHY

T. Delaney and P. I. Hoxworth (University of Cincinnati Medical Center Hospital, Cincinnati)

Surg. Gynec. Obstet. 127:76-80, (July), 1968.

Nine patients with enteropathy of the small intestine due to enteric-coated potassium chloride therapy were presented to illustrate the need for the discontinuance of this therapy. Factors contributing to susceptibility are inherent in the diseases for which orally administered potassium therapy is prescribed. Other causes have been suggested for similar lesions but the surgeon must be suspicious of enteric-coated potassium chloride when confronted with what is becoming a typical stenosing annular ulceration of the small intestine. The true incidence of this iatrogenic disease is unknown but it probably occurs more frequently than previously suspected because of the lack of awareness, failure to record, and widely published misleading data based upon retrospective chart analyses. It is strongly recommended that safer forms of potassium be substituted.

VALUE OF RADIATION THERAPY IN TREATMENT OF CANCER OF THE ENDOMETRIUM

R. C. Burr and E. M. Robertson (Ontario Cancer Foundation, Kingston Clinic, King St. W., Kingston, Ontario)

Canad. Med. Assoc. J. 99:206-210, (Aug. 3), 1968.

This is a study of 246 cases of cancer of the endometrium treated by surgery alone, surgery combined with radiation, and radiation alone. Assessment was made of both the morbidity re-

sulting from treatment and the recurrence rate in the vault of the vagina. The cases were staged retrospectively according to the International Classification of Endometrial Carcinoma. Because of the small numbers of patients available for study, the survival data are not statistically significant; however, there is clinical evidence of a trend toward an increased five-year survival rate for those patients treated by a combination of preoperative radiation and surgery. In this group, there was a decrease in the rate of recurrence in the vaginal vault following the use of preoperative intrauterine radiation. With radium also placed against the cervix, there was further reduction in the recurrence rate. While radiation carries with it the possibility of increased morbidity, it has not shortened the life of these patients. Care must be taken not to exceed tissue tolerance.

MECHANICAL VENTILATION IN NEWBORN INFANTS WITH RESPIRATORY FAILURE

T. M. Adamson et al. (E. O. R. Reynolds, Department of Pediatrics, University College Hospital Medical School, London)

Lancet 2:227-231, (Aug. 3), 1968.

Forty infants with respiratory failure were treated with mechanical ventilation during an 18-month period. Twelve of the infants were considered to have a hopeless prognosis because of extreme immaturity, congenital malformations, or irreversible birth asphyxia. Twelve infants survived, giving a survival rate of 30%, and a survival rate of 43% among the 28 infants who had some prospect of recovery. Mechanical ventilation should produce a small but worthwhile reduction in mortality in units equipped for the intensive care of newborn infants, but no infant should be mechanically ventilated who could survive without this form of treatment.

PREVENTION OF POSTMENOPAUSAL OSTEOPOROSIS BY HORMONE TREATMENT OF MENOPAUSE

H. E. Meema and S. Meema (Toronto Western Hospital, Bathurst St., Toronto)

Canad. Med. Assoc. J. 99:248-251, (Aug. 10), 1968.

Cortical bone thickness of the radius was measured from roentgenograms in previously oophorectomized women. In 20 women who had received sex hormone treatment during the entire postmenopausal period, no decrease in cortical thickness was found. However, in another group of 33 oophorectomized women not receiving such treatment, the cortical bone thickness was found to decrease significantly in the postmenopausal period. Since the cortical thickness is a measure of bone mass, probably osteoporosis may be prevented (or its development greatly delayed) by treatment of the menopause with sex hormone preparations.

CHRONIC SUBPHRENIC ABSCESS

M. Rosenberg (St. Thomas' Hospital, London)

Lancet 2:379-380, (Aug. 17), 1968.

The use of antibiotics has drastically altered the incidence and presentation of postoperative infections. Five instances of subphrenic abscess in four patients typify the change in the presentation of this condition since the introduction of antibiotics, from a severe acute disorder to one causing chronic ill-health with vague pain, unexplained fever and anemia. After antibiotic treatment in the acute phase, a chronic sterile abscess may persist for months or years before the diagnosis is established.

ACUTE RENAL FAILURE IN *PLASMODIUM FALCIPARUM* MALARIA

C. J. Canfield et al. (Walter Reed Army Institute of Research, Washington, D. C.)

Arch. Intern. Med. 122:199-203, (Sept.), 1968.

Two patients with renal failure due to heavy infection with *P falciparum* were successfully treated by peritoneal dialysis. Rapid clinical deterioration precluded safe transfer to a hemodialysis facility. The efficiency of peritoneal dialysis, although less than in other forms of renal failure, was sufficient to control the clinical and biochemical manifestations of renal failure. Quinine in combination with other antimalarial drugs was successful in doses less than usually employed for the chloroquine resistant species of SE Asia. No accumulation of quinine occurred in the one patient studied. However, a reduced dosage should be employed under these circumstances.

ZOLLINGER-ELLISON SYNDROME: ANALYSIS OF 25 CASES

L. Way, L. Goldman, and J. E. Dunphy (University of California School of Medicine, San Francisco)

Amer. J. Surg. 116:293-304, (Aug.), 1968.

Multiple endocrine adenomatosis was identified in 48% of 25 patients with the Zollinger-Ellison syndrome. This figure is twice that in Ellison's series and is probably closer to the true incidence. Eleven patients had hyperparathyroidism, five had adrenal hyperplasia or adenomas, four had pituitary tumors, three had thyroid tumors, one had carcinoid tumors and two had hyperinsulinism. It should be emphasized that a patient with hyperparathyroidism and peptic ulcer disease is likely to have ulcerogenic pancreatic tumors. All patients with the Zollinger-Ellison sydrome should be investigated for hyperparathyroidism.

ASSESSMENT OF PROLONGED EFFECT OF ANTISEPTIC SCRUBS ON BACTERIAL FLORA OF HANDS

E. van der Hoeven and N. A. Hinton (Department of Microbiology, Queen's University, Kingston, Ontario)

Canad. Med. Assoc. J. 99:402-407, (Sept. 7), 1968.

The degree to which bacterial flora of the hands is altered by serial single daily surgical scrubs was assessed. Using a serial basin scrub technic to estimate skin flora, the effects of providone-iodine, hexachlorophene and hexachlorophene-chloroxylenol were compared. A ten-minute daily scrub with any of the agents tested substantially reduced bacterial flora of the hands for prolonged periods of time. Hexachlorophene-chloroxylenol produced the most prolonged reduction. It is recommended that all hospital personnel having contact with patients should be required to perform a surgical-type hand scrub with a hexachlorophene preparation once a day and to wash their hands with hexachlorophene soap between definitive contacts.

SPURIOUS HEART DISEASE INDUCED BY DIGITALIS-CONTAINING REDUCING PILLS

A. A. Kattus et al. (University of California Medical Center, Los Angeles)

Arch. Intern. Med. 21:298-304, (Oct.), 1968.

Six patients are described in whom the ingestion of multicolored reducing pills produced electrocardiographic changes

Continued

which led to the misdiagnosis of heart disease. Digitalis was implicated as the agent which produced the abnormalities. In two instances, sagging ST segments in the resting ECG led to a diagnosis of coronary insufficiency. In three instances the medications were responsible while in the other case, first- and second-degree heart block along with severe potassium depletion and muscle weakness constituted a potentially life threatening state of digitalis intoxication. The dispensation of reducing pills containing digitalis, diuretics, thyroid, amphetamine and cathartics, is dangerous and deplorable.

VENTRICULAR FIBRILLATION COMPLICATING ACUTE MYOCARDIAL INFARCTION

D. M. Lawrie et al. (Royal Infirmary, Edinburgh)

Lancet 3:523-527, (Sept. 7), 1968.

Of 600 patients with acute myocardial infarction admitted to a coronary-care unit, 50 (8.3%) developed ventricular fibrillation (VF). A further 21 patients with this arrhythmia were transferred (before or after VF) from general wards. In this group of 71 patients, 24 had primary VF and 47 had VF complicating cardiac failure or shock. The risk of VF was greatest in the first few hours after onset of symptoms and rapidly declined thereafter. When VF developed early in the course of infarction it was seldom preceded by warning arrhythmias; ectopic beats and ventricular tachycardia were present in the majority of patients who developed VF for the first time after 48 hours. Provided there was no delay in therapy, survival after VF was related to the clinical state of the patient at the time of the arrest. Twenty of the 24 patients with primary VF and 13 of the 47 patients with VF complicating cardiac failure or shock left hospital alive.



Each Cough Calmer™ contains the same active ingredients as a half-teaspoonful of Robitussin-DM®: Glyceryl guaiacolate, 50 mg.; Dextromethorphan hydrobromide, 7.5 mg. A. H. Robins Company, Richmond, Virginia 23220

A·H·ROBINS

PERITONEAL DIALYSIS IN TREATMENT OF ACUTE PANCREATITIS

H. Bolooki (University of Miami School of Medicine, Miami, Fla.) and M. L. Gliedman

Surgery 64:466-471, (Aug.), 1968.

Peritoneal dialysis was used in the treatment of five patients with acute pancreatitis. Conventional methods of therapy had not been effective in changing the course of their disease. In most of the patients a dramatic improvement was noted after peritoneal dialysis. There was regression of the psychological manifestations, disappearance of abdominal pain, and restoration of intestinal motility and bowel function. Further plasma or blood transfusions were not needed, and a remarkably short course followed the discontinuation of the peritoneal dialysis.

NOISE-INDUCED HEARING LOSS AND ROCK AND ROLL MUSIC

W. F. Rintelmann and J. F. Borus (Michigan State University, East Lansing)

Arch. Otolaryng. 88:377-385, (Oct.), 1968.

Overall SPL measurements and spectral distributions of musical selections played by six different rock and roll groups in four different locations were analyzed. The mean SPL of rock and roll music was found to be 105 db. The acoustic spectrum was fairly flat from the low to mid frequency region, 2,000 Hz, with a gradual reduction in the higher frequencies. When rock and roll musicians were exposed to approximately 105 db SPL of music for an average of 11.4 hours a week for 2.9 years, 95% of them did not incur hearing losses. This is probably due to at least two factors. First, the percentage of the population that is susceptible to auditory damage from this type of noise exposure may be small, and second, the exposure is intermittent with a series of short on-times followed by very brief off-times. Since rock and roll musicians generally have more exposure to this type of music than any other single group, one would expect that if this music does not cause hearing losses in the musicians, it probably does not in any other group.

PROPRANOLOL IN OFFICE TREATMENT OF ANGINA PECTORIS

B. J. S. Harley and R. O. Davies (Corner Brook, Newfoundland, Canada)

Canad. Med. Assoc. J. 99:527-530, (Sept. 21), 1968.

Propranolol was given in doses of 160 gm/day in a double-blind trial with placebo to 14 patients suffering from angina of effort in a field trial of office practice. The drug was more effective than placebo in relieving the symptoms of angina and caused no seriously adverse effects. It seemed to be most beneficial in cases of severe anginal pain and in status anginosus. ◄

A once-popular treatment for back pains was to have the seventh son of a seventh son stand or walk on the patient's back.





The pain of earache was allegedly relieved by holding a hot roasted onion to the ear.

For headache, a sovereign remedy was to wear a snakeskin round one's head.



A realistic approach to pain relief



Empirin'®

Compound with Codeine Phosphate gr. 1/2 No. 3

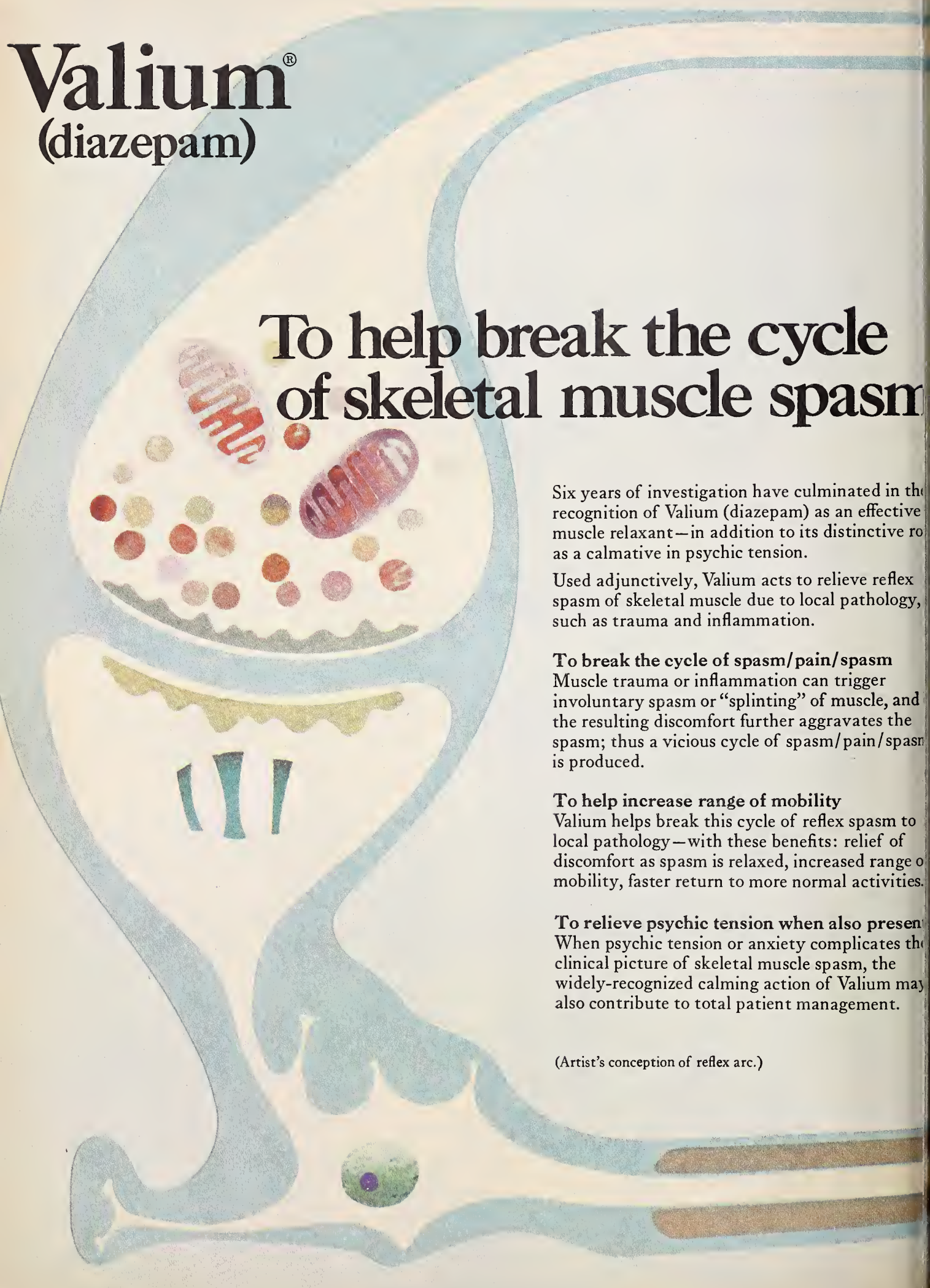
Each tablet contains:
Codeine Phosphate gr. 1/2 (Warning—May be habit forming), Phenacetin gr. 2 1/2, Aspirin gr. 3 1/2, Caffeine gr. 1/2.

keeps the promise of pain relief

B.W. & Co.' narcotic products are Class "B", and as such are available on oral prescription, where State law permits.

BURROUGHS WELLCOME & CO. (U.S.A.) INC.
Tuckahoe, N.Y.

Valium®
(diazepam)



To help break the cycle of skeletal muscle spasm

Six years of investigation have culminated in the recognition of Valium (diazepam) as an effective muscle relaxant—in addition to its distinctive ro as a calmative in psychic tension.

Used adjunctively, Valium acts to relieve reflex spasm of skeletal muscle due to local pathology, such as trauma and inflammation.

To break the cycle of spasm/pain/spasm
Muscle trauma or inflammation can trigger involuntary spasm or "splinting" of muscle, and the resulting discomfort further aggravates the spasm; thus a vicious cycle of spasm/pain/spasm is produced.

To help increase range of mobility
Valium helps break this cycle of reflex spasm to local pathology—with these benefits: relief of discomfort as spasm is relaxed, increased range o mobility, faster return to more normal activities.

To relieve psychic tension when also presen
When psychic tension or anxiety complicates the clinical picture of skeletal muscle spasm, the widely-recognized calming action of Valium may also contribute to total patient management.

(Artist's conception of reflex arc.)



efore prescribing, please consult complete roduct information, a summary of which follows:

ndications: Tension and anxiety states; somatic omplaints which are concomitants of emotional ctors; psychoneurotic states manifested by nsion, anxiety, apprehension, fatigue, depressive mptoms or agitation; acute agitation, tremor, elirium tremens and hallucinosis due to acute cohol withdrawal; adjunctively in skeletal uscle spasm due to reflex spasm to local athology, spasticity caused by upper motor euron disorders, athetosis, stiff-man syndrome, nvulsive disorders (not for sole therapy).

ontraindicated: Known hypersensitivity to the rug. Children under 6 months of age. Acute arrow angle glaucoma.

/arnings: Not of value in psychotic patients. aution against hazardous occupations requiring mplete mental alertness. When used adjunctively convulsive disorders, possibility of increase in equency and/or severity of grand mal seizures ay require increased dosage of standard anti- nvulsant medication; abrupt withdrawal may associated with temporary increase in frequency id/or severity of seizures. Advise against multaneous ingestion of alcohol and other CNS pressants. Withdrawal symptoms have curred following abrupt discontinuance. Keep ldiction-prone individuals under careful rveillance because of their predisposition to bituation and dependence. In pregnancy, ctation or women of childbearing age, weigh tential benefit against possible hazard.

recautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

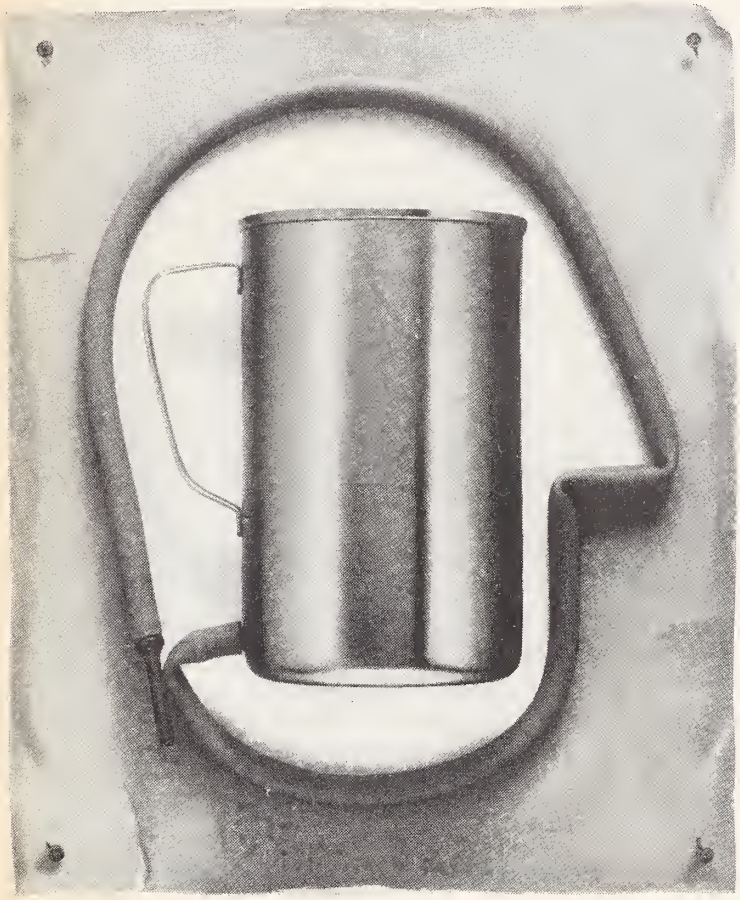
Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

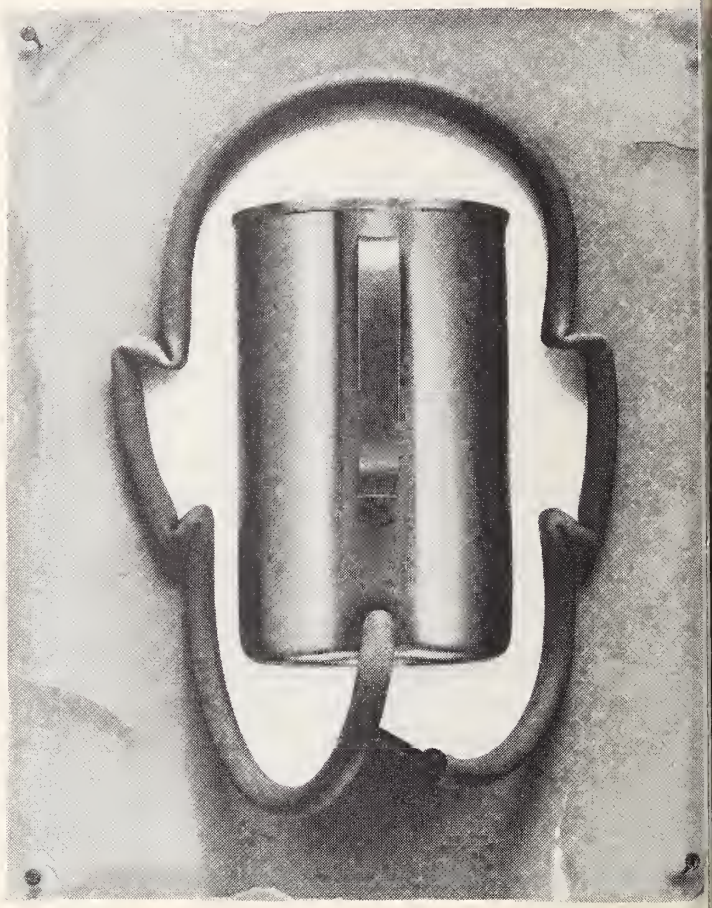
Valium® (diazepam)

2-mg, 5-mg, or 10-mg tablets, t.i.d. or q.i.d. and when skeletal muscle spasm and psychic tension interfere with sleep: add 1 tablet, h.s., to t.i.d. dosage

Roche®
LABORATORIES
Division of Hoffmann-La Roche Inc
Nutley, New Jersey 07110

Public Enema No. 1





Claim the rewards of sparing your patients the tubes and tribulations of unpleasant enemas.

Compared to enemas, Dulcolax suppositories are a gentler and simpler way to empty the bowel. Gone are the tubing, the "accidents", and the bruised egos. Just one suppository, inserted against the bowel wall, usually brings about an evacuation within 15 minutes to an hour.

In the hospital, order Dulcolax for constipation or bowel cleansing. Your patients will often prefer it to embarrassing enemas. And you can be sure nurses will appreciate the saving in time and effort.

Dulcolax tablets taken at night usually result in a bowel movement the following morning. A combination of tablets at night and a suppository the next morning generally cleans the bowel thoroughly in preparation for surgery or special procedures. Keep in mind, however, that the drug is contraindicated in the acute surgical abdomen.

Dulcolax®...it's predictable

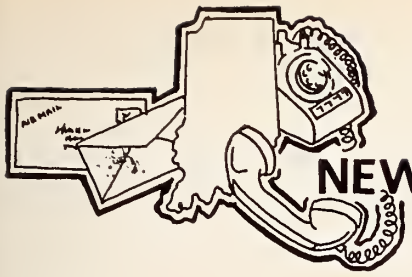
bisacodyl



Under license from Boehringer Ingelheim G.m.b.H.

Geigy Pharmaceuticals, Division of Geigy Chemical Corporation, Ardsley, New York 10502

DU-



NEWS NOTES

Physicians Asked to Refer Victims of Heart Attacks for Study

Men between 30 and 64 who have had one or more documented heart attacks are still needed as volunteers for a University of Cincinnati Medical Center study aimed at improving the long-term care of persons who have had such attacks.

An initial appeal for volunteers last February resulted in the enrollment of 84 men. A total of at least 100 must be processed and enrolled before the start of the five-year study, scheduled for February 1, 1969.

UC is one of 55 centers in the United States participating in this Coronary Drug Project to evaluate drugs that lower blood levels of cholesterol and other fatty substances. It is sponsored by the National Heart Institute of the United States Public Health Service.

Announcements of the project by the communications media last February led to many responses. Records were set for the Cincinnati enrollment rate.

The Cincinnati project has led the nation for two consecutive months in its enrollment rate. However, more volunteers are needed because requirements are strict and many of the volunteers are not able to qualify.

Participants in the study must be free of other life-threatening diseases and must not be on anticoagulant medication. They must live within a 50-mile radius of Cincinnati General Hospital, major teaching hospital in the UC Medical Center and location of the project office.

Physicians are invited to refer eligible patients.

The project director emphasizes that the consent of a volunteer's personal physician must be obtained. The private physician will continue to care for his patient, and the project staff will keep the physician fully informed of the patient's progress in the study. The project office number is 872-4342.

Dr. Mukhtar is Speaker

Dr. Fuad A. Mukhtar, Lebanon, spoke and showed slides on "The Danger of Cancer in Relation to Smoking" at a recent meeting of the Women's Division of the Chamber of Commerce.

Dr. Smyrniotis Gives Program

Dr. Frank Smyrniotis, Wabash, gave a program demonstration on Resusci-Anne, equipment used to teach resuscitation in first aid training, at the Wabash Jaycee Wives meeting recently.

John Shaw Billings History of Medicine Society February Meeting

Dr. Gardner P. H. Foley, of the University of Maryland School of Dentistry, will speak on "Dentistry and the 19th Century American Humorists" at the February 12th meeting of the John Shaw Billings History of Medicine Society meeting.

Each program is preceded by a social hour and dinner on the mezzanine of the Student Union Building, Indiana University Medical Center, Indianapolis, beginning at 6:30 p.m.

JAMA Cites Dr. Shumacker

Dr. Harris B Shumacker, Jr., former chairman of the department of surgery at the Indiana University School of Medicine, recently was featured in an issue of the *Journal of the American Medical Association.*

Dr. Shumacker was the 1968 winner of the Distinguished Service Award presented by the American College of Surgeons in recognition of his contributions to vascular surgery, the development of an artificial heart, surgical education and his participation on the college's forum and television committees.

Dr. Alig is Speaker

Dr. Vincent B. Alig, prominent psychiatrist and staff psychiatrist at LaRue Carter Memorial hospital, Indianapolis, was guest speaker at the recent meeting of the Avon PTA. His subject was "Children's Problems."

Dr. Dalton Joins Staff Of Eli Lilly & Company

William W. Dalton, M.D., has joined Eli Lilly and Company as a staff physician in the industrial medicine department.



A native of Indiana, he was graduated from Clay City High School in 1939. Dr. Dalton received a Bachelor of Science degree from Indiana Central College in 1943 and his Doctor of Medicine degree from the Indiana University School of Medicine in 1945. He interned and had three years of residency in internal medicine at St. Vincent's Hospital, Indianapolis and serve in the United States Army from 1951 to 1953.

Before joining Eli Lilly and Company, Dr. Dalton was employed by the Chrysler Corporation in Indianapolis. Prior to that, he was in private practice for 14 years.

Dr. Dalton is a member of the American Medical Asociation, the Indiana State Medical Association, and the Marion County Medical Society.

Dr. Cohen is Author

Dr. Hyman L. Cohen, director of education at the Gary Methodist Hospital, with Joel Brumlik as co-author announces a new book, published by Hoeber, "A Manual of Electroneuromyography."

Doctors Named to Study Group

Dr. David E. Jones, Indianapolis; Dr. John E. Manning, Jr., Winslow; Dr. Lowell J. Hillis, Logansport; Dr. William K. Nasser, Indianapolis; Dr. Charles H. Rushmore, Indianapolis; Dr. J. Neill Garber, Indianapolis; Dr. John J. Flick, Indianapolis and Dr. Mark L. Dyken, Indianapolis, were recently named by Gov. Roger D. Branigin to a new advisory commission charged with studying the medical aspects of driver licensing.

Association of Hospital Directors Changes Name, Enlarges Membership

The Association of Hospital Directors of Medical Education has changed its name to the Association for Hospital Medical Education. Its membership, which was formerly limited to hos-

Continued

pital directors of medical education, now includes full-time chiefs, coordinators of professional activities, continuing education directors and hospital medical directors.

The new name and the new membership specifications both recognize the basic purpose of the organization and allow it added opportunity to further continuing medical education. **Dr. Jack H. Hall, Indianapolis,** is vice-president of the association.

Indiana Youth AEC Fellow

Richard L. Doty, of Decatur, Indiana, a graduate of Valparaiso University, is one of seven graduate students in Purdue University this year as Special Fellows of the Atomic Energy Commission. There is a total of 109 such Fellows in various U.S. schools studying health physics or nuclear engineering.

Physicians Advanced at Mead Johnson

Drs. Paul A. Walter and **Grey B. Kornegay** have been elevated to positions of vice-presidents in the Mead Johnson Research Center. Dr. Walter will be vice president and medical director. Dr. Kornegay's new title will be vice president, scientific information and regulatory affairs.

Counselors Stress "Realistic Expectations" in New Pamphlet

Public Affairs Pamphlet No. 424—"The Early Years of Marriage," by Richard H. and Margaret G. Klemer was written on the thesis that, if the first few years are reasonably satisfactory, the remainder of the married years will be too.

The Klemers characterize a good marriage as based on understanding, determination and realistic expectations. The booklet is designed for counselors and for those about to be or recently married. The price is 25 cents. Address is Public Affairs Committee, 381 Park Avenue South, New York City 10016.

Dr. Cochran Elected

Dr. Harry A. Cochran, Jr., of the Lincoln National Life Insurance Company of Fort Wayne, was recently elected vice-president of the Association of Life Insurance Medical Directors of America.

Dr. Craft Honored

Dr. Kenneth L. Craft, Indianapolis, received the "Certificate of Award for Distinguished Services in the Educational Programs" of the American Academy of Ophthalmology and Otolaryngology at a recent meeting of the academy held at Chicago. **Dr. J. William Wright, Indianapolis,** had an exhibit on "Tomography of Temporal Bone" at the Academy meeting, and also presented a paper before the Otosclerosis Study Group.

New Midwest Regional Medical Library Services

The John Crerar Library, Chicago, has begun Regional Medical Library services throughout the five-state area of Illinois, Indiana, Iowa, Minnesota, and Wisconsin. The new regional service was initiated through a grant awarded by the National Library of Medicine, National Institutes of Health. The Crerar Library has been officially designated by NLM as the Midwest Regional Medical Library.

During the initial year, regional service will consist primarily of interlibrary loan service. Circulating items will be lent without limit as to number of requests.

Dr. Kirtley Named

Dr. James M. Kirtley, Crawfordsville, has been named to the Commission for the Handicapped by Gov. Roger D. Branigin.

Dr. Hamilton Lectures

Dr. Charles O. Hamilton, South Bend, lectured to members of the Mishawaka Police Department on the "Proper Methods of External Cardiac Massage and Mouth-to-Mouth Resuscitation" at a recent first aid refresher course held in South Bend.

New Medicaid Booklet Published by HEW

Questions and Answers—Medical Assistance—"Medicaid", a 32-page booklet published by HEW, gives a comprehensive picture of the federal-state program of medical assistance known as Medicaid by answering 74 questions. This is an updated version to include changes required by the 1967 amendments.

It is designed to instruct public health workers, members of the health professions and citizens. If, as and when Medicaid is adopted in Indiana, the pamphlet may be obtained by doctors at 15 cents per copy. Write the Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402.

Dr. Gillen Speaks

Dr. H. William Gillen, Indianapolis, recently spoke at Arlington High School's Science Seminar. His topic of discussion was "How the Nervous System Ion Exchange Works (chemically)."

Dr. Rifner is Speaker

Dr. Eugene S. Rifner, Van Buren, past president of Indiana State Medical Association, was guest speaker recently at the Indiana Health Careers Inc. conference and workshops held at North Methodist Church, Indianapolis.

Dr. Simmons Honored

Samuel W. Simmons, Ph.D., U. S. Food and Drug Administration, received the Gorgas Medal at a recent meeting of the Association of Military Surgeons. The award was established in 1942 by Wyeth Laboratories to honor Major General William C. Gorgas, whose disease prevention program made possible the construction of the Panama Canal.

Dr. Reed Elected

Dr. Edsel S. Reed, Jeffersonville, radiologist at Clark County Memorial Hospital, was recently installed as president of the Greater Louisville Radiological Society.

Copies of Symposium Proceedings Now Available to Physicians

Rose Polytechnic Institute conducted its Fifth Bioengineering Symposium on October 21 and 22, 1968. The topic was Progress in Bioengineering Education.

Copies of the proceedings of the symposium, including formal papers, transcribed discussions and conclusions are now available at $5.00 each, from: Bioengineering Symposium, Rose Polytechnic Institute, Terre Haute, Indiana 47803.

Indiana Physicians Re-elected

The following Indiana physicians have been re-elected to active membership in the American Academy of General Practice: **Drs. Jerome A. Snyder, Munster; Guy B. Ingwell, Knox; James B. Johnson, Greencastle; James E. Shaw, Fort Wayne; Dean B. Jackson, Hartford City; Milton A. Butts and Robert D. Dodd, South Bend; Richard Willard, Bluffton; Rex W. Dixon, Anderson; John Kent Guild, Plymouth; Edward R. Cotter and M. F. Palmer, Hammond; Richard W. Wagner, Huntington; Leo Noonan, Valparaiso; Robert W. King, Cedar Lake and Henry S. Lebioda, Gary.**

Dr. Cahn Named

Dr. Peter H. Cahn, Indianapolis, has been appointed president of the Indiana Society for the Prevention of Blindness.

Dr. DuSold is Speaker

Dr. Donald DuSold, Crown Point, spoke on "Legal Aspects In Psychiatry" at a recent psychiatric lecture held in the Occupational Therapy Auditorium of Our Lady of Mercy Hospital in Dyer.

Dr. Nurnberger is Speaker

Dr. John I. Nurnberger, Indianapolis, chairman of the Department of Psychiatry, Indiana University School of Medicine, spoke on "All That Hurts Isn't Clinical" at a recent conference of College Campus Mental Health Units held in Indianapolis.

Dr. Long Gives Talk

Dr. Max R. Long, Marion schools' physician, spoke on "Smoking and Health Problems" at a recent teachers' curriculum program held for 600 teachers in the Marion Community Schools.

Health Careers Clubs of Indiana Elects Officers

The birth of a new student organization occurred on Wednesday, November 20, 1968 when students representing 19 high school Health Careers Clubs from throughout the state of Indiana met under the sponsorship of Indiana Health Careers, Inc. for the purpose of electing the state officers for Health Careers Clubs of Indiana.

The president elected by the group was Walter McCreary representing Southport High School. Lawrence Central's representative, Randy Hall, was elected delegate to the Indiana Health Careers Professional Advisory Council and Joyce Cannell from North Central High School was elected vice-president. Brownsburg and Plymouth High Schools were represented by the election of Sharon Smith as secretary and Sally Mattern as treasurer.

Indiana Health Careers developed the club program and began chartering Health Careers Clubs to provide high school students an opportunity to exercise their curiosity, identify their interests and aptitudes, and discover the many vocational opportunities available to them in the health fields. A Guidebook, sample constitution and an application may be requested from the Health Careers office. Staff consultants will work directly with interested groups or will provide resource materials to aid in program development.

The clubs, functioning in the schools under the direction of a school and a community sponsor, are encouraged to investigate the various health occupations through movies, speakers, panels and related tours. The community sponsor is usually a member of a medical auxiliary who is well acquainted with health facilities and who can identify health workers in the local community.



SEATED, left to right: Sharon Smith, Secretary, Brownsburg High School, Sally Mattern, Treasurer, Plymouth High School, Joyce Cannell, Vice President, North Central High School.

Standing, left to right: Walter McCreary, President, Southport High School, Randy Hall, Delegate to Professional Advisory Council, Lawrence Central High School.

As the number of clubs functioning in Indiana high schools steadily increased, the need for a state organization became apparent. The elected officers will plan and preside over the student section of Indiana Health Career's annual meeting and workshops and will conduct a leadership training conference in August for 1969-70 officers.

Club delegates in attendance at this meeting also adopted an official pin to be worn by Indiana Health Careers Clubs members.

Indiana Health Careers conducts a coordinated health manpower recruitment program. Indiana State Medical Association is one of 73 member organizations which includes the medical and paramedical professional organizations, official and voluntary health agencies, Indiana Hospital Association, education organizations, institutions and corporations.

This non-profit service organization is governed by an elected board of directors. Guy W. Spring, president of Blue Cross, is president; Mrs. Jan Davidson is executive director.

Lester Hoyt, M.D., represents Indiana State Medical Association to the board of directors and Barbara Backer, M.D., is the delegate to the professional advisory council. John Stepleton, M.D., president of the Wayne-Union County Medical Society, has been elected chairman of the council by the member delegates.

Indiana Health Careers maintains a clearing house for the assembly and distribution of comprehensive information about more than 250 health careers which covers job description, approved training or education programs and financial aid.

Staff consultants conduct assembly programs or work in health, guidance or science classes to present the potential in health careers.

In several counties, notably Grant and Floyd, the medical auxiliaries are actively involved and participating in this recruitment program.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—November, 1968

Disease	Nov. 1968	Oct. 1968	Sept. 1968	Nov. 1967	Nov. 1966
Animal Bites	666	687	900	616	599
Chickenpox	461	130	49	422	224
Conjunctivitis	94	54	97	36	36
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	14	23	19	40	43
Gonorrhea	634	497	555	581	322
Impetigo	197	183	247	156	118
Infectious Hepatitis	60	33	29	69	46
Infectious Mononucleosis	106	82	46	82	49
Influenza	1232	890	701	1005	514
Measles					
Rubeola	16	15	8	26	33
Rubella	59	64	36	21	61
Meningitis, Meningococcal	4	1	6	5	3
Meningitis, Other	6	1	2	11	3
Mumps	185	105	76	314	359
Pertussis (whooping cough)	13	13	21	18	13
Pneumonia	311	189	101	189	184
Poliomyelitis (onset 7/27/68)	1	0	0	3	0
Streptococcal Infections	551	368	331	697	390
Syphilis					
Primary & Secondary	34	32	29	28	6
All Other Syphilis	169	117	121	92	66
Tinea Capitis	6	9	13	21	18
Tuberculosis (Active)	80	80	83	100	82

in the treatment of
IMPOTENCE



Android®
(thyroid-androgen) TABLETS

*Effectiveness confirmed by another double blind study**

1.SUMMARY
ANDROID — GOOD TO EXCELLENT 75%
PLACEBO — 20%

2. Forty cases reported.
3. Cites synergism between androgen and thyroid.
4. No side effects in patients treated.
5. Alleviation of fatigue noted
6. Case histories on 4 patients.
7. Although psychotherapy still needed, role of chemotherapy cannot be disputed.

*"Sexual impotence treatment with methyl testosterone – thyroid (ANDROID) a double blind study" – Montesano, Evangelista: Clinical Medicine, April 1966.

CONTRAINDICATIONS—Methyl testosterone is not to be used in malignancy of reproductive organs in male, coronary heart disease. Thyroid is not to be used in heart disease, hypertension unless the metabolic rate is low.

Choice of 4 strengths

Android
Each yellow tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (1/6 gr.) ..10 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-HP
HIGH POTENCY
Each red tablet contains:
Methyl Testosterone ..5.0 mg.
Thyroid Ext. (½ gr.) ...30 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY
Each orange tablet contains:
Methyl Testosterone .12.5 mg.
Thyroid Ext. (1 gr.) 64 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C
Each white tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (¼ gr.) ...15 mg.
Ascorbic Acid (Vit. C) .250 mg.
Thiamine HCL 25 mg.
Glutamic Acid 100 mg.
Pyridoxine HCL 5 mg.
Niacinamide 75 mg.
Calcium Pantothenate .10 mg.
Vitamin B-12 2.5 mcg.
Riboflavin 5 mg.
Dose: 2 tablet twice daily.
Available: Bottles of 60, 500.

Write for literature and samples:
BROWN THE BROWN PHARMACEUTICAL CO.
2500 W. 6th St., Los Angeles, Calif. 90057

REFER TO PDR

also available with ESTROGEN
Android-E
Each Tablet Contains:
Methyl Testosterone 2.5 mg.
Ethinyl Estradiol 0.02 mg.
Thyroid Ext. (1/6 gr.) 10 mg.
Thiamine Hydrochloride 10 mg.
Glutamic Acid 50 mg.

INDICATIONS: Advantage is taken of the anabolic action of ANDROID without its virilizing effect. Estrogen balances the androgen—only steroid effect remains. Geriatrics, post-operative and debilitating disease, osteoporosis. **DOSE**: One tablet t.i.d. Female patients should have a rest period 5 to 7 days after 21 days of medication. **SIDE EFFECTS**: In the female, excessive dosage may produce virilizing effects of most androgens: hoarseness, hirsutism, enlarged clitoris. Symptoms can be avoided by keeping the dosage below 300 mg. of testosterone per month. **CONTRA-INDICATIONS**: See Android. Ethinyl estradiol is not to be used in latent malignancy of reproductive organs or mammary glands.

FUTURE MEETINGS, SEMINARS, COURSES

Three Postgraduate Courses are Listed by Cleveland Clinic Foundation

The Cleveland Clinic will conduct a continuation course on General Practice on February 5 and 6. The tuition is $25. A postgraduate continuation course in "Controversies in Angiography" will be offered on February 12 and 13. Fee for this course is $40.00.

"New Developments in Plastic Surgery" will be offered February 19 and 20 as the third course in February. Write the Education Secretary, 2020 E. 93rd St., Cleveland 44106 for further information.

American College of Surgeons To Meet in Louisville in February

The American College of Surgeons will hold the second of three 1969 sectional meetings in Louisville, Feb. 24-26. More than 550 surgeons are expected to attend this intensive three-day program, open to all doctors of medicine. This is the first college meeting in Louisville since 1960. Headquarters will be the Brown Hotel.

Dr. James C. Drye, Louisville, and his local advisory committee on arrangements have selected a distinguished faculty to present "How-I-Do-It" clinics, panel discussions, symposia, scientific papers, and films in general surgery and the specialties of neurosurgery and obstetrics-gynecology.

Dr. Preston A. Wade, New York, president of the college, will preside over the first morning's sessions in general surgery, on "Day to Day Transportation and Management of the Injured—Louisville Plan for the Care of the Injured" and "Acute Injuries." The unique "Louisville Plan" has received national study and recognition. Also on the first day: papers on Use of Low Molecular Weight Dextran in Shock; Tracheal Injuries; Bleeding Duodenal Ulcer; Granulomatous Colitis; and, in the "How-I-Do-It" clinic: Treatment of Iatrogenically Severed Ureter; Make and Close Diverting Transverse Colon Colostomy; Treatment of Bone Felon, and Treatment of Plantar Warts.

American Congress of Rehabilitation Medicine to Conduct Forum in February

The American Congress of Rehabilitation Medicine will conduct its Second Interdisciplinary Forum at the Shamrock Hilton in Houston on February 20 and 21.

The theme of the forum is "Will Vested Interests Make Comprehensive Health Care a Myth?" Attendance will be limited to 300 persons. Write Dr. William A. Spencer, 30 N. Michigan Ave., Chicago 60602.

Freedman Lectures in Diagnostic Radiology Set

The Freedman Lectures in Diagnostic Radiology will be presented at the University of Cincinnati College of Medicine on April 26 and 27.

Dr. Manuel Viamonte, Director of Radiology, Mt. Sinai Hospital, Miami Beach, Florida will be the lecturer. Radiologists who wish to attend should write Dr. Benjamin Felson, Cincinnati General Hospital, Cincinnati 45229.

Spring Conference on Prevention And Management of Sports Injuries

The Fourth Annual Spring Conference on the Prevention and Management of Sports Injuries will be held on March 26 and 27 at the Wisconsin Center, Madison.

One morning will be spent on taping and bandaging with demonstrations and participation. Team physicians will discuss dermatological and orthopedic conditions. Write Dr. Thomas C. Meyer, Chairman Postgraduate Medicine, 307 N. Charter St., Madison, Wisconsin 53706.

Postgraduate Course on Surgery of the Hand

A postgraduate course on Surgery of the Hand will be held at Denver, Colorado, on February 17 to 20. The tuition is $80. Write the Office of Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220.

Annual Indiana Multidisciplinary Child Care Conference Offered

The Fourth Annual Indiana Multidisciplinary Child Care Conference sponsored by the Indiana University Department of Pediatrics will be held at Stouffer's Inn in Indianapolis on May 14 and 15.

Speakers and their subjects are Drs. Charles F. Abildgaard, Professor, Department of Pediatrics, University of California, Davis, California— (1) Disorders of Hemostasis: Clinical and Laboratory Diagnosis and (2) Treatment of Hemophilia; Robert M. Blizzard, Department of Pediatrics, The Johns Hopkins Hospital, Baltimore, Maryland—Variations of Adolescent Growth and Development; Laurence Finberg, Chief, Pediatric Division, Albert Einstein College of Medicine, Bronx, New York— (1) Management of Diarrheal Diseases in Infancy and (2) Biochemical and Physiologic Basis of Management of Common Poisonings Encountered in Infants and Children; Eli Gold, Cleveland Metropolitan General Hospital, Cleveland, Ohio—Pediatric Infectious Diseases; Robert J. Gorlin, D.D.S., M.S., Professor and Chairman, Division of Oral Pathology, University of Minnesota, School of Dentistry, Minneapolis, Minnesota—Syndromes of the Head and Neck; John M. Opitz, Department of Genetics, The University of Wisconsin, Madison, Wisconsin— (1) Mental Retardation and the Concept of the "High Risk Infant" and (2) Defects of Sex Determination and Sex Differentiation; Roderic Phibbs, Department of Pediatrics, University of California, San Francisco Medical Center, San Francisco, California,—Neonatology; John B. Reinhart, Director, Psychiatric Clinic, Children's Hospital of Pittsburgh, Pittsburgh, Pennsylvania—The Psychotherapeutic Role of the Pediatrician. Dr. William G. Crook, The Children's Clinic, Jackson, Tennessee will be the banquet speaker.

For additional information write: Dr. Morris Green, Department of Pediatrics, Indiana University Medical Center, 1100 W. Michigan St., Indianapolis, Indiana 46202.

Continued

FUTURES

Continued

Sixth Annual Seminar on "Controversial Areas in Surgery"

The Sixth Annual Seminar on "Controversial Areas in Surgery" will be conducted by the University of California in Los Angeles, at the El Mirador Hotel, Palm Springs, on February 26 to March 2. The enrollment fee is $120.

Requests for further information should be made to: Donald Brayton, M.D., Associate Dean for Postgraduate Medical Education, Room 15-39, Rehabilitation Center, West Medical Campus, University of California, Los Angeles, Calif. 90024.

New Orleans Graduate Medical Assembly 31st Annual Meeting

The New Orleans Graduate Medical Assembly will hold its 31st annual meeting at the Roosevelt Hotel in New Orleans on March 10 to 13. The program is acceptable for 3½ prescribed hours and 28 elective hours by the American Academy of General Practice.

Fifty informative discussions on many topics will be presented. There will be a CPC, roundtable luncheons, medical motion pictures and technical exhibits. The registration fee of $30 covers all activities. Address the Assembly at 1432 Tulane Ave., New Orleans 70112.

"Arthritis and Related Disorders" To be Subject of Symposium

"Arthritis and Related Disorders" will be the subject of a symposium to be conducted by the New York University Medical Center from March 3 through the 7th. The tuition fee is $125.

For details write the Office of the Recorder, New York University Postgraduate Medical School, 550 First Ave., New York City 10016.

University of Kentucky Symposium on Concepts in Bone and Joint Disease

The Department of Radiology, in cooperation with the Departments of Orthopedics and Pathology of the University of Kentucky Medical Center, is presenting a symposium on "Current Concepts in Bone and Joint Disease," from April 29th — May 2nd, just before the Kentucky Derby.

A distinguished visiting faculty and staff members of the college of medicine will participate in this symposium. The subject matter will include the arthritides, trauma and chondrodysplasias, among others. One day will be devoted to a panel discussion by radiologists and pathologists on the nuances of a variety of proven cases. New or controversial material will be emphasized.

Postgraduate Course in Laryngology, Bronchoesophagology

The Department of Otolaryngology of the Illinois Eye and Ear Infirmary and the College of Medicine of the University of Illinois at the Medical Center, will conduct a postgraduate course in



Laryngology and Bronchoesophagology from April 14 through April 25. This course is limited to 15 physicians and will be under the direction of Paul H. Holinger, M.D. It will be held largely at the new Illinois Eye and Ear Infirmary, 1855 West Taylor Street, Chicago, and will include visits to a number of Chicago hospitals. Instruction will be provided by means of animal demonstrations and practice in bronchoscopy and esophagoscopy, diagnostic and surgical clinics, as well as didactic lectures.

Interested registrants please write directly to the Department of Otolaryngology, College of Medicine, University of Illinois at the Medical Center, Postoffice Box#6998, Chicago, Illinois 60680.

Obstetrician-Gynecologists to Meet in Florida April 28-May 1

The 17th Annual Clinical Meeting of the American College of Obstetricians and Gynecologists will be held at the Americana Hotel in Bal Harbour, Florida, April 28 to May 1.

Twelve postgraduate courses will be conducted on April 26 and 27. All physicians, regardless of specialty, are invited to attend.

Registration fee for non-members of the College is $50 for the clinical meeting and $45 for the postgraduate courses. For more information write Meeting Services Department of the College, 79 W. Monroe, Chicago 60603.

Atlanta Graduate Medical Assembly to Meet February 24-26

The Atlanta Graduate Medical Assembly will be held at the Regency Hyatt House on February 24 to 26, inclusive. Attendance will be acceptable for credit with the American Academy of General Practice.

The tuition for visiting M.D.'s is $25. Write A.G.M.A., 875 W. Peachtree, N. E., Atlanta 30309.

American Academy of Physical Medicine and Rehabilitation Meeting

The American Academy of Physical Medicine and Rehabilitation will hold its 31st annual session on April 24 to 26 at the Sheraton-Chicago Hotel. For copy of the program and full particulars write the Academy at 30 N. Michigan St., Chicago 60602.

Course Offered in Current Problems in Electroencephalography

A course in "Current Problems in Electroencephalography: Advances toward their Solution" will be conducted by the American Electroencephalographic Society and Baylor University College of Medicine at Houston, Texas, on March 13 to 15. For more information write Dr. Peter Kellaway, Texas Medical Center, Houston, Texas 77025. ◄



"THEY'RE INSEPERABLE."

ESCORT YOURSELF . . .

to Home Lawn Mineral Springs for a few days health vacation —the mineral baths and excellent meals in an atmosphere of serenity will leave your cares behind.

HOME LAWN MINERAL SPRINGS
Martinsville, Indiana

M. C. Pitkin, M.D.
Medical Director

J. W. Gibbs, M.D
Medical Director
Associate

County, District News

Cass

The Cass County Medical Society met Nov. 4 to hear Dr. Mark Dyken, of the I.U. School of Medicine, speak on "Regional Medical Planning as It Pertains to Cerebrovascular Disease." Approximately 40 members attended.

Dearborn-Ohio

Dr. F. Walter Albiez, a dermatologist, spoke at the Nov. 7 meeting of the Dearborn-Ohio County Medical Society. His topic was "Cancer and Pre-cancerous Lesions of the Skin."

Dubois

New officers of the Dubois County Medical Society were elected at the November meeting. Dr. H. G. Backer was elected president and Dr. John Bretz was elected secretary-treasurer for the 1969 society year.

Elkhart

"Current Problems in Obstetrics" was the topic of Dr. Robert B. Jaffee, of the Ann Arbor University Hospitals, when he spoke at the Nov. 7 meeting of the Elkhart County Medical Society.

Fayette-Franklin

The Fayette-Franklin County Medical Society met Nov. 12 at the Connersville Country Club. Dr. Clark West of Children's Hospital, Cincinnati, spoke on "Diagnosis and Treatment of Nephritis in Childhood."

Fountain-Warren

"Alcoholism" was the subject chosen by Dr. Edgar C. Stuntz, Lafayette, when he spoke before the Nov. 7 meeting of the Fountain-Warren County Medical Society.

Henry

Election of officers was held at the Nov. 21 meeting of the Henry County Medical Society. Elected were: Drs. Guido P. Wilhelm, president; Paul KinKade, secretary-treasurer and Roy McKee, vice-president. All of the new officers are from New Castle.

Howard

Dr. John L. Frazier is the newly-elected president of the Howard County Medical Society. Other new officers are: Drs. George A. Kremers, first vice-president; Jerome F. Doss, second vice-president and John H. Elleman, secretary-treasurer.

Marshall

Newly-elected officers of the Marshall County Medical Society are: Drs. James Hampton, Argos, president; James Coursey, Argos, vice-president and Harry Stoller, Plymouth, secretary-treasurer.

Miami

Dr. P. W. Snyder is the new president; Dr. D. W. Ferrara the new vice-president and Dr. G. C. Crates the new secretary-treasurer of the Miami County Medical Society.

Putnam

Dr. Richard R. Schumacher, Indianapolis, spoke on "Cardiac Arrhythmias" at the Nov. 8 meeting of the Putnam County Medical Society.

Tippecanoe

New officers of the Tippecanoe County Medical Soceity are: Drs. Hugh H. Steele, president; Chester L. Waits, vice-president; Anson F. Hughes, secretary and Robert E. Hannemann, treasurer.

Vanderburgh

"Medical-Legal Aspects of Heart Transplants" was the topic chosen for the Nov. 12 meeting of the Vanderburgh County Medical Society. Speakers were Dr. Alfred M. Sadler, Jr., and Blair L. Sadler, LL.B., of the National Institutes of Health. The Sadlers are brothers.

Washington

1969 officers of the Washington County Medical Society are: Drs. Roy L. Fultz, Salem, president; C. Stanley Manship, Hardinsburg, vice-president and Charles B. Carty, Pekin, secretary-treasurer.

Wayne-Union

Mr. Robert Yoho, assistant state health commissioner, spoke on "Comprehensive Health Planning" at the Nov. 19 meeting of the Wayne-Union County Medical Society. New president of the society for 1969 is Dr. John H. Mader, Richmond. ◄

Association News

EXECUTIVE COMMITTEE

November 16, 1968

Meeting called to order at 4:00 p.m. by the chairman, Dr. Ralph V. Everly, in the headquarters office.

Present: Ralph V. Everly, M.D., chairman; Burton E. Kintner, M.D., Patrick J. V. Corcoran, M.D., Lowell H. Steen, M.D., Donald R. Taylor, M.D., M. O. Scamahorn, M.D., Frank Ramsey, M.D., James Stewart, attorney, and James A. Waggener.

MINUTES OF THE MEETINGS held October 14 and October 18 were approved on motion of Drs. Steen and Corcoran.

Membership Report was approved by consent.

MEMBERSHIP REPORT as of October 31, 1968:

Number of members as of December 31, 1967	4,422
1968 members as of October 31, 1968:	
Full dues paying members	3,902
Residents and interns	110
Council remitted	60
Senior	304
Honorary	2
Military	58
Total 1968 members as of October 31, 1968	4,436
Number of members as of October 31, 1967	4,405
Gain over last year	31
Number of AMA members as of October 31, 1968	4,282
Number of AMA members as of October 31, 1967	4,231
Gain over last year	51
1968 AMA members:	
Dues paying	3,756
Exempt but active	526
	4,282
Number who have paid state dues but not AMA dues as of October 31, 1968	154

TELEPHONE RECORDING SYSTEM: On motion of Drs. Steen and Taylor, the committee is to recommend to the Board of Trustees that this equipment be installed providing a satisfactory termination agreement can be obtained.

EXPENSES OF AMA DELEGATES: The committee, by consent, referred the question of implementation date of the new method of payment of AMA delegate and alternate delegate expenses to the Board of Trustees for decision.

INSTALLATION OF JENN-AIR BROILING EQUIPMENT: On motion of Drs. Steen and Corcoran, the committee voted to recommend to the Board of Trustees that this equipment be installed in the headquarters building.

PUBLIC SPEAKING COURSE: On motion of Drs. Corcoran and Steen, it was voted to recommend to the board that delegates, alternate delegates, the Board of Trustees, the Executive Committee and staff take this course to be given in Chicago March 26-27, 1969.

CERTIFICATES FOR PAST AMA DELEGATES AND COUNCILORS: By consent, it was agreed that a certificate be prepared and certificates not be framed.

AUTO LEASING: By consent, it was agreed that the headquarters office should continue to pursue this question and obtain all facts possible concerning arrangements for auto leasing by members of the association.

DEFENSE OF MEMBERS IN IRS CASES: By consent, the attorney is to check on the question of whether or not the association could or should participate in a defense of members whose deductions on automobile usage is questioned by IRS.

SECRETARIAL SERVICE FOR SPECIALTY GROUPS: By consent, it was agreed that the facilities of the headquarters office could be made available to specialty groups.

MEETING OF VARIOUS STATE OFFICERS, MIAMI, SATURDAY, NOV. 30th: On motion of Drs. Steen and Taylor, the president of the association is to invite the presidents and any other members of their official family to attend a dinner meeting on a subscription basis at the Americana Hotel in Miami Beach, Saturday evening, November 30th, for the purpose of discussing an organization of state societies in the midwest.

1971 ISMA CONVENTION: The secretary reported he had received a confirmation from the Hilton Hotel Corporation reserving 375 rooms and all public space for the 1971 meeting in Indianapolis.

MAILING LIST POLICY: On motion of Drs. Steen and Taylor, the present policy for use of the mailing list is to be continued with the addition of permitting the president to make such use available and that any society desiring the use of the mailing list would be charged the same as any other group.

LIMITATION OF USE OF MAILING LIST: On motion of Drs. Corcoran and Steen, the secretary is instructed to include with the use of the mailing list an agreement form having the effect of prohibiting the use of the mailing list for any use other than that requested. The attorney is to prepare a form for this purpose.

COUNCILOR'S CLAIM FOR REIMBURSEMENT: The secretary reported he had received a claim for the hotel and other charges from a councilor requesting reimbursement for attending the Council meeting in Fort Wayne on October 14th, together with correspondence between the headquarters office and the physician. On motion of Drs. Taylor and Steen, it was ruled the expenses for attending this meeting were not payable.

TREASURER'S REPORT: In the absence of Dr. Hoyt, the treasurer, Dr. Scamahorn, assistant treasurer, reported on the fund balances and the annual audit report of the George S. Olive Company. On motion of Drs. Taylor and Steen, the reports were approved.

ANNUAL CONVENTION IN FORT WAYNE: The secretary read letters of appreciation from several members and organizations for their treatment by the association at the annual convention.

Expenses of E. Gray Dimond; by consent the secretary is to send the hotel bill received by the headquarters office to Dr. Dimond for payment.

The secretary reported on the handling of trucking charges for Fort Wayne.

Organization Matters

AMA FIELD SERVICE REPRESENTATIVE: The secretary reported he had been informed that Mr. Tim Norbeck would be the new AMA Field Representative for the states of Indiana, Illinois and Missouri.

LETTER FROM THE AMA ON RURAL MEDICAL SERVICE was read and on motion of Drs. Taylor and Steen, this is to be referred to the board Committee on Emergency Medical Services and the new Commission on Emergency Medical Care when organized.

MEMBERSHIP IN SAMA: On motion of Dr. Corcoran and a second by Dr. Scamahorn, a renewal in the SAMA organization was authorized.

MEMBERSHIP IN THE INDIANA STATE CHAMBER OF COMMERCE: On motion of Drs. Kintner and Corcoran, renewal in the Indiana State Chamber of Commerce was approved.

A LETTER TO DR. STEEN FROM DR. DUNNING concerning the Orientation Course was read for the information of the committee. On motion of Drs. Corcoran and Steen, it was recommended that a questionnaire be prepared for sending to those who attended the first Orientation Course for their criticism, evaluation and suggestions.

A TIMETABLE FOR THE STATE ADVISORY COMMITTEE ON EMERGENCY MEDICAL SERVICE was reviewed for information of the committee.

MINUTES OF THE BLUE SHIELD BOARD MEETING were reviewed for the information of the committee.

COPY OF A LETTER ADDRESSED BY MADISON COUNTY MEDICAL SOCIETY TO THE BLUE SHIELD PLAN was read for the information of the committee.

A LETTER FROM DR. DONALD LaFOLLETTE was read for the information of the committee.

A LETTER FROM BARTON, CURLE & McLAREN concerning the availability of an umbrella type liability program for members in the association was referred by consent to the Commission on Medical Economics and Insurance.

A PROPOSAL FROM BARTON, CURLE & McLAREN for coverage of the association properties was approved by consent.

THE MINUTES OF THE INTERSTAFF COMMITEE ON T.B. were reviewed and the president is to make a recommendation for filling vacancies on this group.

A CLIPPING FROM THE INDIANA DAILY STUDENT was reviewed for the information of the committee.

A LETTER FROM DR. ALCORN and a letter from GRANT COUNTY MEDICAL SOCIETY were reviewed for the information of the committee.

THE PROGRESS REPORT OF THE HEALTH AND WELFARE PROGRAMS under the Johnson Administration was was called to the attention of the committee.

A CLIPPING FROM MEDICAL WORLD NEWS containing some statements by Mr. Cohen before the American Hospital Association was read for the information of the committee.

TWO LOANS WHICH WERE MADE TO MEDICAL STUDENTS were referred to legal counsel for collection, on motion of Dr. Taylor.

OPINIONS OF LEGAL COUNSEL: Physician's failure to report epileptics—the opinion was read for the information of the committee.

NURSES DOING CARDIAC RESUSCITATIONS: The opinion was reviewed with conclusions that the president might desire to make a statement concerning this particular issue.

PRONOUNCING DEATH: On motion of Drs. Corcoran and Steen, this opinion was referred to the Medical-Legal Committee.

IMMUNITY HOSPITAL TISSUE COMMITTEES: Legal opinion was reviewed for the information of the committee.

AMENDMENTS TO THE NURSE PRACTICE ACT—This opinion was referred to the Commission on Legislation.

CORRESPONDENCE WITH THE INDIANA HOSPITAL ASSOCIATION: Policy on Emergency Room Standing Orders—on motion of Drs. Steen and Kintner, it was voted that we should consult with the Hospital Association and that this matter should be referred to the legal counsel of both of the associations for preparation of a statement for consideration by the respective associations.

MISCELLANEOUS LEGISLATIVE MATTERS: On motion of Dr. Corcoran and taken by consent, a letter from Dr. M. Richard Harding and a letter from Sam Bianco were referred to the Commission on Legislation.

CHAMBER OF COMMERCE LEGISLATIVE REPORTS: On motion of Drs. Corcoran and Taylor, it was voted to refer this to the Board of Trustees with recommendations that these reports be sent to the members of the Commission on Legislation, staff members involved with the legislature and other members of the board who might request them.

AMA MEETING IN MIAMI, FLORIDA: A letter from the Pennsylvania Medical Society was read for the information of the committee.

RESOLUTIONS 18, 25 and 26 were reviewed and ordered sent to the AMA.

ARRANGEMENTS FOR THE DELEGATES MEETINGS IN MIAMI were reviewed by the executive secretary.

ESTABLISHMENT OF SPORTS COMMITTEE: By consent it was agreed that the matter of the establishment of a Sports Committee be referred to the Board of Trustees.

DISMISSAL OF THE STATE SUPERINTENDENT OF THE STATE MENTAL HOSPITAL IN EVANSVILLE and the question of the COMMITTEE ON CONTINUING EDUCATION were referred to the Board of Trustees for their review and action.

PICTURES OF MEMBERS OF THE ASSOCIATION: A proposal was presented from a Detroit firm offering to take pictures of the members of the association in which they requested a letter from the ISMA affirming the fact that they had contacted the ISMA. On motion of Drs. Steen and Scamahorn, their offer was refused.

THE JOURNAL: A letter addressed to Dr. Ramsey making a recommendation that the annual Roster issue also include the specialties of the physician was reviewed and Dr. Ramsey was requested to obtain cost figures on this addition.

FUTURE MEETINGS: Annual Chamber of Commerce luncheon December 11. By consent the executive secretary, the chairman of the Commission on Legislation and any other members of the committee who desire were authorized to attend this luncheon.

NATIONAL ADVISORY COUNCIL ON NURSING HOME ADMINISTRATION Chicago, February 13. Dr. Santare of Munster was to be requested to represent the association at this meeeting.

U.S. CHAMBER OF COMMERCE INSIGHT '69, Washington, D.C., February 17-18, 1969. No representative to be sent.

INDIANA CONGRESSIONAL VISITATION will be placed on the future agenda for discussion.

CONFERENCE ON STATE MENTAL HEALTH REPRESENTATIVES, Chicago, March 14-15. This matter is to be placed on the Januuary agenda.

22nd NATIONAL CONFERENCE ON RURAL HEALTH, Philadelphia, March 21-22. Dr. Corcoran is to discuss this with the board.

There being no further business, the committee adjourned to meet again at 9:00 a.m., Saturday, January 11, 1969. ◄

Minutes of the House of Delegates

1968

CREDENTIALS COMMITTEE REPORTS 94

PRESIDENT'S ADDRESS 94

IN MEMORIAM 98

1967 MINUTES 98

1968 REFERENCE COMMITTEES 98

AMENDMENTS TO CONSTITUTION 99

PRESIDENT-ELECT'S ADDRESS 99

WOMAN'S AUXILIARY PRESIDENTIAL ADDRESS 101

REPORT OF INDIANA STUDENT AMA 102

REPORT OF CHAIRMAN OF BLUE SHIELD BOARD OF DIRECTORS 103

REMARKS OF FRANCIS L. LAND, M.D. 104

ELECTION OF OFFICERS 107

REPORTS OF OFFICERS 107

- Executive Secretary 107
- Treasurer 108
- Chairman of the Council 108
- Councilors 109
- Editor of The Journal 113
- Delegates to the AMA 113

AMA STATEMENT ON INFANT MORTALITY IN THE UNITED STATES 115

STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION 117

REPORTS OF STANDING COMMITTEES AND COMMISSIONS 118

- Executive 118
- Grievance 119
- Student Loan 120
- Future Planning 120
- Building 120
- Legislation 121
- Public Information 121
- Governmental Medical Services 122
- Public Health 123
- Voluntary Health Agencies 124
- Medical Economics and Insurance 125
- Inter-Professional Relations 125
- Medical Education and Licensure 125
- Special Activities 126
- Aging 127
- Constitution and Bylaws 127

RESOLUTIONS 128

PLACES OF FUTURE ANNUAL CONVENTIONS 135

ADJOURNMENT 135

House of Delegates Proceedings

FORT WAYNE SESSION

October 15-18, 1968

The first meeting of the House of Delegates convened at 2:00 P.M. Tuesday, October 15, 1968 in the auditorium of the Chamber of Commerce, Ft. Wayne, Indiana, with Dr. G. O. Larson, president of the Indiana State Medical Association, presiding.

The second and final meeting of the House was convened on Friday morning, October 18 at 9:00 A.M. in the Parlors of the Women's Club at Ft. Wayne.

Report of the Credentials Committee

For the first meeting of the House of Delegates the Credentials Committee reported 106 delegates in attendance. At the final session the report was 83 delegates, 13 councilors, four alternates and three past presidents. The chair announced that inasmuch as 50 constitutes a quorum, there was a quorum present for both sessions of the House.

Remarks of the President

The following remarks were presented by Dr. G. O. Larson on Tuesday, October 15, 1968.

HOUSE ACTION: Accepted.

There are four major groups in this country today which have influenced the practice of medicine as we are experiencing it today. I will list them in the order of their ready recognition — *not* in the order of their importance.

First, the socialists in high places. The Wilbur Cohens in the government; the Walter Reuthers in the labor movement. They would like to socialize America and they feel certain that by socializing medicine, they will be well on their way.

Second, the quacks and the cultists, who always have had and perhaps always will have a fair-sized following. They hate the laws that medicine inspired whereby the public is protected from gross incompetence. They prosper on patronage by the ignorant, and in their attacks against medical practice laws they unfortunately are joined by some of the so-called "One World" group in wanting to lower standards so that anyone who had a quickie medical course or obtained a diploma from a diploma mill could move into your town and hang out his shingle. Even a few M.D.'s have been hoodwinked into that camp.

Third is what I call the lunatic fringe, sometimes hard to distinguish from one of the first two—the congenital and chronic discontents who believe that whatever is, is wrong; that whatever is successful must therefore be dishonest, and who have twisted the fact that progress always involves change into the false concept that change and progress are synonymous.

There is a fourth group which is seriously endangering the future of medical practice. Some of you in this room today *are, unwittingly but surely*, in this category. This fourth group, gentlemen, consists of average, busy doctors, in general practice and in every specialty. It includes also many members of your ancillary professions, some of your technicians and office nurses, secretaries and other "Girl Fridays."

And this group is the *most* important of the four. It is made up of something over one-third of the physicians and their assistants in any given geographical area. If this group attended *properly* to patient relations and public relations, the medical profession as a whole could whip all three other groups with one hand tied behind its back. But this one group—about a third of the medical profession—is daily supplying medicine's outside enemies with most of their ammunition.

Organized medicine, national and state and in many metropolitan county societies, has sound public relations programs, public service programs, legislative programs—I need not even outline them because you are all familiar with most of them. In other words, medicine has an arsenal of weapons and tools to promote the science and the art of medicine and the betterment of public health, to advance medical education and the overall delivery of good medical service, to protect the people's right to freedom of choice and the doctor's professional freedom.

Organized medicine *has* that public relations arsenal and is trying to use it for the public benefit and for your benefit. However, organized medicine is fighting not with just *one* hand tied behind its back but with the other hand crippled by the patient-relation failures of a great many physicians. A majority of doctors can and do handle patient relations like sympathetic, civilized human beings while delivering their highly trained scientific skill. But too many, *far* too many, handle patient relations under the old law of the jungle and the new impersonal technique of the assembly line.

The late Dr. Fernald Foster of Michigan coined a phrase that has been quoted from coast to coast when he spoke of the "iniquitous three percent" as the proportion of physicians whose dishonest, unethical practices and fee-gouging brought the wrath of the press and public

down on the other 90%. That percentage will probably always be with any profession. I shall not discuss the problem of the really iniquitous physician who should be brought before a tribunal of his peers and expelled from their halls, except to point out that all of your grievance committees, state and local, need some prodding to initiate investigations *on their own motion*, as your regulations provide, instead of waiting on call, to act only when someone files a formal complaint.

No, the percentage I will discuss amounts to at least one-third, possibly even one-half, of the profession as I have been privileged to know it over the years. *Not* iniquitous. *Not* inadequately trained in medicine. *Honest. Well-meaning. Making excellent diagnoses. Giving the best modern treatment. Successful* by almost every modern measure of success. *But*—slowly, surely, inviting additional governmental control and destruction of the very freedom they love most by their everyday failures in human relations, in patient relations, in business relations, in public relations—and, if you please, by *apathy*.

This is not something I have dreamed or conjured up. Nowadays there are accurate scientific means of surveying public opinion. A few years ago, an independent firm conducted a comprehensive nationwide survey, in depth, to find out what was wrong with medicine's public relations. That survey turned up the answers, both favorable and unfavorable, to many questions. I want to dwell upon just one to emphasize a major point.

Many of you have frequently admitted to being mystified by an apparent paradox, which you somehow cannot quite believe. You have often heard, from without the profession as well as from within, that almost everybody admires and frequently loves his own doctor. Mr. Average American is perfectly happy with his doctor who always treats him well, always comes when asked, even on a late night call, never overcharges. John Q. Public thinks his doctor is a *great* doctor—"but the medical profession as a whole? The medical society? The AMA?? A damn trust! The medical profession as a whole? Crooked! Doctors make too much money! They overcharge! They refuse to make house calls! The government ought to take them over—all, of course, except my own doctor!"

Yes, most doctors seem mystified, but this is *not* a paradox. The survey I mentioned developed a solid answer. It showed that the average American adult has changed family doctors four times—*not* counting any changes caused by the patient or the doctor moving away, or death of the doctor or other necessitous cause. In simple arithmetic this means that four out of the five doctors who have had John Q. Public as a patient somehow failed to satisfy him. We can discount these figures *a trifle* to allow for the chronic discontent or the "shopper" who runs from one doctor to another, beating the bill most of the time and continuing until he gets what *he* thinks is the right treatment, for free. But you and I know that it is a mighty small percentage—probably an iniquitous three percent on the other side of the fence!

Depth interviews by leading psychologists making such surveys have indicated that deep down, sometimes almost subconsciously, the average American believes that four out of five doctors are bad men, and that therefore their medical services and the AMA must also be bad. *You and I know that this is not true.* But let me remind you of a statement made by a great public relations man, when he said:

"*A public belief, even though entirely erroneous, is a public relations fact and must be dealt with as such.*" He further stated: "*Unless it wishes to surrender additional areas to governmental jurisdiction, a profession must at all times formulate and enforce stricter standards than the law currently demands.*"

Most of these stricter standards must be enforced by the individual professional man *upon himself.* Standards of professional conduct, in the usual understanding of that term, have been enforced in our county and staff medical associations through the medical grievance committee system. But as I have already indicated and as many of you know, standards have not been enforced strictly enough *yet.* Every member of every grievance committee knows personally of a seriously erring brother who should be brought to account—but he never makes that motion in the committee; he still awaits someone's formal complaint from outside.

The enforcement I would like to urge upon you today is the even more important enforcement by each individual doctor upon himself. A return to a code of individual morality is, at this time in medical history, of vital import.

Now just what are these individual problems, these failures of physicians, which cause the American people to think four out of five doctors are bad? These are not the unethical acts, the gross overcharging, the malpractice, or the "iniquitous three percent." These problems cause what I call the "*little* gripes" that never reach the ears of a grievance committee. They *do* reach the ears of the family, of neighbors, of fellow club members, and frequently of your medical society employees. And they add up to a terrifying total.

It is the patronizing disparagement of a patient's problem. Sometimes it is meant as a joke, but a sick person's sense of humor is not normal.

It is the brusque brush-off by the

doctor's secretary, either in person or by telephone.

It is the perennial, and multiple and highly accurate, complaint about sitting in the reception room until 4:30 for that 2:00 p.m. appointment.

It is the patient who quits Dr. A. because the last time she tried to see him, the secretary peremptorily shoved her off on Dr. A.'s new assistant, Dr. B., whom she'd never even met.

It is the nasty little complaint arising because the doctor forgets that women, even modern women, are timid about their persons, or because the doctor forgets that his reception room door is open while he, in a back room, utters some profanity or tells his partner a rough joke or raises his voice with some too frank anatomical terminology.

It is, perhaps more often than any of these, the doctor's refusal to answer a sincere question put by a patient or the patient's family.

It is the doctor who fails to keep the right kind of simple records (or cannot even find them!) when the patient of six months ago comes in for the doctor's suggested re-check, and must not only repeat his name and the case history but must even remind the doctor what *he* did.

Others have said it better than I. One modern scholar said, "What so often drives a wedge of ill will or resentment between the patient and his doctor is a simple failure on the part of the doctor to put himself in the patient's place. He has neglected to think about the patient's inevitable reaction to a transaction which the patient cannot be expected to understand without knowing the facts *that only the doctor can give him.*"

Think about that! Ask yourself why the patient who left *you* last week and chose another doctor was dissatisfied.

Dr. Rudolph Arndt of Denver once said: "I *now* know that no doctor is really a good doctor until he has been sick, had to use a bed pan, been punched and prodded, and had some other damned doctors refuse to tell *him* what's going on. I'm a good doctor now, but I wasn't before."

But back to the so-called *little* gripes. Let me put a few of them as questions.

Does your secretary place your telephone calls for you, and make the patient or the other doctor wait several minutes before you yourself get on the line?

When someone telephones you, does your secretary snap out: "Who's calling!?" Or have you trained her to pique the ego of the caller and obtain the same information by asking pleasantly: "May I tell him who is calling?"

Have either you or your secretary ever given the quick brushoff to that public-spirited citizen, another professional man or businessman or banker, perhaps one of your own patients, who is donating *his* time to solicit contributions to the United Fund? I am afraid many of you have.

Do you always, and I mean *always*, discuss fees and other costs in a pleasant, business-like manner with every new patient, and with each old patient who is about to incur an expensive procedure or hospitalization? Do you keep the AMA plaque entitled "To All My Patients" on display in your reception room? I hope so.

Do you and your staff, even though you are all dead tired, somehow manage a smile for every patient, even the last patient of the day? I hope so. Remember that a smile is a curve that sets a lot of other things straight.

Do you schedule your appointments so that barring a *real* emergency which any reasonable patient will understand, your patients seldom wait more than a few minutes? You should, and with careful planning, you can.

Do you give your staff, and those colleagues who have treated your patient previously or in consultation, all the credit they rightfully deserve? Or do you give the impression, even by so little as a raised eyebrow, that his previous attendant just wasn't quite bright, or that the arm wouldn't be so sore if the nurse had done a better job with that last injection?

And, finally, do you ever *talk down* to a patient? I am sorry to say it, but I happen to know that many of you do. By the use of just one word I would like to illustrate this. The word is "layman." If I call you *laymen*, and say it in that nasty tone of voice, you will understand what I mean. But, gentlemen, you *are* laymen to any other profession than medicine. Just as your blood pressure probably went up when I used that word to you, so does the average patient's resentment rise, even subconsciously, if you ever tell him that, "Of course, Mr. A., I'm afraid that as a *layman* you would not understand this."

Here are some startling facts that should be understood by every physician who might otherwise talk down to his patients. It concerns the formal schooling of the average American and how that has changed in a period of 25 years.

In 1930, the average American adult over age 21 had just a little more than a sixth-grade education so far as formal schooling is concerned. Twenty-five years later, in 1955, the average American age 21 and over had 12 and one-tenth years of formal education—in other words he had been through high school plus part of a college year. And you are dealing today, in 1968, with patients whose average level of formal education has risen considerably above that level.

Now let's *add* the change in *informal* education, especially related

to medicine. Ask the older doctors among you how many newspapers and magazines published educational articles on medicine and health 25 years ago. Probably they will recall exactly *none*. In those days, a new medical discovery was presented as a paper before a medical society, and, if you were lucky, you might learn about it a year later in a medical journal. Today, when a speaker announces a new milestone in medicine, the echoes will not have died in that hall before the radio and television are telling the story to the whole continent. The next morning's newspapers from coast to coast will carry a column about it, and the following Thursday it is in *Time, Life* and *Newsweek,* complete with pictures. In another couple of weeks the country's most erudite science writers will have discussed it brilliantly—and in more understandable language than used by the original essayist—in *The Reader's Digest* and a half-dozen other magazines.

Overnight, one man's name—Salk—became a dictionary word. Heart transplants became a common topic of conversation among young and old alike. In any high school classroom, in any women's club, in almost every home and on almost any street corner you can now hear intelligent conversations about health and medical matters, filled with scientific terminology that would have broken the jaws of the average college graduate a generation ago. The American public has had a pretty fair health education, and although physicians must occasionally remind the patient that "a little knowledge is a dangerous thing," this informal education through the periodical press, radio and TV, *plus* the increased formal education of today's average American, underlie the absolute necessity for doctors to avoid anything that smacks of talking down to their patients and their other non-medical friends. Unnecessary use of the word "layman," especially when used in a connotation that implies ignorance, is a prime example.

I would like to quote once again from a statement by a noted public relations authority who has participated in medical public relations programs: "I have participated in these and many other comparable activities during my twenty-odd years of service with various medical societies. I can attest to their value, and I am certain that unless one has taken part personally in such activities, he can have no adequate conception of their worth.

"But it is my deep conviction that all these good works will profit the profession little indeed unless the individual doctor is completely imbued with the attitude which makes good public relations for him inevitable—and bad public relations impossible.

"The traditional ethics of the profession, its ancient ideal of service, its noble code of conduct—these are the immutable foundations upon which any public relations program must be based."

The only way I can now see to shore-up and reinforce those foundations is to develop leadership within our profession, within small units, toward the individual responsibility I have previously emphasized—not just one leader in a county society of 50 members, but at least one out of every 10 doctors. Then have *them* conduct classes, if you will, in these and other fundamentals of patient relationships, which, I am sorry to say, modern medical schools are too busy to teach.

If what I have said sounds like picking out all the bad and very few of the good things to be said about doctors' public and patient relations, I assure you it was intended that way!

I could talk two hours about the good things, but you don't have that much time. So I have concentrated on sore points that need the healing salve of your own "TLC." And for those of you who don't understand the terminology we use, TLC means tender loving care. And, besides, remember I am not talking about *all* doctors—probably a third of them.

I will conclude with five specific recommendations, both to our association and to each of you as individuals.

1. Insist, with all the authority of our state association, that state and county grievance committees act, and act *fast* on their *own motion,* to stop the common-knowledge malfeasances of the few erring brothers whose conduct is always barely within the law but whose unprofessional acts are poison to the reputation of the whole profession.

2. Expand the newly-instituted orientation course for new members and investigate additional ways to make the membership of ISMA more knowledgeable concerning their own organization.

3. Develop and conduct in the state association and in each of the larger components specific training courses for physicians who are willing to develop their talents for mass communication through appearances on television, radio, in debates of all kinds, in public forums and in press conferences.

4. Activate and encourage genuine public relations leadership within the profession itself, as distinguished from employed public relations personnel, by careful selection of volunteers who demonstrate interest and ability, by assigning such doctors study schedules so that they, in turn, can become medical public relations teachers to groups of physicians, with the goal of at least one doctor out of every ten in every community in Indiana being thoroughly trained as a teacher of fundamental medical public relations.

5. Resolve, every morning as you are getting dressed and look into the mirror that you, today, will remem-

ber the greatest public relations rule ever written—it was written almost two thousand years ago and you already know it by heart—the Golden Rule.

6. When each of you returns to your office, look up that old file of your former patients, the ones who left you and went to see some other doctor. See if you can remember the reason in each case. And, hereafter, whenever you learn that a patient has left you for another physician, stop and think—*think*—why?

Gentlemen, I do *not* presume to know all the answers to our problems. But after years of working in and with our profession, I *do* presume to *recognize* the problems—*our public relations problems.* You and I both *know* that power-hungry collectivists in Washington and in every state capitol and even at the grass-roots are developing *so-called* solutions to your problems that can wreck American medicine and American freedoms.

Some of these solutions are already in effect and the rolling, ever-increasing snowball of additional legislation in the health care field may become an overwhelming avalanche, burying the profession under tons of red tape, third parties, bureaucratic directives, complicated forms and eternal unnecessary investigations.

And I *do* know that if we do not take stock of ourselves, heed these warnings, abandon our apathy and then *act*, American medicine as you and I have known it and loved it is on its way to oblivion.

In Memoriam

Following is a list of members of the Indiana State Medical Association, notice of whose death has been received during the last year. The House stood in memory and tribute to the following.

ROBERT B. ACKER, South Bend
SAMUEL L. ADAIR, Jeffersonville
HORACE M. BANKS, Indianapolis
ANTHONY G. BENAGES, Jasper
SAMUEL J. BRADY, Gary
RALPH W. BRUNER, Jeffersonville
ROBERT M. BUTTERFIELD, Muncie
IVAN E. CARLYLE, Michigantown
REUBEN A. CRAIG, Kokomo
FRANKLIN S. CROCKETT, West Lafayette
KARL L. DICKENS, Martinsville
C. TONEY DUTCHESS, Galveston
JOHN E. FISHER, Attica
WILLIAM C. FISHER, Evansville
LLOYD E. FOLTZ, Brownsburg
LLOYD M. HEADLEY, Lebanon
HARRY W. HELMEN, Rolling Prairie
RUSSELL R. HIPPENSTEEL, Culver
CLAUDE D. HOLMES, Coral Gables, Fla. (formerly Frankfort)
FOSTER J. HUDSON, Indianapolis
EDWIN N. KIME, Bloomington
RUSSELL L. MALCOLM, Richmond
AMADO S. MAURICIO, Rising Sun
RALPH M. McDONALD, South Bend
WILLIAM R. MORRISON, Kokomo
JAMES F. REILLY, Vincennes
ARTHUR R. SAVAGE, Fort Wayne
WENDELL A. SHULLENBERGER, Indianapolis
HERBERT N. SMITH, Brookville
WENDELL C. STOVER, Boonville
DAN L. URSCHEL, Mentone
HENRY G. WEISS, Evansville
CLIFFORD L. WILLIAMS, Indianapolis

Approval of Minutes

The proceedings of the 118th annual meeting of the House of Delegates held in Indianapolis, Indiana and published in the December, 1967, *Journal of the Indiana State Medical Association* were approved upon motion duly made, seconded and carried.

Remarks of President Larson

Any delegate who introduces a resolution from the floor, providing two-thirds of the House approves of his resolution being introduced, shall first submit the resolution to Reference Committee No. 1 (Rules and Order of Business) to determine if the resolution is of such an emergency nature that it cannot be held over until the next meeting of the House. The proponents of the resolution, in addition to supplying 150 copies of the resolution, shall in writing set forth the reasons why this resolution was not made available to the delegates prior to coming to the House of Delegates meeting.

Reference Committee No. 1 is in session just outside the entrance to the auditorium.

Appointment of Reference Committees

In accordance with the Bylaws, I have appointed reference committees and the names of the members of these committees were published in the September *Journal* and in the Handbook.

These reference committees are to serve during this annual convention only and should not be confused with the commissions or standing committees of this association.

To these reference committees will be referred all reports, resolutions and measures presented to the House of Delegates at this session, except such matters as properly come before the Council, and the recommendations of these committees shall be submitted at the final meeting of the House of Delegates at 9:00 a.m., Friday, October 18, for acceptance in the original or modified form, or for rejection. The Friday morning meeting will be held in the Parlors, Women's Club.

Each reference committee consists of five members, the first member named is chairman. Will committee members please stand as their names are called?

REFERENCE COMMITTEE NO. 1:

Warren McClure, Kokomo (Howard), *Chairman*

Seymour W. Shapiro, Gary (Lake)

William A. Ringer, Williamsport (Fountain-Warren)

Gordon S. Fessler, Rising Sun (Dearborn-Ohio)

Wayne H. Endicott, Greenfield (Hancock)

REFERENCE COMMITTEE NO. 2:

Eugene S. Rifner, Van Buren (Grant) *Chairman*

Robert A. Hedgcock, Frankfort (Clinton)

Frank J. McGue, Michigan City (LaPorte)

Ross L. Egger, Daleville (Delaware-Blackford)

Leslie M. Baker, Aurora (Dearborn-Ohio)

REFERENCE COMMITTEE NO. 3:

Malcolm O. Scamahorn, Pittsboro (Hendricks), *Chairman*

Vincent J. Santare, Munster (Lake)

Malcolm L. Wrege, Indianapolis (Marion)

Glen Ward Lee, Richmond (Wayne-Union)

Thomas Neathamer, Scottsburg (Scott)

REFERENCE COMMITTEE NO. 4:

S. E. Bechtold, South Bend (St. Joseph), *Chairman*

Barton T. Smith, Marion (Grant)

Forrest Babb, Stockwell (Tippecanoe)

Walter Able, Columbus (Bartholomew-Brown)

Guy B. Ingwell, Knox (Starke)

REFERENCE COMMITTEE NO. 5:

John D. Wilson, Evansville (Vanderburgh), *Chairman*

George B. Gattman, Elkhart (Elkhart)

Fred Smith, Tell City (Perry)

James H. Gosman, Indianapolis (Marion)

Richard W. Holdeman, South Bend (St. Joseph)

CREDENTIALS:

Dean K. Stinson, Rochester (Fulton), *Chairman*

Philip J. Rosenbloom, Gary (Lake)

Jesse Benz, Marengo (Harrison-Crawford)

Ramon B. DuBois, Lafayette (Tippecanoe)

TELLERS:

Dean K. Stinson, Rochester
Philip J. Rosenbloom, Gary
Jesse Benz, Marengo
Ramon B. DuBois, Lafayette
Donald K. Winter, Logansport

Amendments to the Constitution

HOUSE ACTION: Approved.

At the 1967 annual convention at Indianapolis, the House of Delegates adopted the report of the Reference Committee on Amendments to the Constitution and Bylaws, in which the Reference Committee recommended for adoption the following amendments to the Constitution:

Amend Article VI, of the Constitution as follows:

ARTICLE VI—BOARD OF TRUSTEES: "The Board of Trustees shall consist of (1) the Trustees with power to vote and their duly elected alternates, each of the latter without power to vote except in the absence of his Trustee; and (2) ex-officio, the President, President-elect, Treasurer with power to vote and Assistant Treasurer without power to vote except in case the Treasurer be absent. Besides its duties mentioned in the Bylaws, the Board of Trustees shall have full charge and control of all the property of the Association."

The balance of the Article to remain unchanged.

Be it further resolved that the following amendments be made to the remainder of the Constitution:

(1) Substitute the words "Board of Trustees" in lieu of the word "Council" wherever said word appears therein. (2) Substitute the word "Trustees" in lieu of the word "Councilors" wherever said word appears therein. (3) Substitute the word "Trustee" in lieu of the word "Councilor" wherever said word appears therein.

Remarks of President-elect Patrick J. V. Corcoran

The following remarks were presented by Dr. Patrick J. V. Corcoran, president-elect of the Indiana State Medical Association.

HOUSE ACTION: Approved.

Confronted with the responsibility of becoming president of the association just a few days from now, I am sobered by the obligations which come by taking a place in the long line of the leaders of Hoosier medicine which stretches back 120 years to our beginning in June, 1849.

In evaluating the features of a strong and healthy state association, let us consider certain specific items.

First. Vigorous and active local or county societies are essential. The local medical society must have worthwhile, significant projects which interest the members sufficiently to command their attention and insure their participation. This can be promoted by effective liaison with the state headquarters, which will provide services as needed on a cooperative, partnership basis without overshadowing or dominating the local society.

For this to be practical, the membership of the local society should be sufficiently large to give it the thrust of a group character. In some instances this could be helped by formation of a multi-county society, preferably organized congruently with the medical service region in which each component county would retain its representation in the House of Delegates. One of our neighboring states has this arrangement with the interesting provision that the alternate delegates of such a multi-county society are elected at-large to insure a full complement of delegates at the annual meetings of the state association.

Last spring our president, Dr. Larson, reactivated the Conference of Medical Society Officers in Indianapolis, March 30th. This highly successful meeting was devoted to Comprehensive Health Planning. This conference is an excellent mechanism for maintaining liaison with and among the various local societies. The presidents and secretaries of the county societies do not always have the contacts which the delegates maintain. This meeting is, in effect, an interim session of the association and a vitalizing force. It deserves to be continued with painstaking planning and organization. I will welcome your suggestions for the subject matter for the one to be held next spring.

The second item has to do with the vigor of the district societies. These should be realistic in their organization and have a meaningful relation to the purposes and activities of organized medicine. If district society meetings are mere formalities, perfunctorily discharged, some revisions should be considered. We are all much too busy to waste time on meaningless rituals. The councilors are elected by the district societies. The Council is dealing with more and more matters of complex and crucial significance. Therefore, a careful scrutiny of the district societies is in order to insure that they are not relics from the horse and buggy age.

A third and very important feature of the association activity relates to the commissions and committees. These are vital factors in the association's well-being. The commissions should have programmed activity with good agendas. Their functions and scope should be periodically reappraised. I have devoted

meticulous attention to the appointments of members to be made this year. I would ask each of you to encourage the members of commissions from your districts to be diligent and active. If they cannot, they should withdraw from the commission in favor of a fellow physician who could participate. Here again, I will deeply appreciate every suggestion which any of you can make with regard to projects or subjects to be considered by any of the commissions or committees.

Fourth. The annual meeting of the association should be a significant feature in our professional lives. Not only does it deal with important medical and socio-economic matters of interest to every member of the association, but there can be scientific and educational features to make this worthwhile for every doctor in the state. The association is, after all, the physician's primary professional organization and is concerned with all the proper interests of all doctors and their relations with the public. I have proposed that steps be taken to encourage all other medical groups in the state to have their annual meeting concurrently with ours, or preceding or following it. Other state associations have successfully developed this sort of meeting. It can have synergistic benefits for all. It is bigger and perhaps better, and can be somewhat more economical. Moreover, dividends can accrue from the cross-fertilization between various specialty groups and the fraternization and amity which can result from the social and socio-economic features. I recommend the implementation of this.

A fifth item is our relationship with our professional heirs, the students and prospective students of medicine. Whether or not there may be a significant "generation gap" between the neophytes and those who have been in practice, it behooves us to maintain, with understanding and friendliness, our relations with those who are to take up our tasks when we are gone. Here too, we must be open-minded and listen attentively, responding in accordance with our own experience and the discrimination that comes from having toiled in the vineyard. Although we may feel paternal toward the young medical student, we must not be patronizing. The Student AMA of Indiana University is now meeting regularly in our state association headquarters. We have subsidized some of their projects. We have invited them to develop a scientific program for our next state meeting in 1969. We have asked them to designate members to attend and participate in meetings of our commissions and of our Council. Your officers are receptive to additional suggestions in regard to this feature of our activities.

A sixth aspect of association functioning has to do with matters which are not purely professional but are in our own self-interest as individual human beings. These may have to do with our personal or economic security, or may relate to our prestige, our convenience, our self-development, or comparable concerns. I believe that when we are dealing with such matters we should be forthright, candid, and in no way apologetic. I am convinced that the public will respond to us fairly when we conduct ourselves this way. As your president, if I am called upon to deal with such, I propose to do it in this manner.

And finally, we have another, a somewhat less defined sphere. This has to do with our participation in civic affairs. We are peculiarly ordained by reason of our training and by our particular point of vantage to be leaders in a manner very much greater than our numerical position in the community would indicate. As doctors we should truly be teachers and leaders. There are many matters in which, according to our qualifications, we can take a forthright stand. One of these, the smoking of cigarettes, is the subject of a resolution to be considered at this session of the house. In this context we can set a good example by word and deed in hygienic attitudes, such as the temperate use of alcohol, moderation in eating, and avoiding excesses in work or in play. Should we with authoritative clarity advise our adolescents and young people of the risks and the consequences that can result from indulging in the non-medical use of psychedelic agents and other drugs? Attention may be given to the emotional impact of the portrayal of violence in entertainment and literature. There are many features in this general area which we should consider and perhaps define our position.

We must be responsive to the changing needs of our times and be contemporary in attitude, realistic in practice and compassionate in spirit.

I am impressed by the alacrity with which most doctors accept new developments in diagnostic methods, therapeutic agents, or techniques and how quickly we readjust to new modalities such as intensive care units, cardiac care facilities, electronic equipment, computer aids or automated procedures. Comparable adjustments are being faced in socio-economic and other aspects of our professional lives.

The date of the next meeting of the House of Delegates, when we will begin another year, is October 18th. In the Christian calendar, it is the Feast of Saint Luke, the physician. Regardless of our personal creed, each of us might nonetheless take inspiration as we face another year which will be filled with many challenges and decisions for all of us, as individuals and as a group.

We are now in the final third of the 20th Century. We should initiate positive programs which are based on a clear-eyed appraisal of what we stand for and what we can expect to achieve. We should then promptly and decisively work to carry them out.

Remarks of Mrs. S. Bruce Kephart, President of the Woman's Auxiliary to the Indiana Sate Medical Association

The following remarks were presented by Mrs. S. Bruce Kephart before the House of Delegates.

HOUSE ACTION: Ordered filed.

Dr. Larson, Dr. Corcoran, members of the House of Delegates, guests, friends: Do you believe in arranged marriages? I can remember as a teenager reading Pearl Buck's book of *The Good Earth* and thinking, "Oh, indeed, no. Not for me. American romance is terrific." And then I can remember running into Dr. Bruce and being even more certain—American romance is terrific; no pre-arranged, parental-arranged marriages. Now Dr. Bruce and I have four young people in the home and I think maybe my mind has changed a little. It would be nice, wouldn't it?

Well, your organization has apparently entered into a pre-arranged marriage, too. Dr. Larson certainly didn't have anything to do with it and Betty Kephart had nothing to do with it as such, but nonetheless here we are—your organization and ours entered into some kind of contract that at sometimes seems like a marriage contract.

Some of us sometimes feel we have little understanding. Certainly we are all willing to work with a will and then finally as we check our year, we find we do have the fruits of success. Perhaps the "Powers That Be" know more about arranging than we do. The dictionary definition of "auxiliary" used as a noun means one who assists. Now this is what we women see in the auxiliary as our role in your organization. Our bylaws state that the policy of the auxiliary is to be guided in any project by the Executive Committee of the state organization. Our purpose is to unite your wives into one organization that will promote mutual understanding among physicians' families—that's a back-breaker you know—that will assist the medical association in your program for the advancement of medicine and public health.

Now you know neither Dr. Larson or Dr. Corcoran has seen my notes, but Dr. Larson spoke on public relations and certainly we women think this is a place we can help you men; we are the extensions of you in the community and we hope we get good public relations across to your patients and your communities.

Now then, do we have proof of the accomplishment of these aims? Now there's a label of something I have to use, and it's a word I sort of hate to use; maybe I can explain to you. You know there are little white lies as we call them like "Yes, I like your new hairdo" whether I do or not. And then there are real black lies, and these are pretty easy for us all to spot. But then you know there's that great grey area known as statistics. I hate to bring you statistics, but I'll use a few.

The Woman's Auxiliary to the Indiana State Medical Association is now in its 41st year. Now, you see, you're in your 119th, so you see you ruled the roost for a good many years before you would let us organize. But you know this all came about back in those 1920's when you men made the mistake of letting women get what we call suffrage. And ever since then you've been trying to hold it in on us, and it hasn't always worked. Because with women's suffrage and women's rights, the medical auxiliary was formed. We have 2,835 members in 55 auxiliaries that cover 68 counties. You mathematicians who can remember that we are a 92-county state can see that we still have 24 counties in which we are trying to organize auxiliaries. Our organized auxiliaries actually vary greatly in size—the smallest one, membership-wise, has four members down in Newton County, and the largest one as you would know is Marion County where we have 580 women members of the auxiliary.

Auxiliary work is coordinated through eight program extension committees that often parallel the tasks of your various commissions. I guess this is the case of some more arranged marriages, and they're often neglected or ignored. But let's look at some of the parallels.

The Indiana state auxiliary gave to the woman's national auxiliary a total of $18,285, which is almost $6.50 per Indiana member, for the national AMA-ERF Fund. You men who get to national meetings know that the woman's national auxiliary contributed a total of $385,000 to this work this year. Again this year the national award for achievement to the county contributing the most money was won by our own group, Vanderburgh-Southwestern. They gave $18.25 per member for a total of $3,615.00.

These public relations have many, many facets. Health careers activities include the continued sponsorship of future nurses clubs throughout the state. They include active recruiting for paramedical careers through Health Career Fairs and distribution of the books *Horizons Unlimited* which you all know, and the one that I've heard a lot about from our friends Blue Cross and Blue Shield and find that it's very good in meetings where we use it—*The Health Career People.* It's a beautifully illustrated book on what it is to be involved in health careers other than being a physician and nurse. And all of this we back up within our state auxiliary with scholarships and loans that totaled more than $16,000 this past year, that were made available to worthy students.

Our health careers chairman today is in St. Louis at the north-central

regional workship with our president-elect and various of our chairmen. In particular she's there because the national chairman, Mrs. Roller, asked that we share some ideas nationally that we have already worked out here at home. She requested that we bring to the workshop the Indiana wall chart showing the opportunities in the more than 200 health careers and pointing out where in Indiana training for these fields may be obtained. Mrs. Roller is using this information to answer some questions from government investigators who once again are inquiring what has organized medicine done to implement training in the paramedical fields.

Community service programs throughout our state include much volunteer work by auxiliary members in all the health agencies, and many of you men who tried to catch your wife at home on a day when this was going on know exactly that we mean when we talk about the hours that are put in. Head Start programs and well-baby clinics, the Red Cross, the Grey Ladies, our youngsters in the Candy Stripers, the hospital auxiliaries, the measles eradication program, meals for the homebound, volunteer friendly visitors service to shut-ins, the work in diabetes detection, the patch the pony program which is information given out to kindergartners through third grade to warn them about child molesters and how to properly and safely get to and from school, the Gems program that is an excellent training film and lecture on how babysitters should be trained and showing them their duties and responsibilities, the girls who make the puppets for the pediatric patients in the hospitals, the girls who work on planned parenthood and on family service and child guidance clinics. This year under our national president Esther Long's "Accent on Youth Program" we have also added studies on teenage venereal disease—the seeming rise in these days in this problem—and a program of community action to stamp out violence and crime in our areas.

International health activities continue to fire the imagination and enthusiasm of many of our auxiliaries. The ship HOPE receives cash gifts from some of our groups. The medical care insurance committee cooperates with the Blue Cross-Blue Shield program in Indiana and safety disaster preparedness items claim the attention of many of our local groups. Safety on rural roads and medical self-help courses are accented in this area.

Now perhaps the effort for which you men give us most credit is the mobilization of auxiliary support on legislative issues as you so often request us; for this is one area where we are not neglected wives. Do you suppose cooperation has been so outstanding here in recent years because *our* legislative chairman has been sleeping with *yours?* My apologies to Dr. Schuster, but I guess you all know they are man and wife. However we broke that up this year, but I trust they will be able to cooperate as well without having the chance to talk it over in the bedroom feature.

AMPAC and IMPAC have long had support of the auxiliaries, and many of us did wear the shields of membership before the automatic billing of the husband and wife contribution was put into effect.

Back to that definition of auxiliary—one who assists. This is what we women see as our role in your organization. We are organized, we are available, and we are willing. We are proud of our accomplishments, but we are anxious to know how we can be of greater help to you and your programs. We look forward to further challenge and direction from you, our parent organization. Don't let us get into mischief like those teenagers because of your lack of concern!

You know I attended at the Drake Hotel the first of this month the National Conference of the Auxiliary for Presidents and Presidents-elect. I stepped into an elevator, which happened to be empty other then the operator, who looked at my badge rather carefully, read it all the way through, and then she said, "Mam, do you have to be married to a doctor to belong to the auxiliary?" And I said, "Yes, this is the doctors' wives." And then she shook her head and said, "Oh, my."

Well, you know, we *do* have to be married to you to be here, and we're very proud of it. Because let me tell you, being your wives is the nicest thing that ever happened to anbody.

Remarks of the President of the Indiana Chapter, Student American Medical Association

The following remarks were made to the House of Delegates by Mr. Robert Forste, president of the Indiana Chapter, Student American Medical Association.

HOUSE ACTION: Ordered filed.

Mr. President, delegates, and guests.

I will attempt this afternoon to present to you not a blow-by-blow description of the comings and goings of the Student American Medical Association, but rather a simple, brief resume of what the SAMA organization is doing nationally, and more particularly, what we are doing here in Indiana.

Founded in 1951 in an unused office with moral and material support from the AMA, SAMA has grown to be the largest representative body of medical students in the country, boasting almost 59,000 medical students, interns and residents in 84 medical schools throughout the country. Having cut itself from binding ties with its parent organization, SAMA is now completely autonomous and acts pre-

dominently as the sounding board for the opinions of medical students nationwide on such vital topics as medical ethics, medical education, and legislation through its convention held annually in the spring. In addition to this important role as spokesman, national SAMA provides several programs designed to help interested students get the most from their years of training. These opportunities include the National Intern Matching Program, an international medical student exchange, and the only monthly national magazine designed specifically for medical students, *The New Physician.*

These programs are certainly worthwhile and exciting; but what, you might ask, is going on at home for the benefit of the students in Indianapolis? The medical school at Indianapolis is undergoing a dramatic change. No longer rare are long sideburns, beards, and occasionally even a student without his tie and stay-pressed pants. These are only signs of the times, of course; and I doubt that the cobblestones of Michigan Avenue will be exhumed to build barricades or that Fesler Hall will be occupied like the halls of Columbia. But still the attitudes of the medical student are changing, and with these changes comes a new awareness of social problems. It is this awareness that helps stimulate SAMA.

The High School Visitation Program was initiated by the medical school and is now carried on by SAMA. We have several qualified students ready to spread the word about medical education to any high school in the state requesting our help. It is disheartening to imagine how many promising young students each year are discouraged by inept counselors who just do not know enough about the necessary qualifications and costs of getting into and through medical school to encourage these kids. This is even more apparent in the case of Negro students in our larger urban areas. The lack of information is a real tragedy, but one that could be greatly alleviated through talks by those persons *most* qualified to discuss the experience they have just been through—the students.

A program designed mainly for the benefit of medical students is the one day preceptorship program for freshmen and sophomores. The program has proved itself highly successful in the past, and it promises to be even more so as we expand it to a year-round, state-wide opportunity. The opportunity to spend a full day with a practicing physician gives the student a completely different view from that which he receives in the lab and lecture hall. This can be a most rewarding experience for both the student and the physician. Finally we come to the most exciting undertaking associated with SAMA, the South Side community clinic of Indianapolis. This program, which is still in the early development stages, is the first large scale attempt to get medical students at Indiana University directly involved in community health service. Originated by students with the help and support of some faculty members, the project is off to a very good start in gaining support from medical students and students of all the allied health sciences. Of course the project needs material support and all possible resources are being explored. The value of the clinic cannot be denied, and the enthusiasm of the participants is magnetic —which adds to the chances of success.

I have been brief, and I hope, sufficiently enlightening to give you an idea of what we students of medicine are concerned about, and what we are doing. All of us have big plans and even more ambitious dreams for the future. We look now to you for help and leadership, as you decide here the opinions and policies that will someday guide our performance in fulfilling your expectations and our aspirations through our pursuit of a career in medicine.

Report of Chairman of the Blue Shield Board of Directors

HOUSE ACTION: The following is the action taken by the House: The report of the chairman of Blue Shield has been reviewed and we recommend its acceptance recognizing there are many in organized medicine who disapprove of the plan's direct payment to the physician.

Therefore, the ISMA House of Delegates neither approves or disapproves of the report of the chairman of Blue Shield.

Mr. President:

1968 has been a good year for your Blue Shield Plan. We increased membership (now over 1,800,000); we paid out a record number of dollars to physicians in Indiana (over 50 million); and we believe that we have significantly improved our service to both our members and the medical profession.

In your packets you will find a brochure. It contains a report of the financial status, the membership growth and the various activities that make up your Blue Shield Plan. I hope that each of you will take time to read the report. I think you will find it interesting, meaningful and challenging.

As most of you who have read the minutes of the September Council meeting know, beginning in January, 1969, we will inaugurate a program which will enable us to make Blue Shield payments directly to the doctors. This, we hope, will alleviate the problem of the large volume of check forgeries we have experienced recently and also eliminate the collection time lapse from when Blue Shield issues the check and the patient brings the check into the physician's office. This announcement has been met with enthusiastic response in the medical

community, and we are happy that automation has made this progress possible.

The cooperation between the Executive Committee of ISMA, the Council and the local county medical component societies has been excellent, and we are deeply indebted to each of these groups for all of their guidance and cooperation. The onset of the "usual and customary" concept of payment has made even more imperative a close relationship between the medical society and Blue Shield.

We look forward to continuing success and we stand as always ready to be of service to the medical profession.

Remarks of Francis L. Land, M.D.

The following remarks were presented by Francis L. Land, Commissioner of Medical Services Administration of the Department of Health, Education and Welfare before the House of Delegates.

HOUSE ACTION: Accepted for information.

Mr. President, officers, and members of the House: It is a pleasure to be here. I was delighted with the invitation from the Executive Committee and the Council to speak with you a few minutes this afternoon about the Medicaid program because this is one of the subjects for discussion at the state legislative meeting which will be beginning in January. So since I am rather limited in time I think I will begin with the formal part of the presentation, however, I can't start without relating to you a story which occurs frequently. People say how do you like it in Washington and how did you get there and I guess I've developed what's referred to in Washington as Potomac Fever. This is described as one of the people walking along with his Congressman over one of our bridges going into Virginia, the man says "Congressman, what is Potomac Fever?" He says, "You see that log down there in the Potomac River? There are about a million ants on it and every one of the ants thinks he's running the program." And that's Potomac Fever.

There is a health gap. Medical costs are rising. We are faced with a shortage of facilities. We haven't enough physicians. But the patients are going to live. Our overall supply of medical care and facilities is rising. Distribution patterns are improving. The pioneer heritage of creative ingenuity is at work. So are the most sophisticated of our management techniques. They are beginning to see light.

Part of the urgency of developing the Title XIX program, increasing awareness of the importance of health and medical care in the earliest years to produce future productivity. Part of our urgency comes from just plain humanity, with no thought of future productivity or dependence: we know what to do about a lot of the things that threaten infants—and we want to do those things we know how to do for all infants, not just for some.

I do not usually lead into my Medicaid program by this door but now and then I think that in HEW we need to stop bewailing the symptoms and bemoaning the weaknesses. I think we need to concentrate on the vitality of the systems and goals that drive all physicians on.

And now on to Medicaid. We have at present a case load of 42 state Medicaid programs. The seven eldest began operations in January of 1966. The youngest is just a month old—the District of Columbia. Still without Medicaid are two states with large Indian and indigenous populations—Alaska and Arizona. And ten others: Florida, Alabama, Mississippi, Arkansas, Virginia, North Carolina, Tennessee, Colorado, New Jersey and Indiana. But most of these states are moving toward uniting their medical assistance programs for the separate categories under Title XIX, and we expect that all jurisdictions will be in the program by 1970 when Federal money for medical assistance under earlier amendments ceases to be available. In other words, any state not in the program by 1970 will lose all Federal funds they now receive for medical care for the welfare population. Three states have already indicated they desire to start the program January 1st. These are Virginia, Tennessee and Colorado.

Medicaid programs, as you probably know, run from the austere to the comprehensive—from Oklahoma to New York. Every program must provide at least Medicaid's five basic services to at least the people eligible for public assistance who are blind, the disabled, the aged and families with dependent children — these four groups. These people must be receiving welfare assistance payments. The five essential services are inpatient hospital services, outpatient hospital services, laboratory and x-ray services, skilled nursing home services for people over 21 who need them, and physicians' services wherever furnished.

Of the 42 programs now in operation, 27 provide these five essential services to the medically needy as well as to the recipients of public assistance. Fifteen states do not cover the medically needy but only cover the categorically needy or the welfare recipients.

In addition, many states provide additional coverage. More than 30 cover prescribed drugs and pharmaceuticals, eyeglasses, home health care and dental services, while 26 provide physical therapy and 20 provide private duty nursing.

Now let me tell you a bit about what we find as we go out into the states for the on-site program reviews that are part of our responsibility and we must report to the Senate Finance Committee.

We find that Medicaid is not miraculous. We find that Medicaid is not perfect and in many cases far

from perfect. Here and there we find that computers have not worked properly and that ID systems have held up processing. Sometimes when ranges of services have been different for assistance recipients and the medically needy, providers have been confused. In some states there are complicated pre-authorization requirements which have turned out to be wasteful of professional time. In spite of strong protestations very recently to the Association of International Government Relations, which is a sort of fourth branch of government, they recently recommended in San Francisco that more and more pre-authorizations be required by the Federal government for certain procedures that would be performed.

I can assure you that our agency does not intend to allow an agency composed primarily of governors to make decisions on how medical care should be rendered. By and large we find that the program is working as well as you might expect a program this young to work. More people are getting more care; more care and better care. Medical assistance programs that were heavily unbalanced in favor of the aged are now being equated upward with the principal beneficiaries the children in families with dependent children. These it often seems to me are the real investment aspects of the Title XIX program. You might be interested in these figures on this point: In one recent month just about a quarter of the medical assistance money in Title XIX states went for medical care furnished to families with dependent children which means mostly to children. Only 10% of the medical assistance dollar in states without Title XIX went to dependent children and their families.

There are other ways in which the program is doing well. There is more involvement, much more involvement, of mainstream medical providers. This is true of both professional practitioners and institutional and commercial providers. In some states there is 100% participation. This means there has been successful negotiation of disagreements. It means there has been successful development of reimbursement procedures. It means there has been successful back and forth communication and criticism; successful synthesis of separate interests.

These things, I might add, do not just happen. People like you make them happen by getting into the ark together with your colleagues from other involved groups. People like you make them happen by acting as physicians, as citizens, and statesmen all at once.

I think you might find it interesting to hear about one or two specific chapters in the annals of Medicaid. I think particularly of some that show how difficulties that could have been destructively deplored were instead subjected to analysis, diagnosis and management.

One state was faced with skyrocketing costs for drugs. The whole program seemed threatened. After a series of consultations, a process of discussion and counter-discussion began. Various involved groups—prescribing physicians and prescription-filling pharmacists among them—worked out systems for more adequate review, more efficient and economical billing and more detailed attention to the maintenance of high quality care within a framework of economy of operation. No group was other than happy with procedures that were developed. The final savings were astonishing. The cost of prescriptions per patient was reduced from approximately $5.75 per patient to $3.75 in a period of three months.

This, you see, was a problem that was managed by intelligent negotiation.

In another state a regional medical organization undertook to use its collective and individual experience in reviewing insurance claims as a basis for working out an arrangement with the state Medicaid program. The group of 350 physicians undertook the care of all Medicaid patients in its area. This was not a group practice, this was a group of physicians in several counties. It estimated the cost of furnishing the care to the individual patients on a fee-for-service basis but charged the state on a per capita basis. Perhaps you have read accounts of the success of their venture. This was the San Waukeen Valley project in California. They provided mainstream medical care and considered themselves adequately reimbursed for services furnished although costs were kept within the overall figure agreed on with the state program.

Other projects of this kind are going on in state after state. The program is not getting cheaper but more people are getting more and better care. Everything is not rosy. In some states the programs are in such a condition that we are now making considerations of saying to these states that the programs are of such character they are out of conformity. To most physicians this doesn't mean much but to state agencies that depend upon Federal funds if they are declared out of conformity by the legal people they will no longer have access to any Federal money. We have two states now where this is under serious consideration.

How many people are covered? In 1967, 7.3 million, in 1968 the total will be about 8.5 million under Title XIX. In Medicare the total number of people receiving benefits was only 7 million. So you see this is the sleeper program that many of us said it was when it was passed by Congress.

There have been many set-backs and cut-backs along the way. States that began with a generous program for the medically needy were forced to cut back sharply when the 1967 amendments limited Federal contri-

butions toward care provided members of this group. You've all read about the New York program where the definition of medically needy was approximately $6,000; when it was measured it would be about $10,000 gross and about $6,000 net. Obviously Congress had no intention of setting the limit for medically needy at such a high level. They therefore acted to reduce the level and the number of deductibles allowed by the state of New York was lowered so that now it is a gross of $5,000.

One often hears a great deal concerning the necessity for help in the ghetto area. Medicaid is primarily targeted into this area. The thing that we must take into consideration, and that is that in the ghetto area they do not consider health a priority. They are more concerned with other aspects of life then health. Therefore, it takes education and understanding in order to develop a medical program that has some priority with this particular population group.

Now these cut-backs also meant institutional adjustments. In some states hospitals had grown to depend on Medicaid fees which became unavailable for many formerly covered people. This meant the hospitals might have to adjust by adding to the bills of paying patients or sending the patients to welfare hospitals which were unable to handle the increased load. I just might mention that in the last year we have advised all states that want to come into the program the thing to do is to come in only covering the basic welfare recipient groups and only providing the basic five services.

Just a week or so ago it looked as though there might be another significant Federal cut-back in coverage for the medically needy. Now this was a group not on welfare but those who have food, clothing and shelter and not enough to pay their medical bill. The legislation introduced would have reduced again the Federal contributions for this marginally independent group. If a state's Medicaid program had been getting 50% of medical care costs from the Federal Government it still would have received 50% for welfare recipients—but only 25% for the individuals and families in the borderline area between dependency on welfare programs and financial self-sufficiency. That means if Indiana was in operation now, the state would have been required, had this amendment passed and fortunately it didn't, it would put back on the states the burden of an additional 25% in the total cost for the care of these patients.

Opposition to this move, which was an amendment by Senator Russell Long, was very strong among other senators and just last Friday the amendment was withdrawn by sponsor Senator Long. What the next session will bring we have no way of knowing. As I have said earlier in connection with state planning, it is difficult to reach consensus about priorities. Most of us agree that the Federal Government ought to be able to save some money somewhere—but many of us feel that medical care is a worthy and necessary investment. One senator said during a debate:

"I maintain that to curtail a program that is helping needy people acquire the health care they need is false economy. It is common sense that a patient who has the benefit of preventive care is less likely to eventually become a public charge than is the patient who has neglected medical problems because he could not afford proper care. And it is both common sense and common decency to provide health services to sufficient citizens who are not welfare cases but who might be reduced to dependency by a major accident or illness."

With such cut-backs possible, and with the mood of Congress, it is difficult to speak authoritatively about the future of Medicaid, at least in any detail.

Medicaid's goal as supported by the AMA is comprehensive care for substantially all individuals who meet the plan's financial eligibility standards. This goal is to be reached by 1975. Programs are shaped by aspirations, they are formed by drams and developed by Congress. We are not likely to make the kind of progress we must make unless we see ourselves as on the way to something really worth fighting for.

Certain intermediate steps are already spelled out in the law. By July of 1969 for instance, the goal is care for all needy children. The law calls for the early and periodic screening, diagnosis and treatment of physical and mental defects of all eligible individuals under 21. We certainly are not sure how this can be accomplished. We do know it is going to take considerable doing. I hope you will give some thought to ways of reaching the goals of Congress with this program both here in Indiana and across the country.

It is spelled out in the law that by July of 1969, Medicaid patients must be allowed to choose their own practitioners and suppliers. This is already true in many states. By 1970 home health care services must be offered as an alternative for people over 21 who need skilled nursing care. These amendments also set up health related occupation training under this program to train so-called subprofessionals in aiding in the helping of the program. This should offer some real opportunity and I will recommend to your Executive Committee and Council a thorough study of being in on the ground floor in developing such a program in Indiana.

Congress is more adventurous than one would realize when it sets up some of its legislation.

I think my time is almost up and I certainly haven't told you all about Medicaid. I will be present for the remainder of the week and will cer-

tainly be very happy to answer any questions. I think you will be intertested in how our tax money is being spent. From this fiscal year, July 1st to next July 1st, we estimate that we will spend approximately $3,000,000,000 of Federal money. This means matching a $6,000,000,000 program. About 41% goes for inpatient hospital care which must be paid on a reasonable hospital basis; 30% goes to nursing homes; over 70% for institutional care; seven percent for prescribed drugs, five percent for dental care and five percent for other kinds of care.

What I *have* tried to do is show you some of the ways in which Medicaid can help—both directly and indirectly and some of the ways in which you can help. Members of this association will be largely responsible for how Indiana's Medicaid program develops. Your influence will be partly because of what you do and partly because of what you do not do.

I urge that you continue to be active in the development of your state Medicaid plan. One important avenue of participation is through the state Medical Advisory Committee. It is through the Medical Advisory Committee that you can influence the operation of your state's Medicaid program when the time comes. You may also wish to spark discussion about the program in your local communities so that lay people will know what Medicaid is all about.

Good luck and the best always to you all. As you have reason to know, Indiana is my favorite state and Fort Wayne is my favorite city.

Mr. President, Executive Committee and the Council, thanks again for inviting me.

Reading of telegram from Richard M. Nixon, candidate for President of United States of America

The following is a telegram received by President Larson and read before the House of Delegates from Richard Nixon, candidate for the President of the United States.

"I am pleased to greet the Indiana State Medical Association now meeting in Ft. Wayne. I look forward to working with each of you to meet the challenge of one of our nation's highest priorities—the health of its people. Best wishes to each of you." Signed, Richard M. Nixon.

Introduction of Guests

The president introduced Dr. and Mrs. Theodore Light, president of the Ohio State Medical Association and Dr. and Mrs. Henry Asman, president of the Kentucky Medical Association. They stood for recognition by the House.

Presentation of Plaques

The president at this time presented on behalf of the American Medical Association plaques recognizing the humanitarian service of volunteer physicians in Vietnam. Presentations were made to Dr. J. B. Bennett, Warren and Dr. Charles R. Bowers, Anderson.

Conferring Honorary Membership upon Executive Secretary

The president-elect and the chairman of the Council were called upon and recommended to the House of Delegates that honorary membership be conferred upon the executive secretary, Mr. James A. Waggener.

Election of Officers

ELECTION OF OFFICERS: PRESIDENT-ELECT Lowell H. Steen, M.D., Whiting, Indiana, elected by acclamation to succeed Dr. Patrick J. V. Corcoran of Evansville.

TREASURER Lester M. Hoyt, M.D. of Indianapolis was re-elected treasurer by acclamation.

ASSISTANT TREASURER Malcolm O. Scamahorn, M.D. of Pittsboro, Indiana was re-elected assistant treasurer by acclamation.

ELECTION OF TRUSTEES: New trustees elected at the convention were: Drs. James H. Gosman, Indianapolis, Seventh District and Vincent J. Santare, Munster, Tenth District.

Re-elected trustees were: Drs. Gilbert L. Wilhelmus, Evansville, First District; Robert M. Reid, Columbus, Fourth District and Otis R. Bowen, Bremen, Thirteenth District.

Dr. Lindley Wagner, Lafayette, was elected alternate trustee from the Ninth District and Dr. Charles T. Disney, Gary, was elected to fill the unexpired term of Dr. Herman Wing, Gary, Tenth District. Re-elected alternate trustees were: Drs. Betty Dukes, Dugger, Second District; Elmer L. Wallace, New Albany, Third District; James A. Harshman, Kokomo, Eleventh District and Frederic L. Schoen, Fort Wayne, Twelfth District.

AMA DELEGATES AND ALTERNATE DELEGATES: The following were elected for a two-year term as delegate and alternate delegate to the American Medical Association, their terms to expire December 31, 1970.

Delegate Don E. Wood, M.D., Indianapolis; alternate James A. Harshman, Kokomo.

Delegate Eugene F. Senseny, Ft. Wayne; alternate Eugene S. Rifner, Van Buren.

Delegate Frank H. Green, Rushville; alternate Kenneth O. Neumann, M.D., Lafayette.

Reports of Officers

Executive Secretary

HOUSE ACTION: Approved.

The popular advertising slogan of "something new has been added" might be appropriately applied to the executive offices of the association because of the ever increasing volume of work due, principally, to the many government programs and many commission and committee activities which have increased considerably during the past year.

Few of the members realize the extent of the association's activities. Few are aware of the demands made upon the executive offices. The reasons for this situation are readily explained.

First of all, the association has 13 commissions, most of whom also have subcommittees; four standing committees and the Council, with nine councilor committees, and most or all of these are active.

In the second place, the membership is growing year by year and more members are turning to the headquarters office for assistance. The secretary and his staff take great satisfaction in serving the membership. It is a pleasure to receive inquiries, to have physicians come to the office to ask for favors, etc.

Some of the various projects of the association during the past year have been participation in and contribution to organizations allied with, or related to medicine. For example, the new programs which have come into being in recent months are the Comprehensive Health Planning—O.E.O.—H.U.D.—Regional Medical Programs—(Heart, Cancer,

Stroke)—welfare and other third party programs.

In addition, the use of the headquarters building for meetings is constantly increasing.

The latest addition to medically oriented groups to use the building will be the Indiana chapter of the Student American Medical Association and the association will assist this group in programming their meetings.

Perhaps one of the major increases in activities has been the OCHAMPUS Program. Four additional staff members have been added to take care of the increased load. Expansion of the program, training of personnel, changes in regulations and increased computer time has caused some serious delays in handling the increased work load; however, as of August 1, we are happy to report that every claim received in this department has been checked and sent on to the computer for check writing or returned to the physician for additional information within three days time. You might also be interested to know that as of August 1, Indiana physicians and other suppliers have received $933,480.25 through this program—that is just a little short of one million dollars having been paid for the care of these people within the state of Indiana. The expenses connected with the operation for this department are paid by the Department of Defense.

The field staff have also had a busy year, having traveled over forty thousand miles, visiting physicians, component county medical societies, and maintaining their contact with members of the State Legislature and the Congress. The staff will be in Indianapolis full-time during the session of the 1969 Legislature. It is hoped that as funds become available and staff personnel are found, that the field service will be expanded to more adequately serve the group needs of our county and district societies.

While membership continues to grow—on the basis of projected requirements of Indiana, we are far short. During the past 20 years, we have had a net gain of 732 members (1948—3,689; 1967—4,421). If we meet the projected need by 1970, we will need to show a net growth of 1,579 within the next two years (based on the I.U. projection of needs for physicians by 1970). It is hoped the increased activities of developing internships through the Indiana Plan will be an effective force in increasing the medical manpower in our state.

The assets of this association continue to grow and in checking the past 20 years, we find that the total assets as of December 31, 1948, according to the audit, shows a total of $80,646.22—the audit for the period ending September 30, 1967, reflects total assets of $823,871.

No little time of the executive staff has been devoted to planning and handling details of the 119th annual convention, which promises to be an outstanding event.

What does all this mean? It means that your association is alive—is progressing—is making its influence felt.

Your secretary wishes to express his appreciation for the cooperation shown by the secretaries of the county medical societies who are called upon continually for information. We hesitate many times to send them so many notices, bulletins and letters because they are so busy, but there seems to be no other way.

On July 1 of this year, Miss Lucille Kribs, who has been the Assistant of the Association for approximately 40 years, voluntarily retired to enjoy some traveling she has long wanted to do. Miss Elsie Reid, a veteran employee has been advanced to Miss Krib's desk and new staff has been added to replace the void created by the promotion of Miss Reid. Miss Reid, Mr. Amick, Mr. Grindstaff, Mr. Bush and Mrs. Stahl, Assistant Editor of *The Journal*, and all the other staff employees in the headquarters office, join with the secretary in thanking the association officers and members for their many kind considerations.

Physicians, like people in all walks of life, are concerned about the future—what it holds for the medical profession is uncertain in a world as unstable as ours.

Members of the association can be certain, however, that whatever the future holds, the executive secretary and his staff will put forth every effort in their behalf.

JAMES A. WAGGENER,
Executive Secretary

The Treasurer

HOUSE ACTION: Approved.

Inasmuch as the fiscal year of the association ends on September 30th and the audit is not available, it is impossible to present the audit for the year at the time of the meeting of the House of Delegates. Therefore the audit for the year ending September 30, 1967, is incorporated in my report for this year. In addition I will give you a cash report as of the 31st of July, 1968, which reflects the position of the association at the end of ten months of the current fiscal year:

SUMMARY OF ALL FUNDS

	Cash	*Investments*	*Total*
General Fund	$37,890.06	$259,297.21	$297,187.27
Journal Fund	309.84	—	309.84
Medical Defense Fund	3,153.79	25,000.00	28,153.79
Building Fund	3,458.87	—	3,458.87
Building Fund—Auxiliary Donation—		3,863.18	3,863.18
Student Loan Fund (old)	430.00	13,781.51	14,211.51
Dues Account	7,828.87	—	7,828.87
Kitchen Account Fund —		4,436.45	4,436.45
Total all Funds—	$53,071.43	$306,378.35	$359,449.78

Comparing this with the start of one year ago on July 31, 1967, we had total cash on hand in all funds of $22,514.69 against the $53,071.43 as of July 31, 1968, which gives us an increase of $30,556.74. Our investment account as of July 31, 1967, amounted to $299,080.07 as against $306,378.35 at the end of July 31, 1968, for an increase of $7,298.28. Total cash and investments of all funds as of July 31, 1967, amounted to $321,594.76. The comparable figure as of July 31, 1968, is $359,449.78 for an increase of $37,855.02.

The Executive Committee and the Council have reviewed the investment portfolio of the association at each of its meetings and the treasurer has followed the advice of these bodies by investing all cash in short term bills or in savings accounts in order to accumulate as much interest as possible where funds were not required for current purposes. Indications at the present time show we will be within our budget for the fiscal year.

LESTER H. HOYT, M.D., *Treasurer*

Chairman of the Council

HOUSE ACTION: Approved.

May I first express my gratitude for the cooperation that the Council has had during the past year from the president, president-elect, treasurer and chairman of the Executive Committee. The Council could not effectively carry on its duties without the support and constant efforts of the headquarters staff. We are especially grateful to James A. Waggener, our executive secretary, for the long hours he spends in behalf of the Indiana State Medical Association. This is the twentieth year that Jim has been with our association, and we can

consider ourselves fortunate for, at the various national meetings, the high regard other state executives and physicians from other states have for him is immediately apparent. The Council salutes you, Jim!

During the past year the Council has had six regular meetings—two more than is mandated by the Constitution and Bylaws. All of these meetings save one were two-day meetings. The increased number of meetings and the increased length in meetings has been the result of the volume of work and the complexity of the problems with which we have had to deal. It is a tribute to your present councilors that they have been so diligent in the execution of their duties and have given so freely of their own time to transact the business of our state association.

In March of this year the entire Council met in Washington, D.C. in regular session, and during this meeting interviewed the Congressional Delegation from Indiana. While the Council was in Washington, we also attended a National AMPAC Meeting which was most edifying.

In addition to the regular sessions, the Council committees have met regularly and diligently to perform the duties they have been assigned. These Council committees have developed considerable expertise in a variety of areas of specialization relating to organized medicine's role as a part of the total society. The chairmen of the Council committees are to be commended for the excellence of their activity and the volume of work they have accomplished.

I think there are three signal advances that have occurred in the past year in which the Council has assumed the leadership. The first is the reorganization of the reorganized IMPAC Board, Secondly, we have assumed the responsibility for acquainting the profession with the details of comprehensive health planning in Indiana. Every councilor has made a number of addresses to county society meetings in an effort to acquaint the membership with all the facets of comprehensive health planning and urge their cooperation. Lastly, our new computer billing system was established, and considering the rapidity with which this system was instituted, it has saved many man hours in the headquarters office and has streamlined the efficiency of our dues collection mechanism.

In view of the volume of work that seems to continuously increase, it is my recommendation that serious consideration be given to additional field staff. There are areas in which the councilors have extremely large districts and it is virtually impossible for them to actively practice medicine and also appropriately carry on their functions as councilors. Additional field staff would complement the duties of the councilors and would make for more efficient district medical societies.

Lastly, I should again like to recommend that the Constitution and Bylaws be changed to mandate six meetings a year for the Council. The Council introduced this resolution at the annual meeting last year but the Reference Committee to which it was referred recommended that a minimal change be made in the Constitution and Bylaws. Having served for two years as chairman of the Council, it is my opinion that it would be beneficial to require specifically that the Council meet at least six times a year.

LOWELL H. STEEN, M.D.,
Chairman

First Councilor District

HOUSE ACTION: Approved.

The annual meeting of the First District Medical Society was held in Evansville, Indiana, May 23, at the Evansville Petroleum Club. A social hour, sponsored by Mead Johnson & Company, preceded the dinner. For their cooperation in the past, Mead Johnson's representatives were asked to dine with the First District.

Following the dinner, Mr. Bogdan Stronowicz gave a very informative talk on the subject of "Americanism." The guests were then introduced from the state organization —Dr. G. O. Larson, president, Dr. Patrick J.V. Corcoran, president-elect, and Dr. Donald Taylor, councilor for the Eighth District.

Dr. Patrick J.V. Corcoran and Dr. Gilbert Wilhelmus discussed the actions of the Council of the ISMA during the past year. Dr. George Willison gave a comprehensive report of the Indiana Blue Shield.

The following officers were elected by the First District:

President—Dr. Milton Anderson, Evansville

Vice President—Dr. James Hobgood, Evansville

Secretary-Treasurer—Dr. Fred Smith, Tell City

Councilor—Dr. Gilbert Wilhelmus, Evansville

Alternate Councilor—Dr. Eugene Austin, Evansville

A good portion of the First District members continue to be active in medical organizational matters and community affairs. A considerable amount of time has been spent on comprehensive medical planning.

The First District's dues were raised from $1 to $3.

GILBERT M. WILHELMUS, M.D.,
Councilor

Second Councilor District

HOUSE ACTION: Approved.

During these past six to 12 months, there have been more revolutionary changes in the federal laws as to the way you can practice medicine than there have been in the past five years. The time spent by your county, district and state officers in meeting this challenge has tripled during this short period of time.

This is a very big statement to make. However, your elected officers and the many other volunteer physicians, on the various commissions and special committees of the Indiana State Medical Association, will tell you that it is a factual statement.

Your Council has been very active this past year. We had one Council meeting in Chicago and while there made a tour of the AMA Building, noting how it functioned and its activities. There was also a national workshop of AMPAC at Washington, D.C. which we attended.

The Federal Government, a long time ago, put its foot in the door and many legislators will not be satisfied unless they get themselves all the way in and set up total control of, not only physicians, but also the control of hospitals, nurses and any agency that has anything to do with health. In other words, Federal Socialized Medicine should be spelled with capital letters and not the little tiny letters they would lead you to believe they are using now.

The time has come for every physician to stand up and be counted in the defense of his profession if he wants the practice of medicine to survive as we know it today. You can help by:

1. Taking a little time out of your heavy and busy practice to attend your local, county and state business meetings, so that you may become a little more knowledgeable about what is going on in organized medicine to meet this challenge.

2. Taking an active part in organized medicine. We need new physicians with new ideas, talents and energies. Pick out one of the commissions or special committees that you would like to work on, let me know, and I will see that you are appointed. Your state president, with the recommendation of your councilor, makes these appointments.

3. Contribute your monies to AMPAC and IMPAC and help elect legislators that are sympathetic to the type of legislation which supports the objectives of the profession. The one statement that I heard over and over, when attending the national workshop of AMPAC at Washington, D.C. was, "HELP ELECT CONGRESSMEN AND SENATORS FROM YOUR STATE AND DISTRICTS THAT ARE SYMPATHETIC TO THE PRACTICE OF MEDICINE AS WE CARE AND CONCEIVE IT SHOULD BE MAINTAINED." Start at the grass roots. Much more can be done at home by electing the representative that we want, and letting him carry out our ideas in Washington, D.C., than can be done by lobbying at the same address.

I would also like to emphasize, first, that we can do more as a group than we can do as individuals. Secondly, get interested in local politics and be a leading citizen as this is truly an obligation of yours.

Let me urge you to take time out to read and reread both your county and state Constitutions and Bylaws. In the very near future, a booklet will be mailed to you stating what the state medical association will and is doing for you. You will be amazed at what your state society is attempting to do, even if you read no more than the preamble.

I would like to pose one more additional idea to you, and that is the thought that to make the district mere effective, it needs a common office with adequate help. As of now, the burden of responsibility falls on the volunteer efforts of the district society officers, with occasional assistance from our field representative and the state office.

If we are to function effectively as a cohesive, active unit of district physicians of which there are 145, it is my sincere belief that we need committees to function, we need facts and information, and we need additional paid staff to assist us in coordinating and correlating administrative and public relations functions with our district and county societies and the state headquarters.

For your information, the Indiana Hospital Association is expanding its staff through a grant from Blue Cross, which, to say the least, will make IHA a more effective force in dealing with hospital problems and make the Indiana Hospital Association a more forceful unit to Indiana patient care. I think it is something for us, as physicians, to give some serious thought.

The district meeting was held in Bloomington May 23, 1968. The alternate councilor and Blue Shield representative were elected. Dr. J. Stanley Brown was elected secretary for the 46th time.

JOSEPH E. DUKES, M.D., *Councilor*

Third Councilor District

HOUSE ACTION: Approved.

Activities of the organization of medicine in the Third District were, in general, increased over last year. This was in large part due to the impetus of the Comprehensive Health Planning Law (PL 89-749). Most of the county societies in the district participated to some extent in attempting to be a part of the local planning council. As usual, there was not unanimity of opinion as to the wisdom of participating.

The annual meeting was held at New Albany on May 15 at the Robert E. Lee Motel with a program on lung and bowel cancer through the courtesy of the Cancer Society and the after dinner program by Dr. George Lukemeyer, Associate Dean of the Indiana University Medical Center, speaking on the heart-cancer-stroke regional program. Dr. Daniel Cannon of New Albany was re-elected district society president. An excellent program was presented for the ladies.

There were no major membership problems through the year, but a significant law suit is now in progress which might have been averted, or at least modified, had the local grievance committee been active and functioning. I would urge all districts to be cognizant of the significant potential of these committees and press for their vigorous functioning.

DONALD M. KERR, M.D., *Councilor*

Fourth Councilor District

HOUSE ACTION: Approved.

The Fourth District Medical Society annual meeting was held in Seymour on May 15, 1968. Attendence was fair. A combined scientific and general interest program included Donald Girod, M.D., Robert Yoho, Ph.D., and the Honorable Edgar D. Whitcomb as guest speakers. The district was further pleased to have Lowell Steen, M.D., chairman of the Council of the ISMA, as a guest.

The delegate meeting considered at some length the seemingly endless problem of maintaining communications and interest within this geographically large area. As a token approach to improvement, a resolution requiring a ten dollar ($10.00) payment annually from each district member was passed. This money is to be used to assist the councilor in maintaining better contacts among the membership. It is hoped that such funding will permit the employment of a part-time executive secretary. Further it is planned to divide the district into two geographic areas—each of which will be in closer contact with a physician designated by the councilor.

The new district officers included William Freeland, M.D., president and Robert M. Reid, M.D., councilor.

The district has begun the informal exploration of means to make available within this area the various innovations in technology which would promise to deliver good medical care more economically. The particularly distressing shortage of physicians in this district provides special impetus to such a study. It is considered unfortunate that too often the application of such potential improvements in medical care is introduced by agencies outside the private sector of medicine. Of particular interest is the possible application of the various multiphasic computerized analyses which may prove to be suitable to our problems.

The councilor invites suggestions and comments from other ISMA members who are interested in this significant development in medicine.

ROBERT M. REID, M.D., *Councilor*

Fifth Councilor District

HOUSE ACTION: Approved.

The annual meeting of the Fifth District Medical Society was held April 3, 1968 at the Terre Haute Country Club. A business meeting was held at 4:00 p.m. with approximately 30 members present. There were four commission members from the Fifth District present who gave reports on the activities of their commissions. Also attending were: Dr. P.J.V. Corcoran, president-elect of ISMA, Mr. James A. Waggener, executive secretary and Mr. Robert Amick, field secretary.

A group discussion was held on Comprehensive Health Planning. It was unanimously decided that the doctors should participate in Comprehensive Health Planning and some of the objectives were explained.

Officers elected were: J. W. Somerville, M.D., Clinton, president; Milton Herzberg, M.D., Clinton, secretary; and Fred Dierdorf, Terre Haute, Blue Shield Board member to replace Dr. H. T. Goodman who has been a member for several years and has done a very competent job.

The Parke-Vermillion group invited the Fifth Medical District group to hold their meeting in Parke-Vermillion next year.

After the business meeting Dr. P.J.V. Corcoran gave a very enlightening speech entitled "Future of Medicine."

Dinner was served at 7:00 p.m. to approximately 50 members.

WILBERT McINTOSH, M.D., *Councilor*

Sixth Councilor District

HOUSE ACTION: Approved.

The Fayette-Franklin County Medical Society and auxiliary were host to the Sixth District Medical Society annual meeting held May 1, 1968 at the Connersville Country Club. There was an Indiana Academy of General Practice Road Show held in conjunction with this meeting. Thanks go to Mrs. Jackie Schilling and her secretary for their help with mailings, speakers and reservations.

The business meeting was called to order by Dr. Paul Inlow. Dr. Frank Green was voted to succeed himself as the Sixth District representative on the Blue Shield board.

Dr. David Wynegar, Richmond was selected secretary-treasurer for the coming year. The date and place of the next meeting will be announced by the new secretary. The other officers for the coming year are president—Stephen D. Smith, M.D., Knightstown and vice president—Perry F. Seal, M.D., Brookville.

Mr. Waggener of the Indiana State Medical Association encouraged all counties to set up the county Comprehensive Health Planning Committee to be recognized by the State Board of Health.

Dr. Wilson Dalton pointed out the qualifications and candidacy of Dr. Otis Bowen as a candidate for Governor.

Mr. F.D. Harbridge, Blue Shield representative, discussed the latest changes in Medicare.

Dinner was served at the Connersville Country Club to 43 members and guests.

STEPHEN D. SMITH, M.D., *Councilor*

Seventh Councilor District

HOUSE ACTION: Approved.

The annual meeting of the Seventh District Medical Society was held at 7:00 p.m., Wednesday, May 15, 1968, at the Hillview Country Club, in Franklin, Indiana, with the president, Dr. Harry E. Mock, Jr., of Franklin, presiding.

By consent, it was voted to dispense with the reading of the minutes of the previous meeting.

In the absence of Dr. James H. Gosman, of Indianapolis, secretary-treasurer, Mr. Arthur G. Loftin, the society's executive secretary, presented his report showing a bank balance of $1,061.32, as of May 15, 1968. He announced that officers of the society had agreed that the society defray the cost of the dinners served preceding the meeting.

Dr. Mock then called for nominations for president-elect of the society to serve in 1969-70. Dr. William D. Province, of Franklin, nominated Dr. Malcolm O. Scamahorn, of Pittsboro, and Dr. Hugh K. Thatcher, of Indianapolis, with several seconds, moved that the nominations be closed. The motion was carried and Dr. Scamahorn was declared elected unanimously.

Dr. Mock then called for nominations for secretary-treasurer. Dr. John O. Butler, of Indianapolis, nominated Dr. Donald E. Stephens, of Indianapolis, and Dr. Province, with many seconds, moved that the nominations be closed. The motion was carried and Dr. Stephens was declared elected unanimously.

Dr. Mock asked for nominations for councilor from the district to the Indiana State Medical Association. Dr. Scamahorn moved that the nominations be closed and that Dr. Gosman be declared elected unanimously. The motion was carried.

Dr. Mock then introduced Dr. Albert M. Donato, of Indianapolis, retiring Seventh District councilor, who discussed the provisions of the Comprehensive Health Planning law and urged physicians to play a strong role in establishing comprehensive health planning committees in each county.

Following distribution of golf prizes by Dr. John M. Records, of Franklin, the meeting, by consent, was declared adjourned by Dr. Butler, who began his term of office as president.

This marks my final report as Seventh District councilor, after having served six years. It has been an exacting, but rewarding, duty. I have been impressed with the sincerity and concern of the Council members and with their responsible decisions in matters of importance to all of medicine in Indiana. Personally, I should like to think that I have helped to alert you to some of the extremely serious problems facing us. It has been a great privilege to represent you.

ALBERT M. DONATO, M.D., *Councilor*

Eighth Councilor District

HOUSE ACTION: Approved.

The annual meeting of the Eighth District Medical Society was held at the Country Club in Anderson on June 5, 1968. The meeting was under the direction of Dr. William Stinson, president and Dr. Charles King, secretary-treasurer, both of Anderson.

The afternoon was devoted to social activities by the membership, auxiliary and guests. Dinner was served to approximately 80 members and guests. Mr. Stan Evans, editor, *Indianapolis News* was the after-dinner guest speaker.

At the society business meeting, many problems currently facing organized medicine were discussed. The impact of Public Law 89-749 on the practicing physician was brought to the attention of the society by the district councilor.

Dr. Fletcher McDowell, the Eighth District Blue Shield Director, talked briefly on Blue Shield problems and programs during the past year.

The society voted to increase the membership dues for the district society to $2.00 per member per year. This increase will be carried on the billings for next year.

The 1969 meeting of the society will be held in Muncie on June 4, 1969. Dr. Francis Stout was elected president and Dr. Richard Philbert, secretary-treasurer for the coming year. Both officers are from the Delaware-Blackford County Medical Society.

DONALD R. TAYLOR, M.D., *Councilor*

Ninth Councilor District

HOUSE ACTION: Approved.

The annual meeting was successfully held at Monticello, Indiana, on May 16, 1968, with the White County Medical Society providing an excellent scientific program, a miserable day for golf and an excellent dinner and program in the evening with Dr. Steen as the speaker.

Dr. Steen's topic was Public Law 89-749, a program with which all of you by now are quite familiar. During the past year it has been my privilege to attend meetings with most of the component societies in the Ninth District, and while all of you have not established preliminary programs for implementation of 89-749, many of you have begun planning and are doing a fine job. During the course of the coming year, it is my intention to visit with all of you again. I appreciate the help, co-operation and fine hospitality shown to me in these various meetings. No. 89-749 is a fact, an unfortunate fact which we must live with or practice under, either voluntarily or under duress. It is my hope that by working together, the members of ISMA can make a bitter pill much less bitter in the swallowing.

P. R. PETRICH, M.D., *Councilor*

Tenth Councilor District

HOUSE ACTION: Approved.

The Tenth District held two well-attended meetings during the past year. The first meeting was held at the Sheraton Motel in Gary, Indiana on October 4, 1967. Dr. R. J. Bills of Gary, president of the Tenth District, presided at this dinner.

Dr. G. O. Larson, president-elect, Dr. Donald M. Kerr, Third District councilor, Mr. Howard Grindstaff, field representative of the Indiana State Medical Association, and Dr. Peter Pilecki, president of the LaPorte County Medical Society, along with several members of the LaPorte county society, were present and were introduced. Several police and Civil Defense officers from the communities in Lake County were in attendance and were introduced.

D. W. Lindner, M.D., chairman of the Detroit Medical Society Disaster Committee, and Lt. Anthony Bertoni of the Detroit Police Department, presented an illustrated description of their experiences during the civil disorders in Detroit in July, 1967. They urged careful planning in the Lake County area to better prepare the physicians and the community to handle any similar problems which might possibly occur here. This meeting was planned in anticipation of possible civil disorder in conjunction with the November, 1967, elections. There were many questions by those present and a long discussion followed the presentation.

An election of Tenth District officers was held and resulted in the election of J. J. Reed, M.D. of Hobart, president, and Ray Doherty, M.D. of Crown Point, secretary.

The second meeting for the year was held on May 1, 1968 at Phil Smidt's in Whiting. The meeting was attended by 120 doctors and wives. Raymond J. Doherty, M.D., secretary of the Tenth District society, presided. Seymour W. Shapiro, M.D., Lake County Medical Society president, Herman Wing, M.D., alternate councilor for the Tenth District, J. J. Reed, M.D., president of the Tenth District, Howard Grindstaff, field secretary to the Indiana State Medical Association, Herb Dixon, vice-president and Physicians Relations Director of Indiana Blue Shield, and G. O. Larson, president of Indiana State Medical Association, were introduced.

Lowell H. Steen, M.D., councilor for the Tenth District, presented Otis Bowen, M.D. of Bremen, Indiana, candidate for Governor and Speaker of the House of Representatives of the Indiana General Assembly. Dr. Bowen delivered an informative and interesting discussion of the state's major legislative problems and dissertation on the physician's responsibility as a citizen. He answered a number of questions from the membership.

Milton B. Gevirtz, M.D., Tenth District director of the Indiana Blue Shield Board, discussed comprehensive health planning and a plan for the establishment of a broader program of activity for the county medical society. He also discussed a foundation for the assistance of students in medicine and the windows and orphans of deceased and disabled members.

Dr. Steen introduced G. O. Larson, M.D., president of the Indiana State Medical Association, who made a strong appeal for wider participation by physicians in their county and state medical associations. He expressed his appreciation for support given him by many physicians in Lake County.

During the past year we are delighted to see the revitalization of the Porter County Medical Society. This society has been relatively dormant for the past five to six years. There has been new blood infused and they appear to be an active, going group. It is hoped that their activities will continue and that their vigor and ardor will not cool with time.

LOWELL H. STEEN, M.D., *Councilor*

Eleventh Councilor District

HOUSE ACTION: Approved.

The Eleventh Councilor District Medical Society held its 110th meeting September 18, 1968 at the Delphi County Club.

Dr. C. L. Wise of Camden, Indiana, presided.

The business meeting opened at 1:15 p.m. There were no official minutes of the preceding meeting available, but a resume was outlined by the presiding officer. This action was approved by consent. Members stood in a moment of silence for deceased members.

A report of the treasurer was given by Dr. Fred Poehler, of LaFontaine. An auditing committee consisting of Drs. Craig, Kokomo and Brown, Marion, was appointed by the chair to examine the books. These were later reported to be in order.

The election of officers resulted in the following:

1. President—Dr. James Pattison, Marion.
2. Secretary-treasurer—Dr. Fred Poehler, La Fontaine.
3. Necrologist—Dr. Poehler.
4. Alternate councilor—Dr. James Harshman, Kokomo.
5. Representative to Blue Shield—Dr. Marcene Pearcy, Marion.

An invitation by Dr. Pattison on behalf of the Grant County Medical Society to have the 1969 meeting on the third Wednesday of September at Marion, Indiana, was accepted.

The scientific program was an excellent one-man panel presented by Dr. William R. Kirtley of the research department, Eli Lilly & Co. Dr. Kirtley spent 90 minutes discussing the various phases of diabetes mellitus and its management, and the extensive research being carried on by the Lilly and other companies. This was a highly informative program. He then spent more than an hour in discussions generated by questions and comments from the members. In all, this presented a highly educational scientific program.

The evening dinner was preceded by the social hour.

The after-dinner speaker was the Reverend Wink of Lafayette. This was a witty, humorous talk, but delivered a very pointed message! This was an excellent district meeting.

Two meetings have been held with part of the county societies in the district covering area-wide planning, but no concrete results have yet been attained. Several meetings have been held with local committees concerning local planning and advancement is being made in our own community.

There have been no major problems of organized medicine within the 11th District.

LOWELL J. HILLIS, M.D., *Councilor*

Twelfth Councilor District

HOUSE ACTION: Approved.

The Twelfth District is undergoing a reorganization. We are trying to improve the communication between the councilor, the various county medical societies and the voice of each member of the Twelfth District in his personal feelings as to the course of organized medicine. We have had many meetings of the combined societies and I have met with all but two of my county societies on separate occasions. These meetings have been very productive not only in helping the local societies in better understanding the paramount issues of the day, such as comprehensive health planning, and the place the county medical society has in the state medical organization, but also in some advancement in getting more men (both young and old) interested in organized medicine. We hope to stimulate this interest so that the practice of medicine as we know it today will continue to exist and that we physicians will be leaders in our own destiny.

We hope to expand the activity of the

Twelfth District by creating a new central committee, called the board of directors. The members of this board will be comprised of the regular elected Twelfth District officers, the various county society officers, delegates and alternate delegates. This board will meet at least four times a year and more often if needed. Better communication through these meetings will be obtained between district officers and county officers. It will enable the councilor and the delegates to better represent the wishes of the district at the state level. It is felt that we will be more able to coordinate the activities of the district in meeting the rapidly changing policies in governmental medical problems.

The annual meeting was held May 15th at Eaton Springs Trout Club, Angola, Indiana. New officers were named — Kenneth Isenogle, M.D., Fort Wayne, president; A. L. Fipp, M.D., Rome City, vice president; John J. Hartman, M.D., Angola, secretary-treasurer. Fred Schoen, M.D., was elected alternate councilor for a three-year term. A motion for the reorganization of the district was made, and after many expressions of supporting sentiments, the motion was unanimously adopted.

Reports were given by the officers and a typewritten report of my activities as councilor was made available to all in attendance. This report and other reports of the state Council activities were mailed to the various counties of the district.

That evening we were treated to a fine, humorous and enlightening address by Dr. Henry M. Johnson—"Maximum Matrimonial Milage with Minimum Misery" or How to be Happy Although Married. I thank the Steuben County Medical Society for being such excellent hosts. My thanks also go to the outgoing officers of the district for their fine leadership and cooperation during the past year. I also want to thank Dr. Fred Schoen, my alternate, not only for his fine counsel in state problems but also for his aid and leadership in the problems of reorganization of the district.

I, along with the officers of the district, look forward to the challenges of the new year. With their help, I sincerely hope that I can successfully meet the challenges of the rapidly changing times of the practice of medicine, both politically and in the betterment of health services to our patients.

WILLIAM R. CLARK, Sr., M.D., *Councilor*

Thirteenth Councilor District

HOUSE ACTION: Approved.

President Edwin C. Mueller and his committee have had several planning sessions in preparation for the Thirteenth District's annual meeting.

The meeting was held on September 11, 1968 at the Red Lantern Inn in Beverly Shores near Michigan City.

There were four separate sessions as follows:

3:30 p.m. to 5:00 p.m.—Speakers were furnished by the Indiana State Medical Association and the American Medical Association. Their topics were pertinent to all interest groups of organized medicine.

5:00 p.m. to 6:00 p.m.—Business meeting.

6:00 p.m. to 7:00 p.m.—Cocktail hour.

7:00 p.m.—Banquet. Speaker, obtained by the president of the Indiana State Medical Association, Dr. G. O. Larson, was Mr. Calvin Johnson, Director of Customer Relations of Remington Rand Division of Sperry Rand Corporation and a former member of the United States Congress from Illinois.

For the ladies: There was a dessert and fashion show held at the Holiday Inn in the afternoon.

OTIS R. BOWEN, M.D., *Councilor*

Editor of The Journal

HOUSE ACTION: Approved.

The Journal is enjoying a satisfactory financial year. With three-fourths of the fiscal year on record, our receipts from dues and advertising are about as predicted and the receipts from non-members and all other income items are slightly ahead of the budget.

The printing bill is a little over expectations as is the expense for engraving. We should end the year with a slight excess of revenue over expenditures.

Medical journal advertising is off the country over. The slump involves the big nationally circulated journals, both medical society oriented and commercial, as well as state journals. It is apparently due to the fact that there are fewer new drug products being introduced, to narrowing profit margins in the pharmaceutical industry and to difficulty, on the part of the industry, to interpret correctly the new standards for drug advertising as advanced by the Food and Drug Administration.

These conditions will probably continue for some time. Our journal will attract advertising in proportion to the response which our readers demonstrate to the advertisers. All readers, and especially delegates and officers of the association, should make it a habit to write some advertiser each month to compliment the advertising message and the information it contains or to thank him for supporting *The Journal*.

Thanking the advertisers need not be a time-consuming task—a note on a prescription blank, addressed to the president or advertising manager will accomplish wonders in selling advertising space. Our journal has done extremely well this year in maintaining its advertising revenue in the face of a falling market—we can continue to do so by letting the advertisers know that their messages are being read.

The Editorial Board and the Associate Editors have continued this year to enlarge the scientific content of *The Journal* with scientific material prepared especially for us by the members of the faculty of Indiana University School of Medicine. This year has seen the beginning of a regular Clinicopathological Conference. We have, each month, a short article on a single therapeutic subject. It is planned to add a monthly page or two on a pediatric subject in the near future.

FRANK B. RAMSEY, M.D., *Editor*

Delegates to AMA

HOUSE ACTION: Order filed.

Indiana State Medical Association officials and delegates to the 117th annual convention of the American Medical Association considered, debated and voted on issues presented to the House of Delegates of the AMA June 16 through June 20 in San Francisco.

Decisions by this policy-making body of the association involved careful consideration and scrutiny of 85 resolutions introduced by the various state delegations, 39 reports of the AMA Board of Trustees and 19 Council and committee reports.

In preparation for the AMA meeting, the Council of the Indiana State Medical Association met in a day-long special session on Sunday, June 9, to consider the advance Board of Trustees' reports and 48 resolutions with the objective of advising ISMA delegates of the official position of ISMA on the reports and resolutions. In many instances, because of the nature of some resolutions, the Indiana delegation was directed to use their best judgment on their votes in the house. The Council recommended opposition to eight reports and resolutions and amendments to five others.

Dr. Guy A. Owsley of Hartford City was elected chairman of the delegates. Other delegates in attendance at the meeting included Drs. Don E. Wood and Dwight W. Schuster, both of Indianapolis; Eugene F. Senseny, Fort Wayne and Frank H. Green, Rushville.

Alternate delegates in attendance included Drs. Robert M. Brown, Marion; Kenneth O. Neumann, Lafayette, and Maurice E. Glock, Fort Wayne. Acting as alternates, in the absence of Dr. Jack Shields of Brownstown, and Dr. Harold Ochsner of Indianapolis, were Dr. Lowell Steen, Hammond, chairman of the ISMA Council and Dr. P. J. V. Corcoran, ISMA president-elect.

To keep abreast of current daily changes in the business of the house, Dr. G. O. Larson, LaPorte, ISMA president, called a June 15 meeting and three breakfast meetings of officials and delegates to hear reports, decide on reference committee assignments and other actions.

Meeting with this group to assist were Drs. Ralph V. Everly, Indianapolis, chairman, ISMA Executive Committee; Burton E. Kintner, Elkhart, member, Executive Committee; Lester H. Hoyt, Indianapolis, treasurer of the association; M. O. Scamahorn, Pittsboro, assistant treasurer; Lall G. Montgomery, Muncie, delegate from the AMA Section on Pathology and Physiology; Sprague H. Gardiner, Indianapolis, alternate delegate from the AMA Section on Obstetrics and Gynecology, and Lester D. Bibler, Indianapolis, AMA Board of Trustees.

Elections

Despite an all-out effort by the Indiana delegation to retain Dr. Lester Bibler as a member of the AMA Board of Trustees for his final term, Dr. Bibler lost to Dr. Raymond T. Holden of Washington, D.C. by a narrow margin. The only incumbent retained in four elections for the board was Dr. L. D. Simenstad of Wisconsin. The two other trustees elected were Dr. John M. Chenault, Alabama and Dr. John R. Kernodle, North Carolina.

In other action by the House of Delegates, Dr. Gerald D. Dorman of New York was named president-elect of AMA and Dr. Dwight L. Wilbur of San Francisco assumed the office of president for 1968-1969. Dr. Carl A. Lincke, Ohio, was elected vice-president; Dr. Walter C. Bornemeier, Illinois, was re-elected to the office of speaker of the house and Dr. Russell B. Roth was returned to his post as vice-speaker.

Dr. Francis Land, former Fort Wayne physician, was re-elected to the Council on Medical Education.

Also of interest to the Indiana delegation was Resolution 47, introduced by Indiana in Houston in 1967, and subsequently referred to the Board of Trustees for study.

The resolution asked that the appropriate department of AMA prepare, cause to have introduced and work for the passage of federal legislation to declare doctors exempt from any federal requirements of an interstate commerce nature.

In Report M of the Board of Trustees which resulted from the board's investigation it was pointed out that "The legal issue actually involved is whether employees in a physician's office who are not licensed physicians are entitled to the benefits of the Fair Labor Standards Act, which establishes minimum wage, overtime pay, record keeping and other standards for most of the employees in the company. . . ." Report M also stated that ". . .the Legal Research Department is convinced that employees in the physicians' office are not covered by the FLSA."

The Law Division of AMA and the board agreed, however, that the most appropriate action of Resolution 47 is to 1) furnish general information on the question of FLSA coverage; 2) urge that physicians voluntarily adopt minimum wage, overtime pay and record keeping practices equal to those established by FLSA; and 3) recommended that any physician confronted by a claim that his employees are covered by the FLSA consult his attorney for the purpose of resisting that claim. The ISMA Council, at its June 9 meeting had already moved to support this report.

Other Actions

In pinpointing some of the other actions of the house from the immense volume of business which was undertaken, the delegates:

—Were advised that a full day working conference on comprehensive health planning has been scheduled for November 30, 1968 in Miami Beach immediately before the 1968 Clinical Convention.

—And that a handbook on comprehensive health planning is nearing completion and will include some "tactical" suggestions to medical associations for effective participation in planning.

—Referred Resolution 74 on Health Care Financing to the Board of Trustees with the recommendation that the AMA approve in principle a graduated income tax credit for health insurance premiums paid out for adequate medical and hospital services coverage.

—Strongly disapproved of the provision of funds by the Federal Government to subsidize any one form of medical practice.

—Resolved that the AMA request the secretary of Health, Education and Welfare to continue to solicit the advice and counsel of those practicing physicians designated by their medical associations at the local, state and national level, in formulating future plans and programs and in modifying existing programs, in order to provide the best quality health care for the people of the United States.

—Asked the AMA to arrange for a new draft of standards of the Joint Commission on Accreditation and circulate the draft to state medical associations for comment before final adaptation.

—Resolved that the House of Delegates continue to urge that adequate representation of the medical staff on the voting membership of the hospital's governing body is the most effective mechanism for assuring a working communication provided that physicians serving on the governing board be nominated by the medical staff of the hospital.

—Adopted a portion of a lengthy report by the Board of Trustees on infant mortality and urged state and component societies to evaluate existing maternal and child care resources and take leadership in the expansion and development of programs for delivering services in locations found to be deficient. (ISMA Council has directed that this report be made to the House of Delegates of ISMA in October).

—Cited erroneous information contained in "A Report on Laboratory Performance and Methods for Improvement" published by the Department of Health, Education and Welfare in June, 1967 and requested the AMA to advise HEW that errors were made in the report and published in *The Congressional Record*, and that the secretary of HEW be asked to respond.

—Urged the AMA to continue its efforts to safeguard and inform the medical profession and the public with respect to the treatment of obesity.

—Reaffirmed the previous policy of the AMA to eliminate recertification in P. L. 89-97.

—Approved a resolution that "The by-laws of the AMA be amended to provide that in addition to receiving 'appeals filed by applicants who allege that they, because of color, creed, race, religion or ethnic origin, have been unfairly denied membership in a component and/or constituent association,' determining facts and reporting its findings to the House of Delegates, the Judicial Council shall, if it determines the allegations are indeed true, admonish, censure or, in the event of repeated violations, recommend to the House of Delegates that the state association involved be declared to be no longer a constituent association of the American Medical Association."

—In the area of reducing costs to patients, adopted a resolution that "the AMA endorse the principle of voluntary health insurance coverage for outpatient x-ray and laboratory services acceptable to the hospital and its medical staff wherever performed prior to a scheduled hospital admission;" and adopted another resolution that "all insurance companies and fiscal intermediaries" adopt and authorize the use of standard forms in conjunction with a single hospital admission to save physicians' time and expense.

—With respect to relationships and negotiations between the AMA and the osteopaths, accepted for information a Board of Trustees report which stated "In the absence of cooperative leadership on the part of the practicing osteopaths and osteopathic educators, accomplishments by the AMA are rendered difficult. Such leadership was forthcoming in California, and is now needed elsewhere. When this osteopathic leadership is developed, the AMA stands ready to cooperate to its utmost."

—Voted to "participate in a program of planning and action with other organizations concerned with architectural barriers to the handicapped" and requested state and county medical societies to encourage their members to become active in helping to alleviate such barriers.

—Referred to the AMA's policy on chiropractic and urged state and local medical societies "to formally adopt the AMA Policy Statement on Chiropractic, or a somewhat similar expression" and "to alert the general public to the health hazard posed by the cult of chiropractic."

—Adopted a Judicial Council report on "Ethical Guidelines for Organ Transplantation." One of several important guidelines was, "When a vital, single organ is to be transplanted, the death of the donor shall have been determined by at least one physician other than the recipient's physician. Death shall be determined by the clinical judgment of the physician. In making this determination, the ethical physician will use all available, currently accepted scientific tests."

—Referred to the Board of Trustees a resolution to establish a joint commission on accreditation of nursing schools, with participation by the AMA, American Hospital Association, American Nurses Association and National League for Nursing.

GUY A. OWSLEY, M.D.
JACK E. SHIELDS, M.D.
HAROLD C. OCHSNER, M.D.
EUGENE F. SENSENY, M.D.
FRANK H. GREEN, M.D.

AMA Statement on Infant Mortality in the United States

Report of the Board of Trustees of AMA — San Francisco — June 1968

The following report is referred to the House of Delegates of the Indiana State Medical Association by the Council of ISMA.

HOUSE ACTION: Intent approved.

Introduction:

Infant mortality in this country is lower than ever before. For 1966 the rate was 23.7 infant deaths per 1,000 live births, a 4% improvement over the 1965 rate. (1). While this is encouraging, it is important to consider that the various infant mortality indexes have declined at a slower rate in the years since 1950 than in the years between 1935 and 1950. (2). Thus the position of the United States in international comparisons has become relatively poorer as more countries have achieved better rates. (3).

Factors to be considered in analyzing the situation are:

(1) The social, environmental, economic, cultural, ethnic, educational, and geographic variables which may be related to infant mortality;
(2) The availability, reliability, validity and comparability of statistics;
(3) The quality, availability, and utilization of medical care.

Social and Environmental Factors:

Sizable reductions in infant mortality up to 1950 occurred in all geographic areas of the United States. (2). Rates for both white and non-white population segments were reduced by nearly one-half from 1935 to 1950. From 1950 into the 1960's, however, the rates, while still declining, began to do so much more slowly. The rate for non-white infants leveled more rapidly than the rates for white infants. (4). Even more importantly, rates in many large cities, particularly for non-white infants, have been on the increase. (5).

The commonly accepted socio-economic indexes — income, occupation, educational level, social class, marital status, and place of residence — show correlations with infant mortality rates. Relationships for some of these factors are available from national compilations; other local studies have been published. (6).

It is evident from these studies that high infant mortality is associated with poverty. But despite national gains in educational and family income levels and other recent improvements in living standards, the infant mortality rates among the poor have not improved substantially. The factor of family size influences this correlation. While average family size has decreased for the country as a whole, the decrease is seen predominantly in the upper income group. (7). Consequently, a larger proportion of children are born into the lower income groups and thus the numerical factor overrides the improvement in education and average income.

In addition to the poverty syndrome of lower income, substandard housing, and lower educational attainment, cultural factors are usually found to be concurrent. The urban poverty-tract areas contain large numbers of immigrants from the rural south and from Appalachia who are not aware of the benefits of good health care or whose customs, practices, and habits do not include the use of good health care practices. Women from these areas characteristically receive little and late prenatal care, with some receiving no care before delivery. (3, p. 74). Likewise, infant mortality is especially high among the American Indians, Alaskan natives and migratory farm laborers. The general health standards of these minority groups are un-

doubtedly affected by similar cultural factors.

Illegitimacy contributes to elevated infant mortality rates because of a combination, usually found, of youth, lack of education, and poverty, and a reluctance to obtain prenatal care.(8). The unwed mother, while presenting many problems common to all pregnancies, has peculiar ones related to the social stigma attached to her pregnancy. As a result society provides special care programs to solve the problems of illegitimate pregnancy.

In addition, poor nutrition, especially if present in successive generations, (6, 9) inadequate family planning and spacing of children contribute to an elevated infant mortality rate. Infants born of pregnancies without protein deficiency and spaced at least three years apart have the best chance of survival.

Recommendations:

(1) Recognizing the fact that unfavorable environmental and socio-economic factors as well as medical factors are involved in infant mortality, the medical profession should support all constructive community efforts for the improvement of living conditions among the needy.

(2) The American Medical Association should inaugurate and support programs of health education, including good maternal and child health practices, family life and sex education and the appropriate use of health care resources.

(3) The American Medical Association should offer help and advice to implement programs to elevate services to acceptable standards for the American Indian, Alaskan natives and migrants.

(4) The American Medical Association should give impetus to broad and inclusive programs for the care of the unwed mothers.

(5) The American Medical Association should reemphasize its policy on family planning that "the prescription of childspacing measures should be available to all patients who require them, consistent with their creed and mores, whether they obtain their medical care through private physicians or community-supported health services," and should promote family planning programs.

(6) The American Medical Association should emphasize the association between the mother's nutritional status and her performance during pregnancy and encourage further investigations into nutritional influences which affect infant mortality and morbidity.

Statistics and Definitions:

Nations have traditionally measured the health level of their people by analyzing statistics collected on live birth, fetal, infant and maternal deaths, and average life expectancy. Comparisons with other countries are based on data published by the World Health Organization. The value of comparing current data by demographic segments within a country and of comparing national data with that of other countries is in the identification of areas needing improvement and intensified effort and in the implementation of improved methods and practices. Comparisons of present and past data reveal significant trends and may indicate directions for program development. The quality of vital statistics is affected by definitions used, degree of conformity in using those definitions, completeness of registrations and accuracy of reporting.(10).

In the United States, the National Center for Health Statistics of the Public Health Service has the statutory authority for collecting national vital statistics. The legal authority for registration of vital events and collection of original information rests with the states. The National Center has no statutory responsibility for regulating registration. Although standard certificates for live birth, fetal death, and death are recommended by the NCHS, their use is not required by federal law. Since laws governing registration of vital events are enacted by state legislatures, they often include definitions and requirements deviating from recommended national standards.

Likewise, other countries of the World Health Organization compile statistics at the national level. The central agency titles may vary, as for example, Ministry of Finance or Ministry of Economic Affairs. At the local level, civil registries or parish registries are responsible for collecting data. The reporting of birth and death of infants to the registry is the parents' responsibility in many countries. Reporting of births in the United States is nearly always the responsibility of physicians; reporting of deaths is by funeral directors. The kind of information required is not standardized (3, pp. 10-21).

Requirements for registration of fetal deaths differ much more than those for live births or infant deaths. In this country, most states require registration of fetal deaths occurring after about 20 weeks' gestation. Some states, however, require registration of fetal deaths of any length gestation. It is estimated that the largest degree of underreporting occurs in this classification. (3, pp. 14-17).

The most crucial issue in deciding if infant mortality statistics gathered in one area and those gathered in another are comparable is whether both areas accept and apply the same definition of "live birth." The definition of live birth recommended by the World Health Organization in 1950 is essentially the same as those used in all registration areas of the United States. (3, pp. 8-9). According to the WHO definition, if a child breathes or shows any other evidence of life, no matter how briefly, the birth should be recorded as live. Death occurring very near the time of birth requires a decision by the physician or other attendant between recording a live birth followed within minutes by death or recording a fetal death. The significance of this decision is that it may contribute to higher fetal death rates, hence lower infant mortality rates; obviously, it may conversely contribute to higher infant mortality rates and lower fetal death rates.

Perinatal mortality, the combination of fetal and newborn deaths, is not consistently defined because varying periods of minimum gestational age and varying numbers of days after birth are contained in the definitions used. (3, p. 20). However, comparability could be significantly improved if a universal definition of perinatal mortality instead of infant mortality were utilized to make comparisons.

There is no estimate, based on large-scale studies in this country, or in others, of the exact degree of compliance with recommended registration practices.

Estimates consequently cannot be made as to what effect an improvement in reporting practices would have on international comparative ranking. (3, 11).

In any event it is fruitless to debate about the unknown quantity of deviation. It seems preferable to concentrate our efforts toward achieving truly valuable and comparable statistics.

Recommendations:

(7) The American Medical Association should provide leadership in a program to obtain national uniform registration statutes for births and deaths.

(8) The American Medical Association should promote efforts through the World Health Organization and other authoritative bodies to bring about uniform registration requirements and definitions to permit the collection of truly comparable statistics.

(9) The American Medical Association

with the cooperation of state and component societies should inaugurate and support educational programs directed toward physicians concerning the value of accurate uniform reporting.

Quality, Availability, and Utilization of Medical Care:

Much has been learned in recent years about methods of identifying high-risk mothers and infants, and about specific medical practices which can reduce the risk in a specific case for both mother and child.(6). It is not necessary to delineate all the recent obstetric and pediatric advances in identifying and caring for high-risk patients. Instead efforts should be made to extend this obstetric and pediatric skill and knowledge to all.

The identification of a problem and the knowledge of means to solve it are not, by themselves, enough. That knowledge must be utilized. Comprehensive programs should be developed which will ensure that: (1) all high-risk patients are identified early in pregnancy, (2) they receive whatever special care is indicated by their condition throughout pregnancy, delivery, post-natal and interconceptional periods, and (3) the basic principles of good infant care are taught to all mothers.

A significant number of women do not receive adequate prenatal care.(6). Some research has been done as to why people do not seek care; (12, 13) less has been done on how to effectively motivate them to do so. Related to this is the need for studies to determine why patients do or do not comply with recommendations made by their physicians. Again, we need more effective means of increasing acceptance of recommendations aimed at maintaining or improving health. Cultural factors explain why some women do not seek care — for example, lack of education about the benefits of such care or lack of information regarding availability of care. Failure to obtain prenatal care may be partially explained by economic factors: loss of time from work, out-of-pocket expenses not covered by insurance benefits or welfare programs, or unavailability of someone to stay with other small children in the home. Maldistribution of services is a deterrent to obtaining care in some locations.

Cooperative efforts of all concerned with the problem of infant mortality are needed to develop programs for locating patients not receiving care, convincing them of the need for care, and providing resources where needed.

There are numerous public and private organizations at national as well as the local level which have demonstrated a great concern for maternal and infant care programs. These organizations have a long and commendable history of service to their communities and its people. The American Medical Association recognizes their work and invites their cooperation.

Recommendations:

(10) State and component societies should evaluate existing maternal and child care resources and take leadership in the expansion and development of programs for delivering services in locations found to be deficient.

(11) Current and expanded programs aimed at relieving shortages in health manpower should become a major goal in this decade for American Medicine.

(12) The American Medical Association should urge the Joint Commission on Accreditation of Hospitals to include Perinatal Death Studies as a requirement for accreditation.

(13) The American Medical Association should stimulate the reduction of infant mortality and morbidity through the development of immunological techniques and the advancement of genetic counseling programs.

REFERENCES

1. Infant Mortality, *Monthly Vital Statistics Report* 16:12 Suppl. (March 12) 1968.
2. Infant Mortality Trends, United States and Each State, 1930-1964, *Vital Health Statistics* Series 20, No. 1 (Nov.) 1965.
3. International Comparison of Perinatal and Infant Mortality; The United States and Six West European Countries, *Vital Health Statistics* Series 3, No. 2 (March) 1967.
4. Infant and Perinatal Mortality in the United States, *Vital Health Statistics* Series 3, No. 4 (Oct.) 1965.
5. Hunt, E. P.: Infant Mortality and Poverty Areas, *Welfare Rev.* 5:1-12, (Aug.-Sept.) 1967.
6. Reducing Infant Mortality, Committee on Maternal and Child Care, *JAMA* 193:310-319 (July 26) 1965.
7. Natality Statistics Analysis, United States-1962, *Vital Health Statistics* Series 21, No. 1 (Oct.) 1964.
8. Trends in Illegitimacy, United States-1940-1965, *Vital Health Statistics* Series 21, No. 15 (Feb.) 1968.
9. Chow, B. F., et. al: Maternal Nutrition and Metabolism of the Offspring: Studies in Rats and Man, *American Journal of Public Health* 58:668-677 (April) 1968.
10. How is a Nation's Health Level Measured? Implications of Infant Mortality Rates, Committee on Maternal and Child Care, *JAMA* 189:321-325 (July 27) 1964.
11. Requirements for Data on Infant and Perinatal Mortality, Report of the Program Area Committee on Child Health, APHA, *Amer. Journ. Public Health* 57:1848-1861 (Oct.) 1967.
12. Monahan, H. B., and Spencer, E. C.: Deterrents to Prenatal Care, *Children* 9:114-119 (May-June) 1962.
13. Watkins, E. L.: Low-Income Negro Mothers — Their Decision to Seek Prenatal Care, *Amer. Journ. Public Health* 58: 655-667 (April) 1968.

Report of Board of Medical Registration and Examination of Indiana (July 1, 1967 to June 30, 1968)

HOUSE ACTION: Approved with the suggestion that the medical registration board be asked to clarify the term "temporary medical permit."

Applications received for June, 1968, state board examination (medicine)	489
Ineligible to take state board examination for various reasons	33
Approved for 1968 state board examination	456
Failed to appear for state board examination	46
Applicants taking state board examination	410
Candidates who failed the state board examination	78
Candidates who failed in one subject only (included in above)	3
Candidates from Indiana University Medical School taking state board examination	209
Candidates from Indiana University Medical Center who failed (one subject)	1
Candidates from other American medical schools taking state board examinations	9
Candidates from other American medical schools who failed	0
Candidates from foreign medical schools taking state board examinations	192
Candidates from foreign medical schools who failed	77
Over-all failure rate	19%
American medical school graduate, failure rate	0.45%

Foreign medical school, failure rate	39%
Candidates taking chiropractic state board examination	0
Candidates taking physical therapy examination (PES)	29
Candidates taking physical therapy examination (PES) who failed	1
Candidates taking podiatry state board examination (National Board Examination)	3
Candidates in podiatry who failed	0

TOTALS, LICENSE BY EXAMINATION

EXAMINATION	1966-1967	1967-1968
MEDICINE	303	330
PHYSICAL THERAPY	3	29
PODIATRY	3	3
OSTEOPATHY	0	0
CHIROPRACTIC	0	0

TOTALS, LICENSE BY ENDORSEMENT, RECIPROCITY—JULY 1, 1967 to JUNE 30, 1968

	1966-1967	1967-1968
Applicants granted license in Indiana by endorsement/reciprocity (M.D.)	170	163
Applicants endorsed to other states (M.D.)	224	342
Applicants granted license in Indiana by endorsement/reciprocity (osteopathy)	14	10
Applicants endorsed to other states (osteopathy)	0	0
Applicants granted physical therapy license in Indiana by endorsement/reciprocity	26	21
Physical therapists endorsed to other states	1	1
Applicants granted chiropractic license in Indiana by endorsement/reciprocity	26	14
Chiropractors endorsed to other states	1	0
Citations or board action during the year (all groups)	—	12
Revocations during the year (all groups)	—	2
Licenses reinstated	—	2
Physicians voluntarily surrendering their Narcotic Stamp to the Internal Revenue Department	—	6

TOTALS, BOARD LICENSURE

	1966-1967	1967-1968
7175 (M.D.) (resident and non-resident)	7012	7175
271 (D.O.) (resident and non-resident)	261	271
205 (Drugless) (resident and non-resident)	212	205
369 (Chiropractic) (resident and non-resident)	342	369
292 (Physical therapy)	269	292

TOTALS, BOARD LICENSURE

	1966-1967	1967-1968
203 (Podiatry)	201	203
Temporary physical therapy permits issued	3	5
Temporary medical permits issued	25	37
Internship permits issued	78	164
Temporary medical educational permits issued	2	54

MEMBERS BOARD OF MEDICAL REGISTRATION AND EXAMINATION OF INDIANA:

	APPOINTED	EXPIRE
Merritt O. Alcorn, M.D., President	August 29, 1961	April 23, 1969
R. A. Snapp, M.D., Secretary	June 24, 1963	April 23, 1967
H. E. Klepinger, M.D., Vice President	May 11, 1966	April 23, 1970
H. Dearing Wolf, D. O., Treasurer	May 4, 1958	April 23, 1970
A. P. Bonaventura, M.D.	March 4, 1958	April 23, 1968
James C. Ploch, D.C.	May 16, 1962	April 23, 1970
Vacant (Richard H. Jowitt, M.D.)	RESIGNED....	April 23, 1967

JULY 1, 1967 TO JUNE 30, 1968

REVENUE:		
Fees for licensure and endorsement	$21,620.00	
Fees for examination	11,225.00	
Duplicate certificates issued	35.00	
Temporary medical permits	205.00	
Temporary medical educational permits	730.00	
Medical Corporation Act fee	290.00	
Annual registration fee	30,000.00	
	64,105.00	
Less refunds	—87.00	
TOTAL REVENUE		$54,018.00
DISBURSEMENTS:		
Personal services	48,513.80	
Other operating equipment	13,518.30	
TOTAL DISBURSEMENTS	$62,036.49	$62,036.49
REVERTED TO GENERAL FUND	$1,981.51	(as audited)

BOARD OF MEDICAL REGISTRATION AND EXAMINATION OF INDIANA
R. A. Snapp, M.D., Secretary (signed)
Joseph D. O'Brien, Administrators
(signed) August 22, 1968

Reports of Standing Committees and Commissions

Executive Committee

HOUSE ACTION: Approved.

In the past it has been customary for the Executive Committee to skim the activities of its various meetings in this report to the House. In order not to burden the House and the Reference Committee, the report this year will be condensed.

During the course of the past year, the minutes of the meetings of the Executive Committee have been published in *The Journal* so that the members have had an opportunity to review the transactions of your committee. We have presented a complete set of minutes for the year to the Reference Committee for their review. We believe this should constitute a more readily understandable report of the activities of your committee.

There are a few matters to which special attention should be called. One is that the association is now completely out of debt on all of its real estate holdings and has rented the properties on the Pennsylvania Street side; these have been rented since the association took title to the properties.

The committee met regularly each month during the year to transact the routine business of the association and to handle matters of housekeeping as well as requests of individual physicians, committees and commissions.

We hope the brevity of this commentary will not reflect inactivity on the part of the committee. As we said before, the committee has met monthly and the average committee meeting consumes some six to eight hours time on the part of the members.

Medical Defense Activities

1. *Malpractice Cases.* A year ago, at the time of this report, August 1, 1967, the following three cases were pending before the committee:

Case 307 — Suit filed March 22, 1962. Pending. (Expense to date, $1,042.73).

Case 309 — Suit filed December 10, 1964. Pending.

Case 312 — Suit filed December 7, 1965. Pending.

Since August 1, 1967, and up to August 1, 1968, the following new case has come before the committee, making four cases pending at this time as against two unclosed cases at the same time last year:

Case 313 — Suit filed September 5, 1967.

2. *Medical Defense Fund Statement from August 1, 1967 to August 1, 1968.*

Bank balance, August 1, 1967... $1,745.08

Receipts:

Dues	$4,976.25	
Interest	975.00	
Treasury Bills	2,700.00	
Reimbursed Attorney Fees	2,096.25	
(Charged to General Fund)		10,747.50
Total cash and receipts		$12,492.58

Disbursements:

Attorney Fees	$4,200.00	
Reimbursement for Legal Defense	5,138.79	
Total Disbursements		9,338.79
Balance on hand, August 1, 1968		$ 3,153.79

MEMBERSHIP REPORT

	Dec. 31, 1967	July 31, 1967	July 31, 1968	AMA, 1968
1st District				
Gibson	13	13	12	12
Perry	8	8	8	8
Pike	3	3	3	3
Posey	8	8	8	8
Spencer	4	4	4	4
Vanderburgh	233	232	230	226
Warrick	7	7	6	6
TOTAL	276	275	271	267
2nd District				
Daviess-Martin	21	21	20	15
Greene	13	13	14	10
Knox	41	41	40	38
Owen-Monroe	72	72	78	73
Sullivan	13	13	14	12
TOTAL	160	160	165	148
3rd District				
Clark	41	40	42	41
Dubois	23	23	23	20
Floyd	39	39	41	39
Harrison-Crawford	11	11	10	10
Lawrence	25	25	25	21
Orange	9	9	9	9
Scott	5	5	6	6
Washington	7	7	8	8
TOTAL	160	159	165	154
4th District				
Bartholomew-Brown	51	51	52	50
Dearborn-Ohio	18	17	17	16
Decatur	9	9	10	9
Jackson-Jennings	25	25	23	22
Jefferson-Switzerland	23	23	26	25
Ripley	8	8	7	5
TOTAL	134	133	135	127
5th District				
Clay	14	14	14	14
Parke-Vermillion	22	22	18	18
Putnam	16	15	16	16
Vigo	114	113	115	115
TOTAL	166	164	163	163
6th District				
Fayette-Franklin	16	16	14	14
Hancock	22	22	23	23
Henry	38	38	39	39
Rush	15	15	12	12
Shelby	19	19	19	17
Wayne-Union	70	70	72	70
TOTAL	180	180	179	175
7th District				
Hendricks	20	20	20	20
Johnson	30	30	32	32
Marion	1080	1053	1058	1049
Morgan	20	20	19	18
TOTAL	1150	1123	1130	1120
8th District				
Delaware-Blackford	119	118	113	108
Jay	16	16	16	13
Madison	102	102	107	77
Randolph	19	19	18	14
TOTAL	256	255	254	212
9th District				
Benton	8	8	9	9
Boone	21	21	22	21
Clinton	20	20	18	18
Fountain-Warren	14	14	12	12
Hamilton	18	18	18	16
Montgomery	23	23	24	24
Newton	5	5	5	5
Tippecanoe	134	134	135	131
Tipton	11	11	11	11
White	10	10	9	9
TOTAL	264	264	263	256
10th District				
Jasper	7	7	7	7
Lake	443	418	439	414
Porter	43	43	49	46
TOTAL	493	468	495	467
11th District				
Carroll	8	8	9	9
Cass	32	32	31	28
Grant	72	69	69	69
Howard	70	70	67	67
Huntington	21	21	20	20
Miami	11	11	13	13
Wabash	27	27	29	29
TOTAL	241	238	238	235
12th District				
Adams	15	15	14	14
Allen	292	292	297	293
DeKalb	23	23	22	22
LaGrange	9	9	8	8
Noble	16	16	15	15
Steuben	13	13	12	12
Wells	47	47	44	44
Whitley	17	17	17	17
TOTAL	432	432	429	425
13th District				
Elkhart	113	111	112	109
Fulton	10	10	11	10
Kosciusko	17	17	18	18
LaPorte	98	96	97	88
Marshall	25	25	26	26
Pulaski	5	5	4	3
St. Joseph	235	234	239	238
Starke	6	6	6	6
TOTAL	509	504	513	498
SUMMARY				
1st District	276	275	271	267
2nd District	160	160	165	148
3rd District	160	159	165	154
4th District	134	133	135	127
5th District	166	164	163	163
6th District	180	180	179	175
7th District	1150	1123	1130	1120
8th District	256	255	254	212
9th District	264	264	263	256
10th District	493	468	495	467
11th District	241	238	238	235
12th District	432	432	429	425
13th District	509	504	513	498
TOTAL	4421	4355	4400	4246

The Journal

Activity in advertising shows an increase in revenue for the first six months of 1968 as compared with the first six months of 1967. The financial condition of *The Journal* continues to improve but we must be cautious in leaving the impression that this may continue over an indefinite period of time. The advertising program of the pharmaceutical companies and others is still in a state of readjustment and we may see a slight decrease in the coming months in our advertising revenues.

With the increased amount of advertising which we have carried, and which requires extra pages for printing, it appears that the printing cost for the year 1968 will be approximately $5,000 more than for the year 1967.

Listed below is a comparative report of *The Journal* operations over the past several years and the first six months of 1968.

This is a comparative report for the first six months of each year indicated.

1965	1966	1967	1968
State Journal Advertising Bureau			
$13,927.88	$18,069.54	$23,468.96	$24,153.24
Sold Direct by Journal			
2,812.74	2,687.76	3,056.68	7,200.10
Total			
$16,740.62	$20,757.30	$26,525.64	$31,353.34

Printing Costs

Year	Cost	No. of Pages (Inserts excluded)
1964	$36,139.47	1456
1965	35,957.50	1416
1966	41,795.32	1410
1967	49,958.15	1450
1968 (6 months)	27,682.74	562

Year	Reading	% Reading	Adv. Pages	% Adv. Pages	Total Pages	Av. Pages per Issue
1962	1308	68	604	32	1912	159
1963	1139	70	487	30	1626	135
1964	1051	71	423	29	1474	123
1965	998	68	464	32	1462	122
1966	789	50	781	50	1570	131
1967	1041	58	751	42	1792	149

RALPH V. EVERLY, M.D., *Chairman*
BURTON E. KINTNER, M.D.
G. O. LARSON, M.D.
P. J. V. CORCORAN, M.D.
LOWELL H. STEEN, M.D.
LESTER H. HOYT, M.D.
MALCOLM O. SCAMAHORN, M.D.

Grievance Committee

HOUSE ACTION: Ordered filed.

The Grievance Committee held meet-

ings on November 5, 1967, and February 11, 1968.

As of July 1, 1968, 19 cases were considered during the year. Of these, six cases were settled by physician and patient, with five cases referred to the county medical society and settled. Thus eight cases remain on the docket of the ISMA Grievance Committee pending settlement.

As usual a number of other complaints were received which were not accepted as cases by the Grievance Committee. These include grievances where the complainant declines to be identified or where preliminary study reveals no violation on the part of a physician but is rather a complaint as to hospital charges, drug costs, insurance coverage, etc. Explanatory letters are sent to all complainants.

The Grievance Committee as a first step in handling a seemingly legitimate complaint encourages the physician charged to attempt a friendly discussion with the complainant. If this approach is unavailing, we persist in our effort at local adjudication by asking the county medical society to attempt resolution of the problem. When this effort fails, or when local adjudication is declined, your state Grievance Committee proceeds to act as directed by the 1951 House of Delegates in the interest of public and professional relations.

The 1967 House of Delegates directed that the publication, *Purposes, Rules and Procedure of the Board of Appeals on Patient-Physician Relations (the Grievance Committee)*, approved by the Council on April 26, 1952, be brought up to date. Legal counsel for the Indiana State Medical Association conferred with the Grievance Committee and this work has gone forward. The revised document will be presented for correction or ratification before being printed and distributed as directed to all members of the ISMA.

The Grievance Committee has again enjoyed excellent co-operation from many members of the Indiana State Medical Association.

PHILIP B. REED, M.D., *Chairman*
EUGENE S. RIFNER, M.D., *Vice-Chairman*
ROBERT G. YOUNG, M.D., *Secretary*
KENNETH L. OLSON, M.D.
EARL W. MERICLE, M.D.
RICHARD BLOOMER, M.D.
JOHN M. PARIS, M.D.
WILSON L. DALTON, M.D.
WILLIAM R. NOE, M.D.

Student Loan Committee

HOUSE ACTION: Ordered filed with the recommendation that in the future, the Student Loan Committee make its report in two separate and distinct sections, one concerning the loan program at the time the association managed the loan fund and the other covering the period under the guaranteed loan program.

The Student Loan Committee held five meetings during the past year. The committee interviewed 13 students, and loans were granted to 11, for a total of $9,900.00. Of the 13 students interviewed, one asked that the loan be held in abeyance and another student received a loan from another source.

Under the Guaranteed Loan Plan with the Indiana National Bank, which was instituted December 1, 1963, the association has on deposit with the bank $20,810.00 to guarantee loans totaling $260,125.00. As of July 31, 1968, 81 loans, totaling $68,800.00, have been granted under this plan.

A report on the Loan Fund which was under association management from October, 1955, to December 31, 1963, follows:

Total loaned to 117 students ..$58,458.36
Total repaid by loanees as of July 31, 1968 53,080.36
Total amount outstanding, July 31, 1968$ 5,378.00
Of the 117 who received loans—
99 have repaid in full
*18 are making payments ($5,378.00)
*Total due on above 18 loans still outstanding$5,378.00

The committee is making every effort, with the assistance of the attorney to collect these unpaid accounts, some of which are overdue.

LESTER D. BIBLER, M.D., *Chairman*
G. O. LARSON, M.D.
LESTER H. HOYT, M.D.
GLENN W. IRWIN, M.D.
DONALD R. TAYLOR, M.D.
JAMES O. RITCHEY, M.D.
ROBERT HOLLOWELL, *Attorney*

Future Planning Committee

HOUSE ACTION: Approved with the recommendation that the committee should consider such things as: (a) involvement of young doctors and doctors in small communities on this and all committees; (b) suggestions to all other committees and commissions; (c) thorough study of state office personnel needs and (d) full-time M.D. in the headquarters office to meet with all groups (medical and non-medical).

The activities of the Future Planning Committee of the association this past year were minimal because of two factors: number one, there was no real problem posed for consideration by the group, and number two, many problems of a future planning nature are being currently undertaken by committees of the Council and the commissions of the Indiana State Medical Association.

For example, the Council, through its subcommittees, is presently giving serious study to problems involving emergency medical services, orientation of new members, membership matters and fiscal matters, to mention but a few.

Presently being planned is a survey of the membership by a Council committee, which when completed, may reveal some areas of study which should and could be properly projected by the Future Planning Committee during the forthcoming year.

EARL W. MERICLE, M.D., *Chairman*
MAURICE E. GLOCK, M.D.
JAMES S. FITZPATRICK, M.D.
A. WAYNE RATCLIFFE, M.D.
FRED S. CARTER, M.D.
WILLIAM B. CHALLMAN, M.D.
JAMES E. WENGER, M.D.
CHARLES F. GILLESPIE, M.D.
LESLIE M. BAKER, M.D.
PATRICK J. V. CORCORAN, M.D., (*ex-officio*)
G. O. LARSON, M.D. (*ex-officio*)
LOWELL H. STEEN, M.D., (*ex-officio*)
RALPH V. EVERLY, M.D., (*ex-officio*)
FRANK B. RAMSEY, M.D., (*ex-offico*)

Building Committee

HOUSE ACTION: Approved.

The Building Committee has not met during the past year because no business has been referred to it.

The building is being kept in a good state of repair. The Pennsylvania Street properties have been paid for and this now makes the association debt free as far as its real estate holdings are concerned. The building now being six years old has necessitated a few minor repairs and the replacement of some working parts.

The building is seeing increased usage by medical groups and the committee, along with the approval of the Executive Committee, has approved the use of the

building once a month during September, October, and November by the Indiana Chapter of the Student American Medical Association. We hope this will foster a closer relationship between the medical students and the association.

RALPH V. EVERLY, M.D.
Chairman
FREDERIC W. BROWN, M.D.
R. CASE HAMMOND, M.D.
JACK E. SHIELDS, M.D.

Legislation

HOUSE ACTION: Adopted with the recommendation that the commission look into and firm up legislative recommendations for adoption procedures, especially for small communities.

The Legislative Commission held its organizational meeting on November 5, 1967. The following officers were elected: chairman, Dr. Dwight W. Schuster; vice-chairman, Dr. Donald Wood; secretary, Dr. Jack Hickman.

The chairman attended a meeting of the AMA Council on Legislative Activities on January 20, 1968. The agenda, which with supporting reference material made a book of 155 pages, was on national legislative issues. This was a most informative and valuable meeting in the opinion of the chairman.

At the commission meeting on February 18, 1968, resolutions passed by the House of Delegates in October, 1967 pertaining to legislation were examined. Resolution #67 from Lake County was in regard to designation of regional tuberculosis hospitals and establishment of outpatient follow-up clinics. Opinion was sought from Dr. Offutt, State Health Commissioner. Dr. Offutt pointed out that such a program would involve extensive legislation which, in his opinion, was not necessary. He stated there is existing legislation which will permit counties to use excess beds for treatment of long-term care cases. Also, county hospitals may arrange inter-county cooperative agreements and clinics may be established by counties as needed without state mandate. Dr. Offutt further recommended comprehensive health planning be used to meet local tuberculosis problems.

Discussion was held relative to preparing a bill to enable the State Board of Medical Registration to maintain professional ethics, to increase registration fees and to retain fees collected for the use of the Board, especially to hire more investigators and to prosecute offenders of the Medical Practice Act. Question was raised regarding investigation of reported need for permitting selected foreign trained physicians to practice in state institutions without examination. Dr. Sheeley, Mental Health Commissioner, subsequently reported that his department and especially the hospital superintendents were not in favor of lowering the standards for physicians in the Department of Mental Health. Dr. Alcorn and the Commission on Medical Education and Licensure also discussed this matter, and Dr. Alcorn was to report to the ISMA Council. The Legislative Commission has not done anything further about these matters.

The chairman of the commission met with Mr. Albert Kelly, of the State Department of Welfare, and discussed possible legislation for Title 19 or Medicaid. Mr. Kelly indicated that a Legislative Advisory Committee was working on this matter. He was of the opinion that the bill to be proposed by the advisory group would be the same bill as introduced in 1967, other than for changes on income limits. Reduction of income eligibility limits was necessary due to changes in the Federal Law.

At a subsequent meeting of the commission, Dr. Charles Petty, a forensic pathologist, discussed proposed legislation in the area of forensic medicine and establishment of a Medical Examiner System. He agreed to review our bill of the 1967 session (HB 1739) and to send pertinent comments and suggestions about it by July 15, 1968.

Other items suggested for preparation of legislative action included (1) one defining blood as a service and not a sale, (2) a bill granting immunity for utilization review and hospital tissue committees as well as one granting immunity to school physicians and nurses, (3) a bill concerning disposition of human remains and parts thereof, (4) a bill for regulation of ambulances and attendants. Finally, a bill which was introduced in the 1967 session relative to treatment of venereal disease in minors without consent of parents was discussed and it was agreed this should be referred to the House of Delegates in October, 1968 for their decision.

At the beginning of the year it appeared that the Legislative Commission was going to get a running start on legislative matters and especially the preparation of possible bills through the able and cooperative services of Mr. Robert Robinson. However, changes in his relationship to ISMA occurred after our meeting on February 18, 1968, so that anticipated services were not available. Hence, the commission is in about the same condition as usual in the year prior to the meeting of the State Legislature. That is to say, the commission as reported above has numerous suggested bills which will require considerable legal work prior to January, 1969. It is anticipated that the commission will meet again September 15, 1968, in order to consider further legislative proposals and to make preparations to discuss legislative matters at the House of Delegates meeting in October, 1968.

As always, the commission is indebted to the office personnel of ISMA, the executive secretary, and his entire staff for helping to carry out the duties of the commission.

DWIGHT W. SCHUSTER, M.D.,
Chairman
DON E. WOOD, M.D.,
Vice-Chairman
JACK W. HICKMAN, M.D.,
Secretary
DANIEL M. HARE, M.D.
HAROLD MANIFOLD, M.D.
ELMER L. WALLACE, M.D.
LESLIE M. BAKER, M.D.
FRED W. DIERDORF, M.D.
JOHN DAVIS, M.D.
GUY A. OWSLEY, M.D.
MAX N. HOFFMAN, M.D.
DANIEL RAMKER, M.D.
LESTER RENBARGER, M.D.
EUGENE F. SENSENY, M.D.
OTIS R. BOWEN, M.D.

Public Information

HOUSE ACTION: Adopted with the following recommendations: (a) the use of the film "Horizons Unlimited" for high school students; (b) a professional film emphasizing all aspects of the preceptor program be produced by the Indiana State Medical Association and that it be shown to Indiana physicians; (c) guidelines for preceptor and preceptee should be set down in black and white, printed in *The Journal* and sent to prospective students and physicians.

The Commission on Public Information met twice during the 1967-1968 calendar year. The first meeting on November 5, 1967, was an organizational meeting at which officers were elected and tentative plans for programs to be accomplished during the year were initiated. The second meeting was held February 18, 1968, at which time the previously established programs were reviewed and several new programs were launched.

The following programs have comprised the activities of the Commission on Public Information during this year and their current status will be noted:

1. *Television Series, Blue Cross-Blue*

Shield. The commission reviewed the plan of Blue Cross-Blue Shield to underwrite the cost of four television shows in Indiana during 1968. The commission came to the following conclusions on the shows: (1) That the Indiana State Medical Association should endorse the show along with the local medical society involved, the local TV station and Blue Cross-Blue Shield; (2) That societies should have the option to utilize local physicians in the live portions of the show or utilize the shows as presently filmed, using Marion County Society physicians; (3) Confirm that it would be good public relations for Blue Cross-Blue Shield to notify physicians of times and locations of the shows. The shows are tentatively being planned for television outlets in Indianapolis, Fort Wayne, South Bend, Evansville and Terre Haute.

2. *Film "Horizons Unlimited".* The commission previewed this film which is designed to encourage young people to enter the health professions. They recommended that the county medical society officers be advised of the availability of this film through the AMA, because of the excellence of contents.

3. *Medical Self-Help Television Film Series.* The commission circulated to presidents and secretaries of the component county medical societies a memorandum advising them of the availability of these films for local use which were purchased by the Indiana State Medical Association in 1965 and have been little used. The commission also advised the State Civil Defense Director of the films' availability and urged cooperative programming in their use at the county level.

4. *Outdoor Billboards.* At the direction of the commission, Mr. Kenneth Bush met with representatives of some of the voluntary health agencies to discuss the possibility of a cooperative venture utilizing billboard space throughout the state to display health education messages. They emphasized the feeling that the budgets of their agencies would not stand the cost of such a venture at this time. As a result no current recommendation was made to the Council but the subject will be followed further to find a method of financing.

5. *Journalism Awards.* The commission circulated to presidents and secretaries of the county medical societies information and facts on the annual journalism awards program. At the time of this writing the commission has received a number of applications and will complete selection for the award prior to the annual convention in Fort Wayne, at which time the citations will be made.

6. *Booklet on ISMA Services.* The commission reviewed copy for this booklet, approved it and following approval of the Council, produced it. The booklet is now available for distribution and plans are to include it in the kit of materials for new members of the ISMA who participate in the "orientation course", and to distribute it to all members of the association. Thanks to the work of Mr. Kenneth Bush, the booklet has been an excellent production.

7. *Teacher Kit on Quackery.* This kit, produced by the AMA, upon review of the commission, was submitted to the office of the State Superintendent of Public Instruction, through the Indiana State Board of Health, for approval in distributing to school libraries. Once this approval is received the commission will go ahead with plans for distribution. The commission feels, however, that if the Department of Public Instruction does not approve the material, that the kit should be referred to the Council for their review before distribution is made.

8. *Miss Indiana Good Health Contest.* The commission explored the idea of selecting a "Miss Indiana Good Health" with the announcement of the selection made at the annual convention of the association. Purpose of the proposed selection would be to focus attention upon some particular health theme each year such as physical fitness, health careers, immunizations and others. The Council of ISMA reviewed this proposal at their March 8, 1968, meeting and voted disapproval of the project.

9. *Better Professional Cooperation with Allied Groups.* The commission recommended to the Council that "in the interest of improving professional relations with allied groups, that the Indiana State Medical Association invite to the annual convention each year the membership of the following organizations." The commission named several organizations. The Council, on May 19, 1968, approved in principle the idea of extending an invitation to paramedical and other ancillary groups and specifically named the groups at that time. These groups have now been invited to attend our annual meeting in Fort Wayne.

10. *Budget for Health Education Materials.* The commission requested a budget of $300.00 to meet requests for literature on health matters which come from teachers, students and others. This amount was approved by the Council.

11. *Project Concern, Incorporated.* The commission reviewed this project which deals with medical care in Vietnam and recommended that no action be taken on this project at this time because of the present fluid situation in Vietnam.

12. *County Society Officers' Meeting.* The commission recommended that the council re-establish an annual meeting for county society officers where they could discuss mutual problems to their own benefit. Such a conference was held this year (1968) on March 30 and 31 but dealt only with the subject of comprehensive health planning and the role of the county medical society and the individual physician in such planning.

13. *Preceptor Program Documentary Film.* The commission has encouraged the development of a film for television showing and for use by county medical societies and health careers public relations programs. Dr. George Lukemeyer, who has been assisting in the coordination of the preceptor program at Indiana University Medical School, has expressed interest in assisting in the development of such a film.

It is the hope of the commission that a professional film, emphasizing all aspects of the preceptor program, will be produced and so recommended to the Indiana State Association.

The above actions have comprised the work of the commission during the past year. This work is still continuing and will be passed on to the commission of next year.

FREDERIC L. SCHOEN, M.D., *Chairman*
WILLIAM B. CHALLMAN, M.D., *Vice-Chairman*
WILLIAM G. MOORE, M.D., *Secretary*
LOUIS H. BLESSINGER, M.D.
ROBERT D. SPINDLER, M.D.
ROBERT W. HARGER, M.D.
DON W. BOYER, M.D.
THOMAS C. CHAEL, M.D.
FRED C. POEHLER, M.D.
LOUIS F. SANDOCK, M.D.
LOREN H. MARTIN, M.D.

Governmental Medical Services

HOUSE ACTION: Approved.

The commission has considered many

natters during the past year and many of hem have been discussed in other commissions of the medical association.

We have:

1. Supported pathologists plea for separate billing.
2. Recommended possibility of showing "Medical Self-Help" movie through TV stations in South Bend, Ft. Wayne and Evansville.
3. Reviewed unusual OCHAMPUS claims (old Medicare and Dependents Care.)
4. Spent considerable time on (A) Comprehensive Health Plan—(B) Medicaid Title 19.
5. Reviewed prison medical services at the state prison and also other institutions and at present are exploring possibility of legislation to aid medical services in the state prison and other establishments within the Department of Correction. (State prison at Michigan City has the only hospital, others have infirmaries. Indiana has the Indiana Regional Medical Program for Heart Disease, Cancer and Stroke. They have published a paper called "Link". Executive Committee for this program is functioning well.)

The Comprehensive Health Plan (Public Law 89-749) has an Advisory Committee of 55 persons. The Indiana State Board of Health is formulating a plan. Information to formulate this plan will be obtained as follows:

A. Groups are needed to tell what is needed at local levels. We must plan at local levels.

B. We need local planning groups (county and/or city).

C. Indiana State Board of Health will write the plan with all local help and advice that they can get.

JEROME E. HOLMAN, JR., M.D., *Chairman*
RAMON B. DUBOIS, M.D., *Secretary*
CHARLES HENDRIX, M.D.
GUY H. WALDO, M.D.
HERMAN ECHSNER, M.D.
DICK J. STEELE, M.D.
TOM S. SHIELDS, M.D.
ROBERT P. SCOTT, M.D.
J. F. HINCHMAN, M.D.
EDWARD J. DIEROLF, M.D.
DONALD K. WINTER, M.D.
GEORGE D. BUCKNER, M.D.
D. D. SWIHART, M.D.
GLEN V. RYAN, M.D.

Public Health

HOUSE ACTION: Adopted with the recommendation that local medical societies seek implementation in their communities of a proposed law that strengthens health units and problems of environmental health.

During the past year this commission, as with most of these groups, found the response to requests for assistance and participation in committee activities was limited to a small number of physicians appointed to the commission, although, at one time or another, nearly all have made some type of contribution. As in previous years, the biggest effort for the commission was the planning and presentation of Junior-Senior Day. Programming was altered from previous years to include a more current approach to the problem of encouraging junior medical students to intern and ultimately to practice in Indiana. The attendance was less than anticipated, but those present did express considerable interest in the presentations. Letters from communities which had representatives at this meeting indicated they had an opportunity to discuss their area with several of the students and asked that they be considered for future programs. Whether or not this particular function is to be continued must be decided by the Council as soon as possible. Tentative plans and reservations for next year's program have been made.

The matter of school health has received considerable attention, particularly in reference to requirements for tuberculin testing for children and a more aggressive case finding program among teachers. It was proposed by the commission that a Health Fair be held in conjunction with the 1969 meeting. This program is being developed and will have as a primary emphasis the development of communication between physicians and school administrators as regards school health policies and health education within each community. A member of the committee has been appointed to develop a preliminary plan for this program involving representatives from Indiana Health Careers, Inc. and the Indiana State Board of Health, Bureau of Health Education and the various health related organizations, including professional groups. This plan will be presented to the Council prior to the 1968 convention.

The efforts on traffic safety have been more in the nature of consultations and cooperation with other agencies. Chairman of the commission attended a meeting of the American Medical Association Committee on Medical Aspects of Automotive Safety. There was considerable exchange of information during the day and I became much more aware of the extent of this committee's involvement in automotive safety. I have been invited to attend a symposium on automotive safety in Washington, D.C. in September, and will represent the ISMA at that meeting. One piece of unfinished business in this context is the need for a driver improvement program and defensive driving course as developed by the National Safety Council. Stimulus for widespread use of this excellent program could well come from the state and county medical societies. A more definite program for utilization of the defensive driver course will be presented to the Council.

The area of industrial medicine did not receive much attention from this commission; although, I am sure, there are problems that should be brought to the commission for consideration. This is especially true with the present push for federally controlled safety standards. The commission members have been invited to participate in a program on industrial medicine at Crane Naval Depot in August.

In the area of environmental health, the ever recurrent problems of area sanitation and operation of the local health departments were given considerable airing. Members of this committee have participated in, and contributed to, the development of proposed legislative programs to strengthen the local health units. These, of course, are coming under the attention of the legislative commission and the actions of the Committee on Public Health will be primarily to support these bills in whatever way the Commission on Legislation feels most advantageous.

Similar programs are being considered in the area of preventive medicine. This commission seems quite concerned with the increasing incidence of venereal disease in adolescence and with the obviously inadequate statistical data resulting from physician negligence or procrastination in reporting those cases coming to their attention. The matter of tuberculosis control was also emphasized. Members of this commission participated in programs seeking to improve these control measures.

We have continued to have excellent relationships with the various departments of the State Board of Health. Members of this commission have assisted in the presentation of programs on infectious disease control within hospitals to various groups. This is a continuing program and deserves the fullest support of the ISMA. In turn, the attitude and procedures of the State Board of Health have

made effective use of recommendations from this medical organization.

As usual, when one prepares this type of report, there is much more to be done than has seemingly been accomplished.

It is proposed that emphasis be put in the coming year on three major areas:

(1) The development of a broader base in communication between physicians and educators and enhancement of the health education programs;

(2) A re-evaluation of the status of industrial medicine and of its purpose, espccially as these effect the relationships between the private physicians and the industrial medical departments, and;

(3) More active participation by physicians and organized medicine in local and statewide traffic safety programs.

T. O. MIDDLETON, M.D.,
Chairman
HENRY G. NESTER, M.D.,
Secretary
DANIEL HARE, M.D.
ROY L. FULTZ, M.D.
R. M. SEIBEL, M.D.
CLEON M. SCHAUWECKER, M.D.
WILSON L. DALTON, M.D.
STANLEY W. BURWELL, M.D.
THEODORE C. PERSON, M.D.
GILBERT Z. GIVEN, M.D.
PAUL SPARKS, M.D.
BERTRAM ROTH, M.D.

Voluntary Health Agencies

HOUSE ACTION: Approved.

The commission met for its organizational meeting at the Indianapolis Athletic Club on Sunday, November 5. The officer's elected were Dr. M. O. Scamahorn, secretary; Dr. James Gosman, vice chairman; Dr. Norman Booher, chairman.

The organization meeting was taken advantage of by a long business meeting following. Future meetings of the commission were set and reported to the headquarters office. The action of the House of Delegates on the 1966-1967 report was studied and assignments of liaison representatives to all of the voluntary health agencies with a statewide program were made.

Plans were made for the activities of the commission for the entire year and it was planned to have a meeting of all of the voluntary health executive officers, including presidents and executive secretaries, together with the commission in January. The Medicine and Voluntary Health Day was planned in conjunction with the annual meeting of the Indiana Public Health Association for Wednesday, May 1. At the very first meeting, it was felt that it was imperative that the poster of recognized agencies be distributed as widely as possible.

A new program was suggested by some of the younger members of the commission and that was that the voluntary health agency programs should be made known to the medical students.

The commission also made the suggestion to the officers of the ISMA that the voluntary health agencies constituted a superb resource for top scientific speakers in the programs of the ISMA.

On January 28, the members of the commission met in the Board Room of ISMA with the presidents and executives of all of the voluntary health agencies having statewide programs in Indiana. At this meeting the floor was open for criticisms and suggestions.

The great preponderance of discussion was very favorable to the image of the ISMA and nearly every agency expressed their deep appreciation for the involvement of organized medicine in the voluntary health program. The commission felt that the public relations impact of this meeting was tremendous. In addition, it was agreed between the voluntary agencies and the commission that another cooperative scientific program would be presented on May 1 at the annual meeting of the Indiana Public Health Association.

The joint Committee of Voluntary Agencies and the commission was formed to plan for a meeting with the medical students of the Indiana University School of Medicine on March 27, 1968. Each agency was given the opportunity to make a three minute oral presentation, giving the highlights of the program of their agency and each agency was allowed to include one pertinent piece of literature on their agency in a file folder printed for this purpose by the ISMA. In spite of the excellent cooperation of the deans of the school of medicine, this program was made voluntary on the part of the students and a poor attendance resulted. In spite of the poor attendance, however, each of the agencies made its presentation and the folders were distributed. It was felt by the commission that in spite of the poor attendance this was an important new project which can be extended in future years.

The scientific presentation mentioned above in connection with the annual meeting of the IPHA was held on May 1 at the Howard Johnson's Motor Lodge, Indianapolis. Three well known speakers were presented, including Dr. Robert L. Yeager, President of the American Thoracic Society; Dr. Brewster S. Miller, Medical Director of United Cerebral Palsy and Dr. Frank Lloyd, Director of Medical Research, Methodist Hospital, Indianapolis. Attendance at this meeting was excellent and reaction was very good. The folders left over from the March 27 meeting were made available at this meeting and, therefore, utilized.

Following the scientific meeting on May 1, the commission met in the afternoon for its final meeting of the year and the program for the year was reviewed. It was decided that a similar program should be proposed to the commission next year, including the medical school effort and some ideas for this program were brought out.

At the scientific meeting on May 1 and at the commission meeting, the commission was privileged to have as a guest, Mrs. Barbara Farley Main, Executive Officer of the Council on Voluntary Health Agencies of the American Medical Association.

Throughout the entire year, the commission received rumors and hearsay information that the programs of the commission were in question in the Council of ISMA. No official communication of this ever reached the commission. However, the chairman of the commission was called before the Council on May 19, at which time he reviewed the history of the commission and its work in detail and called the attention of the Council to the fact that on February 8, a complete report had been made to the chairman of the Council on the activities of the commission, including publication and distribution of the placards, publicizing the recognized voluntary health agencies in this state. It was pointed out that the action of the House of Delegates at the last meeting was that the program of this commission had been not only approved but recommended that it be continued. The question raised by the Council seemed to be the matter of expense in distributing the placards of the organizations recognized. Finally, the commission was instructed to publish the placard in a similar manner as last year and to distribute these in bulk to the voluntary agencies, that every physician member of the ISMA would receive one of these placards for his office by the field men of the association taking adequate quantities to each county, together with a proper explanation of the work being done and they would distribute these to the county medical societies. The demand on the part of the voluntary health agencies for these

placards has exceeded any previous year, and in fact these placards are even being used as presentation pieces by some of these agencies.

We have had some correspondence from county medical societies concerning local agencies and we have reiterated the position of the commission that we can deal only with agencies having statewide programs and we again hope that every county society will establish a committee to deal with local agencies not having a state organization.

Attendance at the commission meetings by some of the members continues to be a problem. During the three regular meetings of the commission held this year, the Sixth, Seventh, Eighth and Tenth Districts failed to have a representative at any meeting; the Second, Third, Fourth and Eleventh Districts had a representative at but one meeting; the Ninth and Twelfth Districts were represented at two meetings and the First and Fifth Districts and the three members-at-large attended all meetings.

The commission recommends that the program be continued in a similar vein because it is felt that the public relations impact of this program has been very high and that its value could not be purchased with any calculable sum. It was also felt that the entire association should endeavor to assist this commission in giving widespread publicity to its programs and efforts and especially to the agencies who meet the difficult criteria laid down by this commission.

This chairman deeply appreciates the dedication of the several men who carried the work of the commission during the year, and is especially grateful to Doctor Scamahorn and Doctor Gosman, and the other officers of the commission for their encouragement, work and support.

The entire commission wants to publicly express its enthusiastic thanks to Mr. Kenneth Bush of the staff and to Miss Eleanor Chapple, who has finished yet another year as a very faithful secretary.

NORMAN R. BOOHER, M.D.
Chairman
JAMES H. GOSMAN, M.D.
Vice-Chairman
M. O. SCAMAHORN, M.D.,
Secretary
ALBERT RITZ, M.D.
ED R. CANTWELL, M.D.
T. A. NEATHAMER, M.D.
HARRY R. BAXTER, M.D.
WILLIAM G. BANNON, M.D.
WAYNE ENDICOTT, M.D.
WILLIAM A. KARSELL, M.D.
JAMES S. FITZPATRICK, M.D.
ALBERT E. APPLEGATE, M.D.
JOHN G. KOLETTIS, M.D.
LLOYD L. HILL, M.D.
RICHARD WILLARD, M.D.
FRANK J. MCGUE, M.D.

Medical Economics and Insurance

HOUSE ACTION: Approved with the recommendation that information about the Continental Casualty Company now offering to the association members who are sub-standard risks a policy which has reasonable costs, be disseminated to the association membership through the county medical society secretaries.

This commission was organized in November, 1967, and charged, individually, as we were at the state convention with a large area of investigation, to include leasing of equipment and further and more extensive insurance coverage to be made available through Indiana State Medical Association.

While much preliminary work has been done by commission members, no concrete areas have been developed. We met with the H.I.C. in April and subsequent to this meeting, we met with the Council to ascertain the development of a comprehensive package of insurance to include malpractice, overhead and modified life. Continental Casualty and J. Russell Townsend offered to present a brochure.

A meeting, specially called in late September and obviously too late for this report, will provide some information to this end.

The report of the September meeting will be available at the convention in Fort Wayne, October, 1968.

The disability program continues to progress slowly.

I wish to thank all the members of the commission for their efforts.

THOMAS G. HAMILTON, M.D.,
Chairman
THOMAS J. CONWAY, M.D.,
Vice-Chairman
CHESTER A. STAYTON, JR., M.D.,
Secretary
CHARLES M. SINN, M.D.
PAUL W. HOLTZMAN, M.D.
EDWARD J. PLOETNER, M.D.
WILLIAM A. JOHNSON, M.D.
PAUL M. INLOW, M.D.
JAMES M. LEFFEL, M.D.
CHARLES E. GECKLER, M.D.
KENNETH O. NEUMANN, M.D.
A. S. KOBAK, M.D.
RICHARD WAGNER, M.D.
JACK W. HANNAH, M.D.
WILLIAM J. MILLER, M.D.

Inter-Professional Relations

HOUSE ACTION: Adopted.

The Commission on Inter-Professional Relations has had two meetings scheduled and both had to be cancelled due to lack of members intending to attend.

FRED FLORA, M.D.,
Chairman
VIRGIL E. ANGEL, M.D.,
Vice-Chairman
WM. S. ROBERTSON, M.D.,
Secretary
A. WAYNE RATCLIFFE, M.D.
PHILIP R. KARSELL, M.D.
CHARLES X. McCALLA, M.D.
JOHN W. RIPLEY, M.D.
RICHARD L. VEACH, M.D.
WILLIS W. STOGSDILL, M.D.
H. H. DUNHAM, M.D.
PIERRE C. TALBERT, M.D.
A. ALAN FISCHER, M.D.
ROBERT G. HUSTED, M.D.

Medical Education and Licensure

HOUSE ACTION: Adopted as follows:

During this year the commission has met five times (September and November, 1967, January, March and May, 1968) and done a significant amount of work. Our activities have been in five fields: Postgraduate Education; Preceptorships; the Doctor Shortage; Licensing; and two recommendations to the Council.

1. *Postgraduate Education*: In nearly every meeting the great variety of postgraduate medical education available in the state was bought up. Dr. George Lukemeyer, of the Indiana University Medical Center, kept the commission informed on the progress of the many programs sponsored by the medical center. These involved not only the well-established activities such as supplying local medical societies with speakers for their meetings; supply of reprints on any subject on request from the library at the medical school; (TWX connections for rapid service are available in many locations through local librarians) and two way telephone hook-ups which are used by seven hospitals across the state, but also a variety of new techniques of postgraduate education.

Seventeen videotape machines have been placed about the state in hospitals and clinics. These will use existing educational videotapes on medical subjects put out by

drug companies and medical schools, as well as new tapes being produced at Indiana University Medical Center. They will be connected to Indiana University Medical Center for live programs and selected hospitals will produce their own tapes locally.

Visiting faculty arrangements have been made between at least two cities and Indiana University Medical Center—Evansville and Lafayette.

Special clinics are held in a number of cities in the state: Epilepsy Clinics at Terre Haute and South Bend; a Cardiac Clinic at South Bend; a Tumor Clinic at South Bend and one for crippled children at Richmond.

Discussion was held on the subject of requiring doctors to keep up their postgraduate education in various ways. It was felt that membership in ISMA should not be contingent on evidence of continued education but that it might be worth forming an academy within ISMA, membership in which would be contingent on continuing education. Whether relicensing of doctors might be made dependent on the physician taking a minimum amount of postgraduate education is the decision of the State Board of Licensure. Precedents for such requirements for postgraduate education are the American Academy of General Practice and the Oregon Medical Society.

With the agreement of the commission, Dr. Lukemeyer sent out a questionnaire on postgraduate education to all ISMA physicians—a big job, the results of which are now being tabulated.

II. *The Preceptorship Program*: This is an ongoing program in its third year and during this school year (1967-68) involved approximately 20% of the senior class. A successful drive for new preceptors was conducted. The commission reconfirmed its conviction that the program (1) should not include preceptors in Marion County, and; (2) it should continue to be a voluntary, not compulsory, part of the students' experience.

It was decided that five years are necessary before an evaluation of the achievements of the preceptorship program could be made.

The commission is grateful for the cooperation of all the physicians of the state who have been willing to be preceptors and, thus, make the program a success.

III. *The Doctor Shortage*: The physician shortage in Indiana was discussed in several meetings. The medical school trains proportionately more doctors in relationship to our population than most neighboring states; yet we do not keep them here to practice. Their staying here is chiefly dependent on (1) Indiana's developing competitive (with the rest of the nation) internship and residency programs. This is recognized and is being corrected gradually. (2) Activities of local communities in attracting doctors. The commission appointed a committee to investigate how ISMA might aid communities to obtain doctors. A news release was thought important to help local communities realize *their* important role. The ISMA office also has very good pamphlets for communities who need to find doctors such as "A Doctor for Your Community" and they will cooperate in every way with communities who contact them for such help.

IV. *Licensing*: The area of licensing occupied much of the commission's time. Dr. Alcorn, president of the State Board of Licensing, brought us information and requested our help on a number of problems.

By considerable effort and cooperation of many persons and institutions, it almost occurred that the objective, machine-graded exam of the Federal State Boards was given in June, 1968, but Governor Branigin felt that extra needed money from the state could not be used without legislative approval. However, the commission voted that such an exam should be used as soon as it could be managed. Such an exam is within the Indiana law.

The subject of a special limited license for institutional physicians was discussed on two different occasions and it was the considered opinion of the commission that this was not a wise step, even though some of our institutions feel the need greatly, and we did not recommend it.

V. *Council Recommendations*: The Council referred to the commission a request for endorsement from Ivy Tech and arranged a hearing at which A. P. Coffin and James M. Leffel, M.D. of Ivy Tech told about their schools. After much discussion it was the unanimous opinion of the commission that it recommend to the Council endorsement of Ivy Tech by ISMA.

For the year ahead, in addition to the usual ongoing activities of the commission, there is one job and one policy position that need attention. The job is to conduct a survey of medical and paramedical manpower needs for the purpose of Comprehensive Health Planning. The policy position concerns the development of physician assistants, a possible way of relieving the physician shortage.

The chairman wishes to thank the members for their good attendance at considerable personal sacrifice, and their willingness to work and deal conscientiously with a wide variety of subjects in their field.

JAMES B. JOHNSON, M.D., *Chairman*
JOHN L. CULLISON, M.D., *Vice-Chairman*
FORREST LaFOLLETTE, M.D., *Secretary*
BETTY DUKES, M.D.
JOHN M. PARIS, M.D.
RICHARD A. SNAPP, M.D.
FRANK COBLE, M.D.
WILLIAM RINGER, M.D.
LEO RADIGAN, M.D.
LOWELL J. HILLIS, M.D.
JOEL SALON, M.D.
JENE R. BENNETT, M.D.
MERRITT O. ALCORN, M.D.
PETER J. PILECKI, M.D.
GLENN W. IRWIN, JR., M.D.
KENNETH SHERER, M.D.
GEORGE T. LUKEMEYER, M.D.

Special Activities

HOUSE ACTION: Adopted with the recommendation that the state association watch closely the activities of the AMA-ERF.

The Special Activities Commission met three times during 1967-1968. Work concerning the blood banks was nearly completed. In the future a series of articles is planned for publication in *The Indiana State Medical Journal* concerning the use of blood and the component parts of blood. Also, at the state meeting in Fort Wayne in October, there are scientific exhibits expected concerning blood banks. The exhibits will acquaint ISMA members with the functions of blood banks in Indiana, their make-up, their sponsors and other pertinent information about blood uses and blood banks.

President Larson requested the commission to make a detailed study of the American Medical Association Education and Research Foundation to determine if it deserves our continued support, and if so, whether we should try to increase this support. Dr. Marvin Priddy spent two informative days in Chicago with the Education and Research Foundation of AMA. His detailed report was presented at the January Special Activities Commission meeting. After study of the information, the commission recommended the continued and increased support of AMA-ERF. A more detailed report can be found in the May issue of the state *Journal*, page 594.

The Special Activities Commission pledged further assistance to the Council

n implementing the orientation program for new members of the state medical association. The commission and its members will help in any way possible with this program.

The study of medicine and its interrelationship with religion was planned. It is hoped further study of the interdependence of clergy and medicine will be undertaken in the future. The commission members hope to meet with the AMA chaplain at the state meeting in October and plan some studies relative to both professions.

MARVIN E. PRIDDY, M.D., *Chairman*
ROBERT M. BROWN, M.D., *Vice-Chairman*
RAY H. BURNIKEL, M.D.
NORBERT M. WELCH, M.D.
ROBERT O. ZINK, M.D.
JOHN E. FREED, JR., M.D.
HAROLD C. OCHSNER, M.D.
HENRY BIBLER, M.D.
CLARENCE G. KERN, M.D.
ADOLPH WALKER, M.D.
K. G. HILL, M.D.

Aging

HOUSE ACTION: Adopted with the suggestion that members of the association make themselves aware of the very excellent booklet, entitled "Organized Health Care for the Sick and Disabled" prepared by this commission.

The Commission on Aging met four times during the year. The first meeting was held on November 5, 1967. At this meeting the following officers were elected:

Chairman: George M. Young, M.D.

Vice-Chairman: A. W. Cavins, M. D.

Secretary: Raymond Duncan, M.D.

We reaffirmed our stand on independent living and our goals of developing measures to make independent living more available to the senior citizens of this state. Our budget for the year was set at $500.00 for travel and food and $200.00 for projects. Dr. G. O. Larson, our state president, requested that this commission work on a plan to simplify and expedite the enrollment of applicants and eligible recipients of Medicare. In order to accomplish this it was proposed that the state Social Security Office and the Blue Cross-Blue Shield have representatives at our next meeting.

The second meeting of the commission was held on February 4, 1968. Mr. Fred Wolf, Regional Representative from the Social Security Administration and Mr. Herbert Dixon of Blue Cross-Blue Shield met with us. Concerning the simplification of Medicare, Dr. A. W. Cavins made a motion that Blue Cross-Blue Shield send simplified, cartoon style instructions to Medicare recipients so that they can understand more easily the connection between their supplemental Blue Shield and their Medicare. The motion passed. It was suggested that the Independent Insurance Agents Association of Indiana and any similar organizations be contacted for whatever help they might give. A motion was made by Dr. W. R. Van Den Bosch and later revised to this wording, "I move that this commission approve the policy that the Indiana State Medical Association assume no responsibility for public education on matters pertaining to contractual agreements, mechanisms and benefits of Medicare or other insurance programs; but encourage all members and member societies to cooperate in education programs according to their individual desire." The motion was approved.

A film, "The Home Health Aid" was shown to the commission. All members thought it was good, but decided to review other films of this type before recommending the purchase of such a film by the Indiana State Medical Association for its library to be used in organizing home health aid programs in local communities and by county societies. The one seen is available from the Indiana State Board of Health on a limited basis. General consideration of home health aid programs was taken up but no definite program was adopted.

At the third meeting of the commission, held on April 28, 1968, we took up the revising and updating of the Statement of Organized Home Care for the Sick and the Disabled which was first prepared by the commission in 1962. This statement needs to be updated to include Medicare and other measures which have come into being since that date. Dr. A. C. Offutt, Dr. W. C. Anderson and Dr. Robert Yoho were appointed as a committee to meet with Elizabeth Jones, Health Education Consultant of the Indiana State Board of Health, who requested that the commission help with the revision of this statement. Dr. Van Den Bosch encouraged the commission, as one of its objectives, through the Indiana State Medical Association, to put out some information to those people retiring or planning to retire at an early age. This is to prevent, if possible, some of the problems found in some of these people after retirement. This was called by Dr. Van Den Bosch "Preventive Geriatrics."

The commission held its fourth meeting on June 2, 1968. We discussed the policy statement of Organized Health Care for the Sick and Disabled. The commission went over the changes made by Dr. Wendell Anderson and his committee, and discussed them very thoroughly, making several other revisions, and requested that the commission's recommendations be added to the policy statement and submitted to the Council for approval. After approval, the commission suggested publishing it in *The Journal of the Indiana State Medical Association*, in *The Bulletin of the Indiana State Board of Health*, and printing it in pamphlet form for circulation to organizations and individuals who request it. It was also suggested that the policy statement be sent to the Indiana Advisory Committee on Comprehensive Health Planning and to the Regional Medical Planning group for information and possible program incorporation.

The commission also discussed further Dr. Van Den Bosch's proposal that it incorporate in its objectives his idea of "Preventive Geriatrics" to compile information and suggestions for people who retire at an early age or who are nearing retirement age. It was suggested that we leave this as a project for the 1969 commission.

GEORGE M. YOUNG, M.D., *Chairman*
A. W. CAVINS, M.D., *Vice-Chairman*
RAYMOND DUNCAN, M.D., *Secretary*
BERNARD B. ROSENBLATT, M.D.
R. E. BUCKINGHAM, M.D.
WALTER S. FISHER, M.D.
GLEN A. RAMSDELL, M.D.
JOHN O. BUTLER, M.D.
WALLACE R. VAN DEN BOSCH, M.D.
GEORGE W. WAGONER, M.D.
NATHAN SALON, M.D.
DONALD T. OLSON, M.D.
ANDREW C. OFFUTT, M.D.
WENDELL C. ANDERSON, M.D.

Constitution and Bylaws

HOUSE ACTION: Approved.

The Commission on Constitution and Bylaws has had several matters referred to it for consideration and makes the following recommendations for changes in the constitution.

Be it resolved that Article IV, Section

1 of the Constitution be amended so as to read:

"Section 1. This association shall consist of active members, associate members, senior members, honorary members and disabled members." This merely adds a classification of disabled members to this section of the constitution.

Be it resolved that Article IV, Section 6 of the constitution be ammended to become Article IV, Section 7 and that a new Article IV, Section 6 be added to the constitution to read as follows:

"Section 6.—*Disabled Members.* Disabled members shall consist of physicians of the state of Indiana who are certified by a member physician to be permanently disabled and no longer able to practice medicine and who continues to reside in the state of Indiana.

"Proof of permanent disability shall be by notification of the Secretary of the Association by the secretary of the County Medical Society in which such permanently disabled physician holds membership."

Be it resolved that a new subsection be added to Article IV, Section 7 of the constitution to read as follows:

"e. All such disabled members, as defined above, shall receive association membership cards and *The Journal* of the Association without charge."

The above amendments to the constitution are being introduced at this time and according to the constitition must lay over for final action of this house at our 1969 meeting.

The amendments to the Bylaws:

Be it resolved that Chapter III, Section 1, subsection 1 of the Bylaws be amended to become subsection m. and a new subsection l. be added to read as follows:

"l. Directors of Medical Education." Explanation: This creates a new section to be known as a Section of Directors of Medical Education within the association.

Be it resolved, that Chapter V, Section 5 of the Bylaws be numbered to read Section 6 and that a new section 5 be inserted to read as follows:

"Section 5.—The officers of the Association shall be installed by taking the following oath of office to be administered by the out-going President of the Association at the final meeting of the House of Delegates:"

Be it resolved that Chapter XXVI, Section 2 of the Bylaws be amended in that the numbers and names of all reference committees are hereby stricken and the first paragraph is amended to read as follows:

"Section 2.—Four or more Reference Committees designated by numerals are hereby constituted to which all matters shall be referred." The balance of Section 2 shall remain unchanged.

Be it resolved that Chapter XXVIII be amended by adding a Section 9 to read as follows:

"Section 9.—It shall be the duty of each district medical society to select in any manner it chooses a member from its district to serve a term or fill an unexpired term on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield). Notice of such selection shall be immediately transmitted to the Council or Board of Trustees of the Indiana State Medical Association which will officially place said selected member in nomination for election to said Board of Directors.

"However, no member selected or nominated to serve on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) shall serve for more than two consecutive terms, each term being limited to three years, but this shall not prevent him from serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively."

This section shall apply to all members elected to serve terms which begin in 1969 and thereafter.

GORDON S. FESSLER, M.D., *Chairman*
R. L. GLENDENING, M.D.
GEORGE W. WILLISON, M.D.
THOMAS H. GOOTEE, M.D.
M. C. TOPPING, M.D.
JAMES F. LEWIS, M.D.
PAUL B. ARBOGAST, M.D.
JOSEPH F. FERRARA, M.D.
B. D. WAGONER, M.D.
CHESTER L. WAITS, M.D.
ORA L. MARKS, M.D.
EDWIN C. MUELLER, M.D.
WILLIAM M. SHOLTY, M.D.
JOHN S. FARQUHAR, M.D.
BURTON E. KINTNER, M.D.

RESOLUTIONS

NO. 68-1: MEDICAL LICENSURE

(Introduced by Elkhart County Medical Association)

HOUSE ACTION: Adopted as follows:

WHEREAS, the State Board of Medical Registration and Examination of Indiana gives only one yearly examination each June, and,

WHEREAS, applications must be completed and received by the fifteenth day of May, and grading is not complete before mid-September; (thus, a mid-May applicant would have to languish for 16 months prior to gaining licensure even if successful), and,

WHEREAS, Indiana physicians recognize a statewide physician shortage that is dangerously severe on some areas,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association strongly convey to the State Board of Medical Registration and Examination dissatisfaction with the present situation, and further, that the Indiana State Medical Association do everything in its power to change this archaic process to allow more frequent examinations, and,

BE IT FURTHER RESOLVED, that the right and proper interpretation of the Senate enrolled Act 359, Section 1, be that three years active practice in the state of licensure include time spent in approved training prior to licensing.

NO. 68-2: MEDICAL DEPARTMENT WITHIN THE STATE BOARD OF CORRECTION

(Introduced by LaPorte County Medical Society).

HOUSE ACTION: Adopted as follows:

WHEREAS, the State Board of Correction of the state of Indiana has within its jurisdiction the health of approximately 7,500 inmates, and,

WHEREAS, the operation of the medical department of these institutions has shown certain deficiencies in selection of medical personnel and procurement of medical supplies and equipment,

NOW, THEREFORE, BE IT RESOLVED, that the needs of the inmates of the institutions of the State Board of Correction of Indiana would be better met by the appointment of a licensed physician to the State Board of Correction, having authority for the selection and direction of personnel, procurement of medical supplies and equipment, and,

BE IT FURTHER RESOLVED, that this resolution be forwarded to the Legislative Commission of the association for its presentation to the 1969 State Legislature.

NO. 68-3: OCHAMPUS

(Introduced by Fort Wayne (Allen County) Medical Society).

Resolutions 3 and 13 were considered together.

HOUSE ACTION: Not adopted.

WHEREAS, OCHAMPUS, since its inception in 1956, has been under the supervision and administration of the In-

ına State Medical Association, and,

WHEREAS, the Indiana State Medical ssociation has struggled valiantly rough governmental red tape and regu- ions to serve the dependents of service- en, as well as the physicians of the state Indiana, and,

WHEREAS, despite these efforts on the rt of the Indiana State Medical Associa- n, the physicians and patient partici- nts throughout the state of Indiana find e administrative services to be inade- ate,

NOW, THEREFORE, BE IT RESOLV- D, that the Indiana State Medical As- ciation request Blue Shield to assume e administration of this program.

WHEREAS, the medical aid to military pendents known as OCHAMPUS was st begun on an experimental program in diana to show that the state medical or- nization could operate a usual and cus- mary fee for service operation at a rea- nable expense, and,

WHEREAS, this program has had many aws in the usual and customary fee hedule, and,

WHEREAS, payment under this system as been delayed as long as six months to me of our members, and,

WHEREAS, other government payments e made more promptly even though not ne through our Indiana State Medical ssociation,

NOW, THEREFORE, BE IT RE- OLVED, that this House of Delegates iscern the proper committee to investigate ie action and needs of the program with n aim to improving the service or switch- ng it to another agency for administration.

NO. 68-4: COVERAGE DURING PHYSICIAN ABSENSE

(Introduced by the Fort Wayne (Allen County) Medical Society).

IOUSE ACTION: Not adopted.

WHEREAS, many physicians are serving nedicine and people by going out of the country to serve on medical missions,

NOW, THEREFORE, BE IT RESOLV- ED, that the Indiana State Medical As- sociation set up a committee to accumu- ate information about these missions nd furnish information to members about hese missions, and,

BE IT FURTHER RESOLVED, that his committee have district subcommit- tees to arrange for physician coverage while away and speaking engagements as desired when back, and,

BE IT FURTHER RESOLVED, that the Indiana State Medical Association committee establish liaison with the appropriate American Medical Association committee.

NO. 68-5: FORENSIC MEDICINE

(Introduced by the Lake County Medical Society).

HOUSE ACTION: Adopted as follows:

WHEREAS, problems in the field of forensic medicine are becoming of increasing interest and concern to the medical profession, and,

WHEREAS, the present Section on Pathology does not include a number of physicians serving as coroners, deputy coroners, etc.,

NOW, THEREFORE, BE IT RESOLVED, that Chapter 3, Sec. 1, item "J" of the Bylaws be amended to read as follows: "J. Pathology and Forensic Medicine" so as to include in its activities those physicians now interested or engaged in this field of medicine.

NO. 68-6: DRIVER LICENSING

(Introduced by the Fort Wayne (Allen County) Medical Society).

HOUSE ACTION: Not adopted. Chair referred to Commission on Legislation for further study.

WHEREAS, the accident rate, per mile driven, for 16 to 18-year-old licensed operators of motor vehicles on the public highways of Indiana is far in excess of the rate for any other age category, resulting in great loss of life among these operators, their passengers, and many innocents traveling upon the streets and highways, as well as property damage in prodigious amounts, astronomical insurance payments, and high insurance rates, only partially compensated by the special increased rates for these drivers, and,

WHEREAS, all physicians are fully aware that the judgment ability of persons 16-18 years old is much less mature than of persons more than 18 years old, and,

WHEREAS, state and local police officials consider the 16 to 18-year-old driver an especial hazard on the highway, and,

WHEREAS, the experience in states where the minimum legal driving age is 18 years has been most favorable in the reduction of injury and loss of life and property to the driver and innocent passerby alike,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association, as part of its function in the protection of public health and safety, recommend to the legislature of the state of Indiana that the legal age at which a motor vehicle operator may be licensed be raised from 16 years and one month to 18 years and one month, and,

BE IT FURTHER RESOLVED, that the Indiana State Medical Association shall seek the active support of the Indiana State Police and the Indiana Chamber of Commerce in proposing such legislation.

NO. 68-7: SCHOOL ATHLETIC PROGRAMS

(Introduced by the Boone County Medical Society).

HOUSE ACTION: Not adopted.

WHEREAS, the Boone County Medical Society is materially interested in the health and well-being of high school athletes, and,

WHEREAS, the Indiana High School Tournaments require high school basketball players to participate on some occasions in more than one basketball game per day, and,

WHEREAS, the Boone County Medical Society is convinced that more than one basketball game per day by a high school student places excessive physical strain on athletes in the high school age group, and,

WHEREAS, there have been numerous cases of leg cramps and undue physical strain on high school athletes as a result of participating in more than one high school basketball game per day, and,

WHEREAS, college and professional basketball teams restrict their activity to one game per day,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association petition the Indiana High School Athletic Association to limit basketball tournaments so as to permit high school athletes to participate in only one basketball game per day.

NO. 68-8: CREATION OF NEW MEMBERSHIP CLASSIFICATION

(Introduced by the Marion County Medical Society).

HOUSE ACTION: Not adopted, but

referred to the Commission on Constitution and Bylaws for more clarification of the individuals involved.

WHEREAS, an increasing number of physicians, who have been members of the Indiana State Medical Association for 20 years or more, are retiring from active medical practice before they reach the age of eligibility for Senior Membership in the association, and,

WHEREAS, for such physicians the requirement that they continue to pay the full annual dues of their county medical societies, the Indiana State Medical Association and the American Medical Association until the year after they reach the age of 70 discriminates against them solely on the basis of age,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association create a separate membership category for such physicians, as long as they do not engage in active practice, with a reduction, at least, in the amount of annual dues they shall pay.

NO. 68-9: A BILL TO MAKE MINORS COMPETENT TO CONSENT TO, AND CONTRACT FOR, TREATMENT OF VENEREAL DISEASE

(Introduced by the Marion County Medical Society).

HOUSE ACTION: Adopted as follows:

WHEREAS, many persons under 21 years of age are reluctant to seek treatment for venereal disease for fear parents or guardians will be notified, and,

WHEREAS, physicians presently are in an untenable legal position if they treat a minor without the consent of his parent or guardian, and,

WHEREAS, treatment is urgent and barriers to it in the path of physicians and minor patients should be removed,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association arrange for introduction, in the 1969 Indiana General Assembly, of a bill which would make all persons under 21 years old competent to consent to, and contract for, treatment and/or hospitalization for venereal disease.

NO. 68-10: REVISION OF COUNCILOR DISTRICTS OF THE INDIANA STATE MEDICAL ASSOCIATION

(Introduced by the Marion County Medical Society).

HOUSE ACTION: Referred to the Board of Trustees and the board mandated to act upon the matter and present a definite plan at next year's first meeting of the House of Delegates.

WHEREAS, control of the Indiana State Medical Association by its membership, through elected representatives, can be assured only if those representatives are chosen on an equitable numerical basis, and,

WHEREAS, the Council of the association is its governing body between sessions of the House of Delegates, and,

WHEREAS, there continues to be inequity in representation on the Council of the association membership because councilors are elected from districts established on a geographical basis and not a numerical basis, and,

WHEREAS, as present districts are defined, one councilor represents as few as 134 members and another as many as 1,150 members, as indicated in the membership report of the association as of Dec. 31, 1967, yet each has an equal vote, and,

WHEREAS, seven of the 13 councilors represent a total of 1,297 members and the other six represent a total of 3,124 members, again revealing inequity of representation, and,

WHEREAS, this inequity of representation also is reflected in the composition of the various commissions of the association and on the Blue Shield Board of Directors, whose members, except for the members-at-large, are chosen by the councilor districts, and,

WHEREAS, the Constitution and Bylaws of the association provide that there shall be 13 councilor districts but leaves definition of the districts to the House of Delegates,

NOW, THEREFORE, BE IT RESOLVED, that the House of Delegates of the Indiana State Medical Association redefine the councilor districts on a numerical basis so that each councilor represents approximately 325 members of the association, and,

BE IT FURTHER RESOLVED, that in any county in which the medical society has a large membership, approximately 325 members shall constitute a district, and one group of officers and one councilor for approximately 325 members, shall be elected to serve the district, and,

BE IT FURTHER RESOLVED, that the 13 councilor districts shall be redefined as follows:

1st District	
Posey	8
Vanderburgh	233
Warrick	7
Spencer	4
Perry	8
Gibson	13
Pike	3
Knox	41
Daviess-Martin	21
Total Members	338

2nd District	
Parke-Vermillion	22
Putnam	16
Vigo	114
Clay	14
Sullivan	11
Greene	13
Owen-Monroe	72
Hendricks	20
Morgan	20
Total Members	302

3rd District	
Dubois	23
Lawrence	25
Orange	9
Harrison-Crawford	11
Floyd	39
Clark	41
Scott	5
Washington	7
Jackson-Jennings	25
Bartholomew-Brown	51
Decatur	9
Jefferson-Switzerland	23
Dearborn-Ohio	18
Ripley	8
Total Members	294

4th District	
Jay	1(
Randolph	1(
Henry	3(
Wayne-Union	7(
Total Members	24(

5th District	

6th District	
Johnson	30
Shelby	19
Hancock	22
Rush	15
Fayette-Franklin	16

7th District	
Marion	1,08(

8th District	
Madison	10(
Delaware-Blackford	11(
Grant	7(
Wells	4(
Adams	1(
Total Members	35(

9th District	
Porter	43
Starke	6
Jasper	7
Newton	5
White	10
LaPorte	98
Pulaski	5
Benton	8
Fountain-Warren	14
Tippecanoe	134
Montgomery	23
Total Members	353

10th District	
Lake	443

11th District	
LaGrange	9
Huntington	21
Marshall	25
Carroll	8
Clinton	20
Noble	16
Wabash	27
Fulton	10
Miami	11
Boone	21
Hamilton	18
Whitley	17
Kosciusko	17
Cass	32
Howard	70
Tipton	11
Total Members	333

12th District		13th District	
Allen	292	St. Joseph	235
DeKalb	23	Elkhart	113
Steuben	13	Total Members	348
Total Members	328		

BE IT FURTHER RESOLVED, that implementation of redistricting the association shall be accomplished as follows:

1*st District.* The councilor-elect shall serve until his term of office expires in Oct., 1971. Before expiration of his term of office, the newly defined district shall elect a councilor to succeed him.

The alternate councilor shall serve until his term of office expires in Oct., 1970. Before expiration of this term of office, the newly defined district shall elect an alternate councilor to succeed him.

2*nd District.* The present councilor shall serve until his term of office expires in Oct., 1969. Before the expiration of his term of office, the newly defined district shall elect his successor.

The alternate councilor-elect shall serve until her term of office expires in Oct., 1971. Before expiration of her term of office, the newly defined district shall elect her successor.

3*rd District.* The present councilor shall serve until his term of office expires in Oct., 1970. Before expiration of his term of office, the newly established district shall elect his successor.

The alternate councilor-elect shall serve until his term of office expires in Oct., 1971. Before expiration of his term of office, the newly established district shall elect his successor.

4*th District.* The councilor-elect shall serve until his term of office expires in Oct., 1971. Before expiration of his term of office, the newly established 4th, 5th and 7th districts shall elect his successor.

5*th District.* The present councilor shall serve until his term of office expires in Oct., 1969. Before expiration of his term of office, the newly established 4th, 5th and 7th districts shall elect his successor.

7*th District.* The councilor-elect shall serve until his term of office expires in Oct., 1971. Before expiration of his term of office, the newly established 4th, 5th and 7th districts shall elect his successor.

The present alternate councilor shall serve until his term of office expires in Oct., 1969. Before the expiration of his term of office, the newly established 4th, 5th and 7th districts shall elect his successor.

6*th District.* The present councilor shall serve until his term of office expires in Oct., 1970. Before the expiration of his term of office, the newly established district shall elect his successor.

8*th District.* The present councilor shall serve until his term of office expires in Oct., 1969. Before the expiration of his term of office, the newly established district shall elect his successor.

The present alternate councilor shall serve until his term of office expires in Oct., 1970. Before the expiration of his term of office, the newly established district shall elect his successor.

9*th District.* The present councilor shall serve until his term of office expires in Oct., 1970. Before the expiration of his term of office, the newly established district shall elect his successor.

The alternate councilor-elect shall serve until his term of office expires in Oct., 1971. Before the expiration of his term of office, the newly established district shall elect his successor.

10*th District.* The councilor-elect shall serve until his term of office expires in Oct., 1971. Before the expiration of his term of office, the newly established district shall elect his successor.

The present alternate councilor shall serve until his term of office expires in Oct., 1969. Before the expiration of his term of office, the newly established district shall elect his successor.

11*th District.* The present councilor shall serve until his term of office expires in Oct., 1969. Before the expiration of his term of office, the newly established district shall elect his successor.

The alternate councilor-elect shall serve until his term of office expires in Oct., 1971. Before the expiration of his term of office, the newly established district shall elect his successor.

12*th District.* The present councilor shall serve until his term of office expires in Oct., 1970. Before the expiration of his term of office, the newly established district shall elect his successor.

The present alternate councilor shall serve until Oct., 1971, a year after his present term of office expires, to avoid having a councilor and alternate councilor elected by the district in the same year. Before the expiration of his extended term of office, the newly established district shall elect his successor.

13*th District.* The councilor-elect shall serve until his term of office expires in Oct., 1971. Before the expiration of his term of office, the newly established district shall elect his successor.

This plan will provide for 13 councilors at all times. Four will be elected in 1969; four in 1970, and five in 1971. Thus, in 1971, all councilors will represent the new districts as defined in this resolution.

BE IT FURTHER RESOLVED, that each newly established district shall determine the proper procedure for it to follow in election of its representative on the Board of Directors of Blue Shield.

NO. 68-11: IMPLIED CONSENT LAW

(Introduced by the Marion County Medical Society).

HOUSE ACTION: Adopted as follows:

WHEREAS, evidence has shown that in accident cases where blood is automatically drawn to test the alcoholic content that the number of accidents have been erduced, and,

WHEREAS, drinking drivers are becoming an increasing menace to the life and safety of others on the highway,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association prepare and introduce a bill in the 1969 session of the Legislature providing that any person licensed to drive or driving on an Indiana highway and becoming involved in an accident shall be liable to undertake a legally accepted test to determine the alcohol content of his person, and,

BE IT FURTHER RESOLVED, that such law provide that the test be made only upon the demand of an officer of the law investigating the accident, and,

BE IT FURTHER RESOLVED, that legal blood alcohol levels be established at 0.10%.

NO. 68-12: CREATION OF A SECTION ON CUTANEOUS MEDICINE

(Introduced by the Marion County Medical Society).

HOUSE ACTION: Adopted.

WHEREAS, there are now forty-four (44) full-time dermatologists in the state of Indiana, and,

WHEREAS, these physicians are organized into an Indiana Society of Dermatology, and,

WHEREAS, the Indiana Society of Dermatology has expressed a desire to have a Section on Cutaneous Medicine established, and,

WHEREAS, the goal is to offer closer liaison and cooperation with organized medicine in problems confronting this body, and,

WHEREAS, it is the desire of the Indiana Society of Dermatology to offer its assistance in contributing to the continuing education program, to comprehensive health planning and to the Indiana plan,

NOW, THEREFORE, BE IT RESOLVED, that the House of Delegates of the Indiana State Medical Association establish a Section on Cutaneous Medicine as a separate entity aside, and distinct from, the other clinical sections now authorized by the Constitution and Bylaws and in accordance with Chapter III, Section 1, and XXXIII, Section 1, of the Constitution and Bylaws of the Indiana State Medical Association.

NO. 68-13: OCHAMPUS

Resolution 13 was considered together with No. 1. See page 128.

NO. 68-14: HEALTH EXAMINATION PUBLIC SCHOOL TEACHERS

(Introduced by Fort Wayne (Allen County) Medical Society).

HOUSE ACTION: Referred to the Commission on Public Health for study and returned to the next House of Delegates for further consideration.

RESOLVED, that the Indiana State Medical Association instruct its Legislation Commission (or another appropriate committee) to study the school teachers examination law (Acts of Indiana, 1941, Chapter 214 as amended in 1943) and recommend changes to the Indiana State Legislature considering the following:

1. The chest x-ray should include a PA *and* a lateral view.

2. A satisfactory skin test may be used in lieu of the chest x-ray at the discretion of the testing physician providing that a changing skin test be followed immediately by a chest x-ray of at least PA and lateral views.

3. Syphilis should be tested by an appropriate serological test.

4. If other diseases or stages of the above diseases are to be examined, the *minimum* examination shall be listed.

5. Presently there is much misinformation and misunderstanding concerning this law on the part of the school boards, the teachers and the physicians.

6. The right of the teacher to have the examination by the physician or physicians of his choice be preserved.

NO. 68-15: CREATION OF COMMISSION ON EMERGENCY MEDICAL SERVICES

(Introduced by the Fort Wayne (Allen County) Medical Society).

HOUSE ACTION: Adopted.

WHEREAS, improved emergency medical services have been a national goal of the American Medical Association and the Indiana State Medical Association, and,

WHEREAS, our state association has not had a designated organization to deal with the survey, planning and evaluation of such services,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association form a Commission on Emergency Medical Services to insure that the medical profession will guide and influence this vital sector of care.

NO. 68-16: SUPPORT OF IVY TECH

(Introduced by the Fort Wayne (Allen County) Medical Society).

HOUSE ACTION: Adopted.

WHEREAS, the continually expanding needs of health care have created major shortages of medical personnel, and,

WHEREAS, there is a strong trend toward the increasing use of paramedical personnel to help relieve this shortage, and,

WHEREAS, the effectiveness of paramedical personnel is well established, and,

WHEREAS, Indiana Vocational Technical College has been created and is developing programs to train paramedical personnel,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association encourage the State Legislature to support Indiana Vocational Technical College so that substantial numbers of paramedical personnel can be trained.

NO. 68-17: DECLARATION THAT TRANSACTIONS REGARDING HUMAN BLOOD, BLOOD DERIVITIVES AND COMPONENTS AND OTHER HUMAN TISSUES AND ORGANS ARE A MEDICAL SERVICE

(Introduced by the Marion County Medical Society).

HOUSE ACTION: Adopted as follows

WHEREAS, there is need to define t nature of all transactions relating to p curing, furnishing, processing, distributi or using human blood and blood derivativ and components and other human tissu and organs,

NOW, THEREFORE, BE IT R SOLVED, the procuring, furnishing, p cessing, distributing or using hum whole blood, plasma, blood componen blood derivatives and other human tissu such as corneas, bones or organs for t purpose of injecting, transfusing or tra planting any of them in the human bo is decreed by the House of Delegates of t Indiana State Medical Association to the rendition of a medical service, and,

BE IT FURTHER RESOLVED, that t Indiana State Medical Association prepa and introduce a bill in the 1969 sessi of the Legislature to gain legal acceptan of this fact.

NO. 68-18: DISCONTINUANC OF CIGARETTE SMOKING

(Introduced by the Vanderburgh Coun Medical Society).

HOUSE ACTION: Adopted.

WHEREAS, evidence has been steadi accumulating that smoking, particula cigarette smoking, causes much avoidal illness, and,

WHEREAS, many professional or g ernmental groups have formally tak forthright stands against the use of tobac and,

WHEREAS, the physician, as the leadi and dominant participant in the heal care of our people, has a unique and p mary responsibility in determining t ultimate pattern of hygienic attitudes, an

WHEREAS, each physician has a du to his patients, and to his society, and his own true self to discourage unhealthf practices,

NOW, THEREFORE, BE IT R SOLVED, that the Vanderburgh Coun Medical Society urge each of its membe to (a) set an example by not smoking hi self, or, at least, by not smoking in h pital corridors, patient's rooms, or in h own office, (b) advise his patients agai smoking, (c) in institutions where he h special influence, such as in his own offi and hospitals, to request that the sale

garettes be discontinued, to post no-oking signs in his office, and request it such signs be posted in hospitals,) in his own community role as an thoritative teacher of good health prac-es, to inform adolescents and young ople of the risks of cigarette smoking, d,

BE IT FURTHER RESOLVED, that e Indiana State Medical Association urged to take a similar stand, and in rn to instruct its delegates to the Ameri-n Medical Association to use appropriate asures to encourage such attitudes na-nally by the American Medical sociation.

NO. 68-19: NEONATAL OPHTHALMIC PROPHYLAXIS

ntroduced by the Daviess-Martin County Medical Society).

HOUSE ACTION: Adopted.

WHEREAS, the use of silver nitrate lution in the eyes of the newborn is re-ired by obsolete laws, and,

WHEREAS, in a clinical and pathologic dy made by our local Ob-Gyn Board mber for the past two years, it has been dent that it not only does not prevent norrheal ophthalmitis, but also causes ier injury to infant eyes, and,

WHEREAS, there are several more ef-tive and less injurious ophthalmic solu-ns now available for neonatal prophy-is,

NOW, THEREFORE, BE IT RE-LVED, by the Daviess-Martin County dical Society in regular session this day of September, 1968, that we re-est the Indiana State Medical Associ-on to act for the removal of the ob-lete law and its replacement with a re effective and less injurious law for onatal prophylaxis.

NO. 68-20: PHYSICIANS' RESPONSIBILITIES IN DRIVERS EXAMINATIONS FOR THIRD PARTIES

(Introduced by the Howard County Medical Society).

HOUSE ACTION: The following res-lutions were adopted in lieu of Resolu-on 68-20:

NO. 68-20 A:

WHEREAS, physicians are willing to bmit data and do appropriate examina-ns which is in cooperation with the state Indiana drivers' examinations, but be-ve the decision of the right of the person drive should rest with the state instead of the physicians,

NOW, THEREFORE, BE IT RESOLVED, that we approve the aims as set out in the recent form of the Indiana Bureau of Motor Vehicles as prepared by the Medical Advisory Commission to the Bureau of Motor Vehicles.

NO. 68-20 B:

WHEREAS, it is common practice of insurance companies to ask physicians to pass on his patient's ability to drive, and,

WHEREAS, this places the physician in an awkward position with his patient and tends to place all the burden of responsibility on the physician, and,

WHEREAS, physicians are willing to submit data and do appropriate examinations, they believe that questions of driving ability and insurability should rest with the insurance company instead of with the physician,

NOW, THEREFORE, BE IT RESOLVED, that the officers, Executive Committee, the Board of Trustees of the Indiana State Medical Association use the thought expressed by the above paragraphs in their deliberations on such questions, and that they and all other medical association committees or groups urge that insurance companies adopt this form particularly emphasizing the authorization for payment by insurance companies, and,

BE IT FURTHER RESOLVED, that physicians would still retain the prerogative of choosing whether or not to do these examinations.

NO. 68-21: METHOD OF BLUE SHIELD PAYMENT TO PHYSICIANS

(Introduced by the Fountain-Warren County Medical Society).

Resolutions 21 and 22 were considered together.

HOUSE ACTION: Not adopted.

WHEREAS, we are living in a transient society, and,

WHEREAS, because of the failure on the part of patients to report a change in their residence, many times to an out-of-state location, and,

WHEREAS, Blue Shield payment for services rendered have always been forwarded to the patient, making it difficult and time-consuming for physicians to be paid for such services, and,

WHEREAS, considerable extra secretarial work and correspondence is necessary to correct these given situations,

NOW, THEREFORE, BE IT RESOLVED, that ISMA strongly urge the Indiana Blue Shield board to change its policy of payment to enable physicians to indicate on the Insurance Claim Card if he desires to be paid directly, if he desires to have a patient paid directly, or if he desires to have the check issued in the usual current method.

NO. 68-22: VOLUNTARY ASSIGNMENT OF BLUE SHIELD PAYMENT

(Introduced by Fountain-Warren County Medical Society).

WHEREAS, a voluntary assignment of payment is issued commonly by physicians with many health insurance carriers, and,

WHEREAS, payment to physicians by patients to whom benefits are paid directly are many times extremely delayed or non-existent, and,

WHEREAS, the use of a voluntary assignment would work no hardship on Blue Shield in its processing mechanism,

NOW, THEREFORE, BE IT RESOLVED, that the House of Delegates support the establishment of an additional line on the Blue Shield claim cards for obtaining of voluntary assignment signatures on the part of the patient, and that when such signatures are present that payment checks be issued directly to the physician involved.

NO. 68-23: CONTINUED SUPPORT OF "INDIANA PLAN"

(Introduced by the Fort Wayne (Allen County) Medical Society).

HOUSE ACTION: Adopted.

WHEREAS, the 1967 Indiana State Legislature, with the support of the Indiana State Medical Association, appropriated $2,500,000.00 for Indiana University Medical School, a large portion of which was to be devoted to a program of expanding medical education in Indiana, i.e., "The Indiana Plan", and,

WHEREAS, Indiana University Medical School has utilized these funds to originate and expand excellent programs of undergraduate, graduate and postgraduate medical education, and,

WHEREAS, these programs, particularly Community Hospital Intern and Resident services, will keep more Indiana University Medical School graduates in Indiana, and,

WHEREAS, a second state supported medical school, although producing more graduates, will be a long time developing and becoming a source of medical help,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association urge the state Legislature to continue full implementation of the Indiana University Medical School plan.

NO. 68-24: INDIANA MEDICAL FOUNDATION

(Introduced by the Council).

HOUSE ACTION: Adopted.

WHEREAS, Dr. Frank B. Ramsey, Editor of *The Journal*, appeared before the Council on July 19, 1964 and requested a foundation be established to which physicians so desiring could leave their estates or portions thereof for support of *The Journal* and other activities of the association, and,

WHEREAS, the Council did approve Dr. Ramsey's recommendation and did authorize legal counsel to draw up papers to establish such a foundation, and,

WHEREAS, the action was reported to the House of Delegates at their meeting in 1964 by the chairman of the Council, and,

WHEREAS, the reference committee approved the report of the chairman and the House subsequently concurred, and,

WHEREAS, legal counsel after many months of study and consultation with Doctor Ramsey did submit the following document outlining the purposes as follows:

"The purpose or purposes for which it is formed are as follows: Said corporation is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of contributions to organizations that qualify as exempt organizations under section 501(c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

"To engage in and carry on and carry out scientific research and research projects in the public interest in the fields of medical science, medical economics, public health, sociology and related areas.

"To support medical education and the medical schools through the media of, but not confined to, grants and scholarships for the purpose of improving and developing both the quality, quantity, and availability of medical education and for the purpose of improving and developing the capabilities of those individuals studying, teaching and practicing medicine, and to engage in the instruction of the general public in the area of medical science and related areas useful to the individual and beneficial to the community; to prepare educational publications, papers and displays; to conduct educational seminars, clinics and demonstrations."

WHEREAS, the Executive Committee approved the documents at their meeting held July 20, 1968 and a total of $106.00 was collected from the incorporators to legalize the foundation,

NOW, THEREFORE, BE IT RESOLVED, that this House of Delegates concur with its past action and subsequent action of the Executive Committee and the Council by approving their actions and approving the establishment of the Indiana Medical Foundation, as outlined above, and,

BE IT FURTHER RESOLVED, that this House give this matter widespread publicity to the membership of this association.

NO. 68-25: REPRESENTATION ON ADMISSIONS COMMITTEE

(Introduced by the Council).

HOUSE ACTION: Not adopted.

WHEREAS, the subject of medical education and the selection of medical students has always held a valid interest of the physician members of the Indiana State Medical Association, and,

WHEREAS, the Indiana State Medical Association is desirous of working closely with the school in their efforts to encourage an increase in the number of practicing physicians in our state,

NOW THEREFORE, BE IT RESOLVED, that this House of Delegates earnestly petition the dean to include a representative of the association on said committee, and,

BE IT FURTHER RESOLVED, this shall be a practicing physician who will be recommended by the Council.

NO. 68-26: RIGHTS OF THE INDIVIDUAL

(Introduced by the Jackson-Jennings County Medical Society).

HOUSE ACTION: Adopted as follows:

WHEREAS, many, in and out of government, are doing much to advance the idea that medical care is a right, due to all from the federal government (meaning paid for by the taxpayer, but managed and controlled by an elite bureaucracy), and,

WHEREAS, some physicians have lost sight of the fact that medical care as a right of the recipient will deny all rights of the professional suppliers of that care, and,

WHEREAS, while Congress may have the right (depending upon one's interpretation of the Constitution) to obligate the federal government to assume part of the financial obligation residing in the recipient of such care, it does not have the right to force involuntary servitude upon physicians by coercing them to serve under such a system on, either a salary, capitation, or a fixed-fee basis,

NOW, THEREFORE, BE IT RESOLVED, that the House of Delegates of the ISMA reaffirm previous AMA policy and remind all physicians that as free men and women they have no obligation to accept employment and remuneration under any conditions other than those arrived at by agreement between the physician and the recipient of his service, and that this resolution be presented to the House of Delegates of AMA in December.

NO. 68-27: LAY DOMINATION OF THE MEDICAL PROFESSION

(Introduced by the Jackson-Jennings County Medical Society).

HOUSE ACTION: Adopted as follows:

WHEREAS, certain hospital boards and certain hospital administrators have attempted to assign to themselves the medical staff function of the delineation of privileges permitted individual members of the medical staff, and,

WHEREAS, such abrogation of normal medical staff rights constitutes an invasion of the medical field by unqualified lay individuals, and,

WHEREAS, such action denies to the individual physician the right of being judged by his peers, and,

WHEREAS, this compulsory subjugation of our profession by lay persons would serve as a stepping stone to complete control and regulation of physicians by a lay federal bureaucracy,

NOW, THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association recommend to the AMA House of Delegates in December, that no hospital be eligible for accreditation if it does not require that all hospital staff appointments be approved by the medical staff of that hospital.

NO. 68-28: THE PRESIDENT

(Introduced by John C. Richter, M.D.).

HOUSE ACTION: Adopted.

WHEREAS, the presidency of the Indiana State Medical Association is an office which demands time and personal sacrifice, and,

WHEREAS, these demands of the office, annually, increase as the programs and projects of the association expand, and,

WHEREAS, 1967-1968, under the energetic leadership of its president, has seen a continued expansion in all phases of the association's socio-economic medical involvement, all of which has been directed toward the best interests of the association and the health of the people of Indiana,

NOW, THEREFORE, BE IT RESOLVED, that this House of Delegates express its sincere appreciation to Dr. G. O. Larson for his enthusiastic and capable leadership as president and as a physician, who has effectively dedicated his professional career to the high ideals and objectives of organized medicine.

NO. 68-29: CONVENTION ARRANGEMENTS COMMITTEE

(Introduced by John C. Richter, M.D.).

HOUSE ACTION: Adopted.

WHEREAS, any successful convention is the result of long hours of planning and preparation, and,

WHEREAS, the 119th Annual Convention of the Indiana State Medical Association has been successful in all respects, and,

WHEREAS, this success has been furthered by the cooperation and support of many people and the effective utilization of facilities,

NOW, THEREFORE, BE IT RESOLVED, that this House of Delegates express its sincere thanks to the Commission on Convention Arrangements, its chairman, Dr. Charles H. Aust, Fort Wayne, its vice-chairman, Dr. Durward W. Paris, Kokomo, and Maurice E. Glock, Fort Wayne, local arrangements chairman, for a job well done.

BE IT FURTHER RESOLVED, that this House of Delegates extend its additional thanks to the Fort Wayne Medical Society, the management and staffs of the Scottish Rite and Chamber of Commerce, to the press, radio and television in Fort Wayne and the Woman's Auxiliary for the convention program's total success.

Places of Future Annual Conventions

Dates and places previously set:
1969—Indianapolis
1970—Evansville
1971—Indianapolis
1972—French Lick
1973—Upon motion of James Gosman, M.D., seconded by many, the invitation to hold the 1973 annual convention in Indianapolis was accepted.

Adjournment

The House of Delegates adjourned, *sine die*, at 2 p.m. Thursday, October 18, 1968.

From *The Journal* 50 Years Ago

Those anesthetists who have seen only the true operative case in obstetrics such as cesarean section, have missed the many obstetrical maneuvers in which the transient anesthesia of nitrous oxid-oxygen aids the art which so often avoids surgery and relieves the mother of much pain and shock.

The mother may be anesthetized for a rotation of an occiput posterior or a version and within two minutes after removing the inhaler she is awake and resuming labor. How is this difference between chloroform or ether and gas-oxygen brought about? Principally by the relatively complete and extremely rapid absorption and elimination of gas-oxygen.

When chloroform or ether reaches the tissues, its marked affinity for the fats and fat-like substances of the cell binds it there, making its effects long continued after the inhalation has been discontinued. Moreover, even in light concentrations the vapor is taken up and accumulates sufficiently if inhaled over a considerable period to inhibit the uterine contractions and in many instances brings labor to a standstill for some time.

Since nitrous oxid is insoluble in fats but is exceedingly soluble in blood serum —the normal medium of exchange for oxygen, $C0_2$, nitrogen, foods, etc.—it has no accumulative action or affinity for tissues by which it might be retained in the body. Therefore, its elimination is quite complete within two minutes.

Even quicker is its absorption. The patient rarely remembers after the sixth inhalation while the relief of the pain of a normal second stage uterine contraction is regularly and conveniently accomplished by three inhalations without interrupting the conscious state. In fact, it would be quite possible to anesthetize a patient during each uterine contraction and have a conscious woman by the time the next "pain" is due. This would be a poor technic in the normal labor, however, since little or no cooperation and straining would be carried out, as she does when in analgesia with consciousness retained E. I. McKesson, M.D., Toledo, Ohio, "Cesarean Section and Obstetric Operations Under Nitrous Oxid-Oxygen Anesthesia," *JISMA*, January, 1919.

Dear Doctor:

Wouldn't you like your patients to learn more about the contributions made by the world of medicine to their welfare? So that they can better appreciate the efforts of the health team to keep them in good health?

To tell the stories of medical and pharmaceutical advances to people throughout the country, the Pharmaceutical Manufacturers Association is sponsoring a unique "magazine within a magazine." It is called *Medicines and your family's health* and the first issue appears in the November *Reader's Digest*.

We would like to send you 50 free reprints *Medicines and your family's health* for use in yo reception room. Your patients will find the artic in this issue factual, educational and of immedia personal interest.

Just fill out the coupon below and send it to

Order Desk
Pharmaceutical Manufacturers Association
1155 Fifteenth St., N.W.
Washington, D. C. 20005

Gentlemen:
Please send me 50 free copies of
Medicines and your family's health.

Name_____

Street_____

City_____ State_____ Zip_____



COMMERCIAL ANNOUNCEMENTS

PEDIATRICIAN: Salary to $18,000 first year, partnership with 3 general pediatricians second year. Midwest university town; 600-bed hospital; intern program. Contact L. L. Wince, M.D., Children's Clinic, 806 W. Jackson St., Muncie, Ind. 47305.

AVAILABLE: Practice in association with two other G.P.'s. Includes full x-ray, lab equipment and records and also equipped office space ready to take over. Minimal initial investment required. Enjoy general practice with advantages of adequate coverage and time off in an excellent medical atmosphere, in an excellent town. Contact Joseph F. Vormohr, 3123 Mishawaka Ave., South Bend, Ind. 46614 or call 219-288-4617.

WANTED: G. P. for New Castle; replacement in four-man group. Starting guarantee at least $35,000 first year; then partnership with increase. Rotating schedule; on duty less than 50% of the time. Call (317) 529-6250, Henry County Clinic.

WANTED: Two general practitioners to join two general practitioners in a large well-established practice of over 30 years in a town with population of 800 and covers large rural area of approximately 5,000. Location is 50 miles north of Minneapolis, Minnesota in excellent fishing and hunting area with golf, bowling and other recreation also available. Have local community hospital, medicare approved and equipped for general medicine and major and minor surgery. Salary negotiable, partnership available. New clinic planned. For references contact Dr. Gerald Larson, Cambridge, Minnesota; Dr. Joe Halpin, Rush City, Minnesota; Dr. Richard Varco, Dept. of Surgery, University of Minn. Medical School, Minneapolis, Minnesota; Dr. Dean Rizer, Internist, Medical Arts Building, Minneapolis, Minnesota; Dr. Paul Larson, OB-Gyn, Medical Arts Building, Minneapolis, Minnesota. If interested send application and references to Braham Clinic, Attn: Wm. T. Nygren, M.D., Braham, Minnesota 55006 or phone area code 612-396-3355 between hours of 10-12-A.M. or 1-5 P.M. Monday thru Friday. If after hours phone 612-396-2153. May call collect. If acceptable, expenses for personal interview will be allowed.

PSYCHIATRIC RESIDENCIES: Starting July 1969. Approved training in a mental institution with State of Michigan, Department of Mental Health. Three and five year programs available. Salary $9,876-$11,233 and $11,254-$21,381. NIMH-GP stipends $12,000. Located in Michigan's serene, scenic recreation area on Grand Traverse Bay. For additional information, contact Dr. Paul Kauffman, Training Director, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

FERRIS STATE COLLEGE needs two additional full-time staff doctors for Student Health Center. New modern facilities including 31 bed infirmary. Excellent opportunity for qualified persons in small quiet college town. Regular hours with rotating night and weekend call. Salary to $18,000 and excellent fringe benefits. Please contact Roy A. Davis, M.D., Area (616) 796-8463 or write in care of Ferris State College, Health Center, Big Rapids, Michigan 49307.

NINETEEN-MAN Wisconsin group located in college community of 40,000 with excellent hospital facilities is seeking additional associates in the following areas:

1. Internal Medicine
2. Orthopedics
3. General Practice
4. Pediatrics

For further information, please contact D. R. Griffith, M.D., Midelfort Clinic, Eau Claire, Wis. 54701.

EMERGENCY ROOM PHYSICIAN: Excellent opportunity for young physician interested in full-time practice of emergency room care. Join a physician group responsible for the emergency service of two major Cincinnati hospitals. Remuneration on a fee-for-service basis with guaranteed minimum. Must have or be eligible for Ohio license. Send resume to P. O. Box 36163, Cincinnati, Ohio 45236.

BUY AND TRY: Wye Plantation Aberdeen-Angus frozen semen from Advanced Register P.R.I. sires officially gaining over four pounds per day or whose 365-day weights are above 1,200 pounds. (Performance tested sires always for sale.) WYE PLANTATION, Queenstown, Maryland 21658. Telephones: 301-827-7166 or 301-827-7160.

AVAILABLE: Medical suite. Established practice in professional building, 6049 E. Washington St., Indianapolis. All services furnished. Phone Modern Pharmacy, 359-5569.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

ADVERTISERS IN THIS ISSUE

January 1969 Volume 62 No.

Associated Credit Bureaus of Indiana 7
Brown Pharmaceutical Co. 86
Burroughs Wellcome & Co., Inc. 79
Campbell Soup Company 71
Geigy Pharmaceuticals 12-14, 82
Glenbrook Laboratories 25
Hanger, J. E., Inc. 23
Harding Hospital 63
Highland Hospital 51
Home Lawn Mineral Springs 89
Hynson, Westcott & Dunning, Inc. 1
Indiana Medical Bureau 61
Lederle Laboratories 3, 19-20
Lilly, Eli & Company 28
Medical Protective Co. of Ft. Wayne 8
Mediclinics 4
Mutual Medical Insurance, Inc. 3rd Cove
Parke, Davis & Company 2
Pitman-Moore Company 58-5
Poythress, Wm. P. & Co., Inc. 5
Robins, A. H. Company, Inc. 74, 7
Roche Laboratories 4th Cover, 80-8
Sandoz Pharmaceuticals
Searle, G. D. & Co. 72-7
Wabash Valley Hospital 1
Warner-Chilcott Laboratories 39-4
Winthrop Laboratories 2
Wyeth Laboratories 2nd Cover, 9-10, 44-4

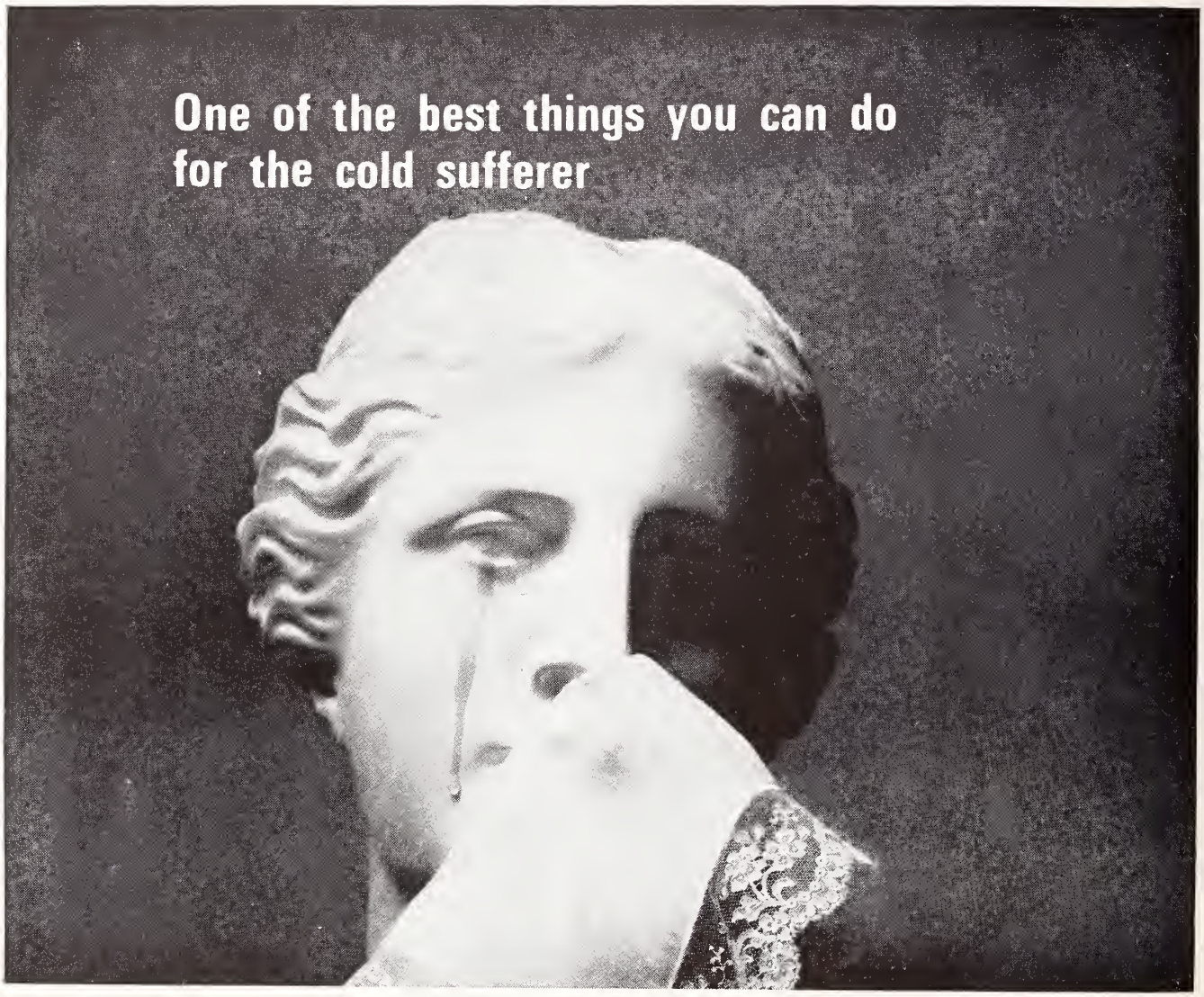
In accepting advertising for publication, *The Journal* has exercised reasonable precaution to insure that only reputable factual advertisements are included. However, we do not have facilities to make any comprehensive or complete investigation, and the claims made by advertisers in behalf of goods, services, and medicinal preparations, apparatus or physical appliances are to be regarded as those of the advertiser only. Neither sanction nor endorsement of such is warranted, stated, or implied by the association.

U.C. MEDICAL CENTER LIBRARY
MAR 11 1969
San Francisco 22,

The JOURNAL
OF THE INDIANA STATE MEDICAL ASSOCIATION
Indianapolis, Indiana
February, 1969
Vol. 62 • No. 2



Digitalis purpurea



Ornade®

Prompt relief from nasal congestion and hypersecretion due to colds.

Before prescribing, see complete prescribing information in SK&F literature or *PDR*.
Contraindications: Glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal or bladder neck obstruction.
Precautions: Use cautiously in the presence of hypertension, hyperthyroidism, coronary artery disease; warn vehicle or machine operators of possible drowsiness.
Usage in Pregnancy: Use in pregnancy, nursing mothers and women who might bear children only when potential benefits have been weighed against possible hazards.
Note: The iodine in isopropamide iodide may alter PBI test results and will suppress I^{131} uptake; discontinue 'Ornade' one week before these tests.
Adverse Reactions: Drowsiness; excessive dryness of nose, throat or mouth; nervousness; insomnia. Other known possible adverse reactions of the individual ingredients: nausea, vomiting, diarrhea, rash, dizziness, fatigue, tightness of chest, abdominal pain, irritability, tachycardia, headache, incoordination, tremor, difficulty in urination. Thrombocytopenia, leukopenia and convulsions have been reported.
Supplied: Bottles of 50 capsules.

One capsule q12h for round-the-clock relief

Ornade® Spansule® capsules

Trademark Each capsule contains 8 mg. of Teldrin® (brand of chlorpheniramine maleate); 50 mg. of phenylpropanolamine hydrochloride; 2.5 mg. of isopropamide, as the iodide.

brand of sustained release capsules

Smith Kline & French Laboratories SK&F

Lutrexin®

HW&D BRAND OF LUTUTRIN

3000 UNIT TABLETS

N THE TREATMENT OF FUNCTIONAL DYSMENORRHEA AND SELECTED CASES OF PREMATURE LABOR AND 2ND AND 3RD TRIMESTER THREATENED ABORTION

- LUTREXIN, the non-steroid "uterine relaxing factor" has been found to be useful by many clinicians in controlling abnormal uterine activity.
- Literature on indications and dosage available on request.
- No side effects have been reported, even when massive doses (25 tablets per day) were administered.
- Supplied in bottles of twenty-five 3,000 unit tablets.



(In vivo measurement of Lutrexin on contracting uterine muscle of the guinea pig.)

HYNSON, WESTCOTT & DUNNING, INC. BALTIMORE, MARYLAND 21201

(LTR23)

FEBRUARY 1969

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication

3935 N. Meridian, Indianapolis, Indiana 46208

Contents

SCIENTIFIC

The Graham Steell Murmur Mimicked by the Murmur of Mitral Stenosis, Richard L. Popp, M.D., William K. Nasser, M.D., Harvey Feigenbaum, M.D., Morton E. Tavel, M.D., Richard E. Linback, M.D., Charles Fisch, M.D., Indianapolis 165

The "Rule of Bigeminy," John E. Mericle, A.B., Charles Fisch, M.D., Indianapolis 172

Carotid Sinus Nerve Stimulation in the Treatment of Angina Pectoris, William C. Elliott, M.D., Robert D. King, M.D., Edward Ross, A.B., Paul L. McHenry, M.D., Indianapolis 176

EDITORIALS

Men in Nursing 182

Editorial Notes 182

SPECIAL FEATURES

Report on Actions of the AMA House of Delegates, (22nd Clinical Convention, Dec. 1-4, 1968, Miami Beach, Fla.) 190

REGULAR FEATURES

President's Page 149

Month in Washington 150

Letters to the Editor 156

What's New? 161

Fourth Estate 162

The Woman's Auxiliary Reports to ISMA 184

Day by Day with the F.D.A. 189

Medicine At Law 192

From The Journal 50 Years Ago 194

Your Blue Shield Professional Relations Staff (One of a Series) 200

Abstracts, Book Reviews 201

Annual Meeting Dates of Professional Medical and Allied Organizations 205

Board of Health Report 206

News Notes 207

Future Meetings, Seminars, Courses 212

Deaths 217

County, District News 218

BUSINESS

Executive Committee:
January 11, 1969 220

Board of Trustees:
November 17, 1968 222

EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritt double-spaced with morgins of inch.

Photographs should be prin an glassy paper. Negatives con be used.

Illustrations ore desirable. Sel tion of illustrotions submitted discretian of editar and editor boord members.

Contributors ore responsible oll statements mode in their ticles. The editors ond editor boord members may not be agreement with oll views express by outhors, but it is desired give all authors as great latitu as passible.

Articles ore occepted for public tion with the understanding th they are submitted for exclusi publication.

Communicotions dealing w editoriol matter should be sent Fronk B. Ramsey, M.D., Editor, 18 North Illinois Street, Indionapa 46202. All other communic tions shauld be sent to THE JOU NAL af the Indiana State Medic Assaciotion, 3935 N. Meridia Indionapolis 46208.

Advertising rotes will be fu nished an request. Copy must received by the 5th af the man preceding manth of issue. (Scie tific manuscripts must be receiv at least two weeks earlier geared for o specific issue.)

Representotive for national a vertising is the Stote Medic Journal Advertising Bureau, 51 N. Deorborn St., Chicago,

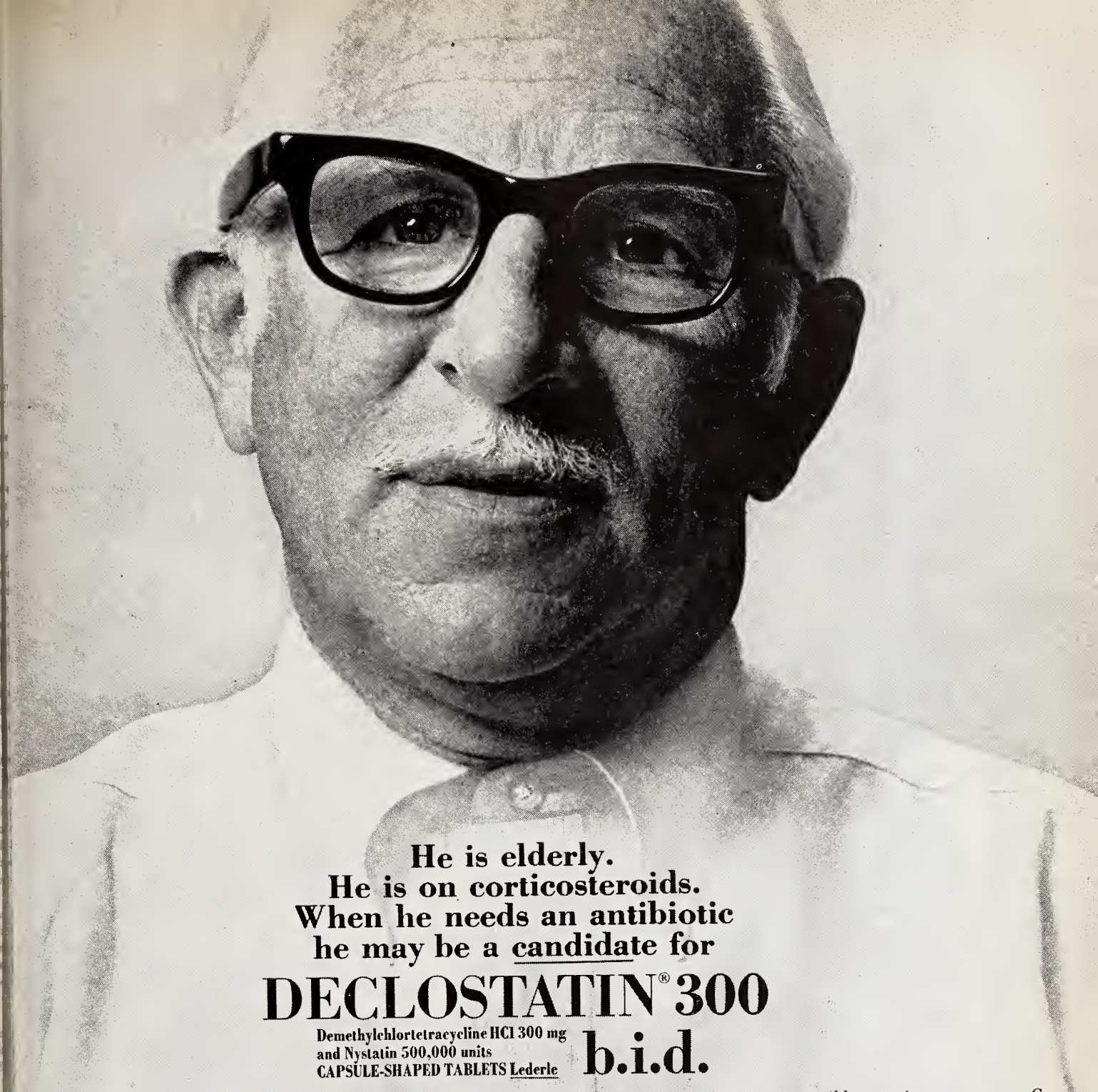
Entered as second class matt January 25, 1933, at the Postaffi at Indianopolis, Indiana. Capyrigh 1969 by the Indiana State Medic Assaciotion. Published monthly 3935 N. Meridian, Indianapal 46208.

Second-class pastage paid Indianopolis, Indiana and odditionol mailing office.

All issues of 1967 and subs quently moy be obtained on micr film. Address The Journal f detoils.

About Our Cover

on page 168.



He is elderly.
He is on corticosteroids.
When he needs an antibiotic
he may be a candidate for

DECLOSTATIN® 300

Demethylchlortetracycline HCl 300 mg
and Nystatin 500,000 units
CAPSULE-SHAPED TABLETS Lederle

b.i.d.

uard susceptible patients against intestinal monilial over-
vth during broad-spectrum therapy—the protection of
atin is combined with demethylchlortetracycline in
LOSTATIN.

or your susceptible candidates, prescribe DECLOSTATIN
e broad-spectrum therapy that prevents monilial
growth.

tiveness: Because its antibacterial component is DECLOMYCIN
ethylchlortetracycline, DECLOSTATIN should be equally or more
tive therapeutically than other tetracyclines in infections caused by
cycline-sensitive organisms. The antifungal component, Nystatin,
cts against superinfection by antibiotic-resistant fungal overgrowth
ticularly monilia) in the intestinal tract.

raindication: History of hypersensitivity to demethylchlortetracy-
or nystatin.

ning: In renal impairment, usual doses may lead to excessive accum-
on and liver toxicity. Under such conditions, lower than usual doses
ndicated, and, if therapy is prolonged, serum level determinations
be advisable. A photodynamic reaction to natural or artificial sun-
has been observed. Small amounts of drug and short exposure may
uce an exaggerated sunburn reaction which may range from ery-
a to severe skin manifestations. In a smaller proportion, photo-
gic reactions have been reported. Patients should avoid direct
sure to sunlight and discontinue drug at the first evidence of skin
mfort. Necessary subsequent courses of treatment with tetracy-
s should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. Skin—maculopapular and erythematous rashes; a rare case of exfoliative dermatitis has been reported. Photosensitivity; onycholysis and discoloration of the nails (rare). Kidney—rise in BUN, apparently dose related. Transient increase in urinary output, sometimes accompanied by thirst (rare). Hypersensitivity reactions—urticaria, angioneurotic edema, anaphylaxis. Teeth—dental staining (yellow-brown) in children of mothers given this drug during the latter half of pregnancy, and in children given the drug during the neonatal period, infancy and early childhood. Enamel hypoplasia has been seen in a few children. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Demethylchlortetracycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Should be given 1 hour before or 2 hours after meals, since absorption is impaired by the concomitant administration of high calcium content drugs, foods and some dairy products. Treatment of streptococcal infections should continue for 10 days, even though symptoms have subsided.

Lederle

LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, New York

345-B

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

ANNUAL CONVENTION—OCTOBER 13-16, 1969—INDIANAPOLIS

OFFICERS FOR 1968-69

President—Patrick J. V. Corcoran, 3700 Bellemeade, Evansville 47715.

President-Elect—Lowell H. Steen, 2450 169th St., Hammond 46323.

Treasurer—Lester H. Hoyt, M.D., Methodist Hospital, Indianapolis 46202.

Assistant Treasurer—Malcolm O. Scamahorn, Pittsboro 461

Executive Secretary—Mr. James A. Waggener, 3935 Meridian, Indianapolis 46208.

TRUSTEES

District	Term Expires
1—Gilbert M. Wilhelmus, Evansville	Oct. 1971
2—Joe Dukes, Dugger	Oct. 1969
3—Donald M. Kerr, Bedford	Oct. 1970
4—Robert M. Reid, Columbus	Oct. 1971
5—Wilbert McIntosh, Riley	Oct. 1969
6—Stephen D. Smith, Knightstown	Oct. 1970
7—James H. Gosman, Indianapolis	Oct. 1971
8—Donald R. Taylor, Muncie (Chairman)	Oct. 1969
9—Peter R. Petrich, Attica	Oct. 1970
10—Vincent J. Santare, Munster	Oct. 1971
11—Lowell Hillis, Logansport	Oct. 1969
12—William R. Clark, Fort Wayne	Oct. 1970
13—Otis R. Bowen, Bremen	Oct. 1971

ALTERNATES

District	Term Exp
1—Eugene Austin, Evansville	19
2—Betty Dukes, Dugger	19
3—Elmer L. Wallace, New Albany	19
4—Jack E. Shields, Brownstown	19
5—Cleon M. Schauwecker, Greencastle	19
6—Frank Green, Rushville	19
7—John O. Butler, Indianapolis	19
8—Paul Sparks, Winchester	19
9—Lindley Wagner, Lafayette	19
10—Charles T. Disney, Gary	19
11—James A. Harshman, Kokomo	19
12—Frederic L. Schoen, Fort Wayne	19
13—G. Beach Gattman, Elkhart	19

SECTION OFFICERS 1968-69

Section on Surgery:
Chairman—Henry Larzelere, Marion
Vice-chairman—Austin Gardner, Indianapolis
Secretary—Robert Rang, Washington

Section on Internal Medicine:
Chairman—Louis Sandock, South Bend
Vice-chairman—Evart M. Beck, Indianapolis
Secretary—Robert L. Rudesill, Indianapolis

Section on Ophthalmology and Otolaryngology:
Chairman—David E. Brown, Indianapolis
Vice-chairman—Kenneth F. Isenogle, Fort Wayne
Secretary—George A. Clark, Indianapolis

Section on Anesthesiology:
Chairman—Robert W. Vermilya, Lafayette
Vice-chairman—William M. Sholty, Lafayette
Secretary—Adolph P. Walker, East Chicago

Section on General Practice:
Chairman—Robert W. Mouser, Indianapolis
Vice-chairman—Richard Juergens, Fort Wayne
Secretary—Robert Acher, Greensburg

Section on Obstetrics and Gynecology:
Chairman—Tom W. Wachob, Jr., Kokomo
Vice-chairman—Charles R. Echt, Indianapolis
Secretary—Barton T. Smith, Marion

Section on Public Health and Preventive Medicine:
Chairman—Bertram F. Duckwall, Terre Haute
Vice-chairman—
Secretary—Louis E. How, South Bend

Section on Radiology:
Chairman—John A. Robb, Indianapolis
Vice-chairman—Robert E. Beck, Evansville
Secretary—Dale B. Parshall, Elkhart

Section on Nervous and Mental Diseases:
Chairman—Robert O. Bill, Indianapolis
Vice-chairman—Richard L. Shriner, South Bend
Secretary—Wesley A. Kissel, Indianapolis

Section on Pathology and Forensic Medicine:
Chairman—Robert J. Frost, Michigan City
Vice-chairman—Harley P. Palmer, Franklin
Secretary—Robert L. Costin, Indianapolis

Section on Pediatrics:
Chairman—Roland E. Miller, Lafayette
Vice-chairman—Gustaf W. Erickson, South Bend
Secretary—Morris Green, Indianapolis

Section on Directors of Medical Education:
Chairman—Donald T. Olson, South Bend
Vice-chairman and Secretary—Franklin A. Bryan, F
Wayne

DELEGATES TO THE AMA

Terms expire December 31, 1969:

Delegates	Alternates
Guy A. Owsley Hartford City	Maurice E. Glock Fort Wayne
Jack E. Shields Brownstown	Dwight W. Schuster Indianapolis

Terms expire December 31, 1970:

Delegates	Alternates
Don E. Wood Indianapolis	James A. Harshman Kokomo
Eugene F. Senseny Fort Wayne	Eugene S. Rifner Van Buren
Frank H. Green Rushville	Kenneth O. Neumann Lafayette

1967-68 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	R. E. Weitzel, Princeton	Fred Smith, Tell City	
2.	Brad Bomba, Bloomington	J. S. Brown, Carlisle	
3.	Daniel H. Cannon, New Albany	Elmer L. Wallace, New Albany	April 2, 1969, New Albany
4.	Lloyd Hisrich, Batesville	William J. Warn, Milan	May 14, 1969
5.	Jack Somerville, Clinton	Milton Herzberg, Clinton	April 30, 1969, Terre Haute
6.	Stephen Smith, Knightstown	David Wynegar, Richmond	
7.	John O. Butler, Indianapolis	Donald E. Stephens, Indianapolis	April 26, 1969, Indianapolis
8.	F. E. Stout, Muncie	Richard N. Philbert, Muncie	June 4, 1969, Muncie
9.	Hugh Steele, Lafayette	Anson F. Hughes, Lafayette	May 22, 1969, Lafayette
10.	R. J. Doherty, Crown Point	Lambro Dimitroff, Calumet City, Ill.	April 9, 1969, Gary
11.	John D. Pattison, Marion	Fred Poehler, La Fontaine	Sept., 17, 1969, Marion
12.	Kenneth F. Isenogle, Fort Wayne	John J. Hartman, Angola	May 21, 1969, Fort Wayne
13.	John Kerrigan, Michigan City	John Hildebrand, South Bend	Sept. 17, 1969, South Bend

The AMBAR SCRAPBOOK of Obesity Oddities
FACT & LEGEND



NTROL FOOD AND MOOD ALL DAY LONG WITH A SINGLE MORNING DOSE

AMBAR #2 EXTENTABS®

methamphetamine HCl 15 mg.,
phenobarbital 64.8 mg. (1 gr.)
(Warning: may be habit forming).

Ambar Extentab before breakfast can control most patients' appetite for up hours. Methamphetamine, the appe- uppressant, gently elevates mood and overcome dieting frustrations. Pheno- tal, the sedative in Ambar, controls irritability and ty...helps maintain a state of mental calm and equa- y. Both work together to ease the tensions that erode illpower during periods of dieting.

available: Ambar #1 Extentabs®—methamphetamine chloride 10 mg., phenobarbital 64.8 mg. (1 gr.) (Warn- may be habit forming).

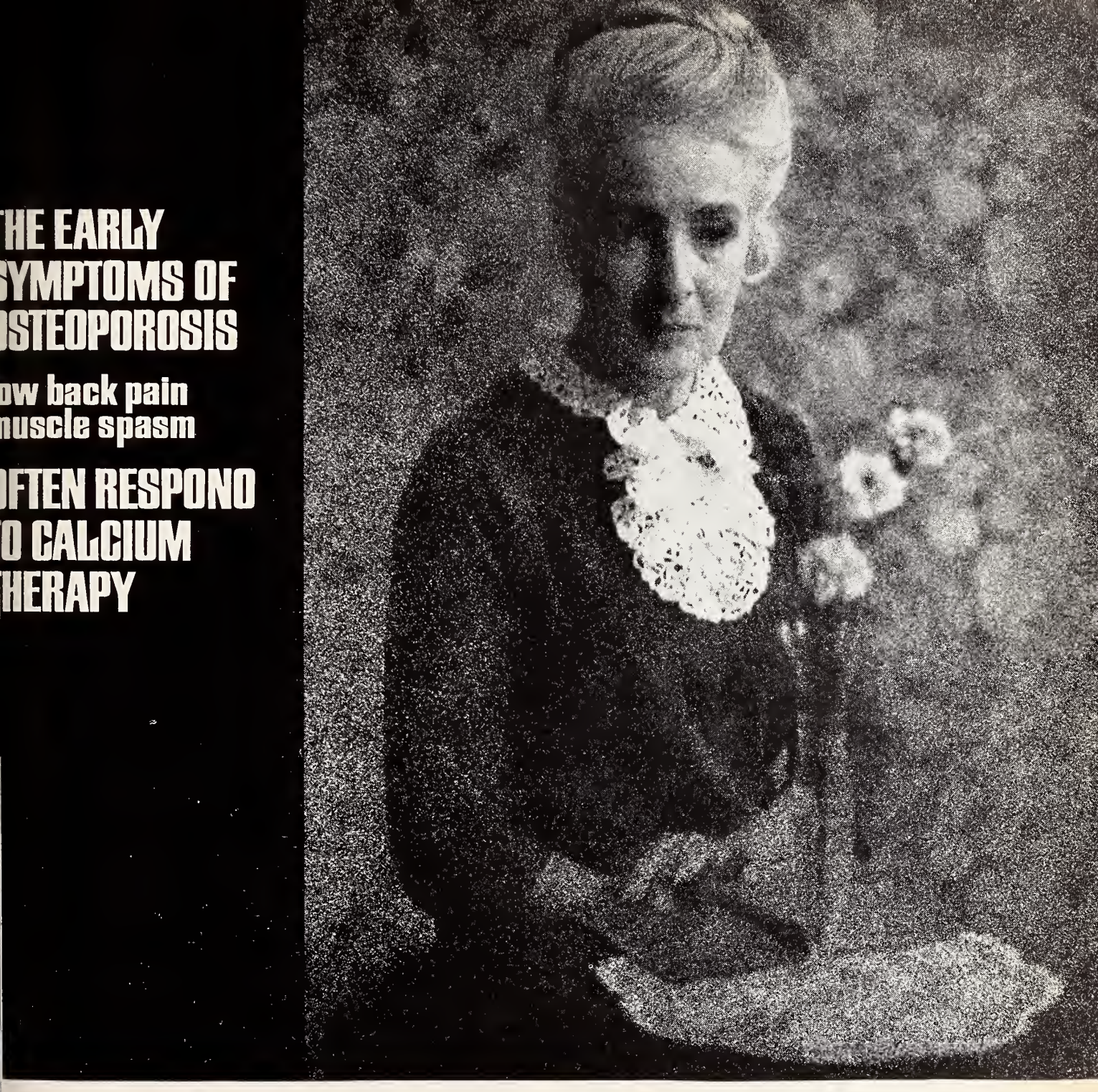
BRIEF SUMMARY/**Indications:** Ambar suppresses appetite and helps offset emotional reactions to dieting. **Contraindications:** Hypersensitivity to barbiturates or sympathomimetics; patients with advanced renal or hepatic disease. **Precautions:** Administer with caution in the presence of cardiovascular disease or hypertension. **Side Effects:** Nervousness or excitement occasionally noted, but usually infrequent at recommended dosages. Slight drowsiness has been reported rarely. See package insert for further details.

A. H. ROBINS COMPANY,
RICHMOND, VA. 23220

A-H-ROBINS

COUNTY MEDICAL SOCIETY DIRECTORY

COUNTY	PRESIDENT	SECRETARY
Adams	Arthur H. Girod, Decatur	Harold F. Zwick, 227 S. Second St., Decatur
Allen (Fort Wayne)	Frederic L. Schoen, Fort Wayne	Eugene E. Schmidt, Suite 725, Indiana Bank Bldg., Fort Wayne
		Mr. Larry L. Pickering, Exec. Secy., 212 Med. Ctr. Bldg., Fort W
Bartholomew-Brown	Harold W. Richmond, Columbus	C. David Ryan, 2600 Sandcrest Blvd., Columbus
Benton	A. L. Coddens, Earl Park	D. L. McKinney, Box 398, Otterbein
Boone	James R. McAfee, Lebanon	Kathryn A. Jackson, 95 E. Oak St., Zionsville
Carroll	Marilyn L. Wagoner, Burlington	Robert Seese, 101 W. North St., Delphi
Cass	B. R. Hall, Logansport	Edward L. TerBush, 216 Ninth Street, Logansport
Clark	Robert K. McKechnie, Jeffersonville	Hassi Shina, Charlestown
Clay	Stanley Froderman, Brazil	Forrest R. Buell, 314 Lankford St., Clay City
Clinton	Lee F. Dupler, Frankfort	Francis E. Carrel, 209 S. Columbia St., Frankfort
Daviess-Martin	A. G. Blazey, Washington	Hamlin B. Lindsay, 511 E. Main St., Washington
Dearborn-Ohio	Fred D. Houston, Lawrenceburg	Leslie M. Baker, 501 Fourth St., Aurora
Decatur	Dale D. Dickson, Greensburg	Arnold D. Ducanes, 215 N. Franklin St., Greensburg
DeKalb	John C. Harvey, Auburn	C. Bishop Hathaway, 209 N. Jackson St., Auburn
Delaware-Blackford	Jack M. Walker, Muncie	Richard N. Philbert, 2810 Ethel Ave., Muncie
Dubois	H. G. Backer, Ferdinand	John Bretz, 302 Fourth St., Huntingburg
Elkhart	James R. Miller, Elkhart	Page E. Spray, 320 W. High St., Elkhart
Fayette-Franklin	R. G. Janes, Connersville	J. L. Steinem, 818 Grand Ave., Connersville
Floyd	William F. Ruoff, New Albany	Daniel H. Cannon, 1201 E. Spring St., New Albany
Fountain-Warren	Jack D. Furr, Kingman	Theodore Person, 601 N. Mill St., Veedersburg
Fulton	Joseph D. Richardson, Rochester	F. Richard Walton, 116 W. 9th St., Rochester
Gibson	Roland E. Weitzel, Princeton	Richard Noveroske, Gibson County Hospital, Princeton
Grant	J. C. Jarrett, Marion	Robert G. Young, 1207 Northwood Ct., Marion
Greene	Robert Moses, Worthington	Harry Rotman, Jasonville
Hamilton	Claude M. Donahue, Carmel	John G. Haywood, 110 Lakeview Dr., Noblesville
Hancock	Bob R. Cagle, New Palestine	Ralph L. Rea, 120 W. McKenzie Rd., Greenfield
Harrison-Crawford	Carl Dillman, Corydon	Richard A. Jordan, Corydon
Hendricks	Joseph Kerlin, Danville	Malcolm O. Scamahorn, Pittsboro
Henry	Guido P. Wilhelm, New Castle	Paul T. KinKade, 1015 Broad St., New Castle
Howard	John L. Frazier, Kokomo	John H. Elleman, 416 W. Mulberry St., Kokomo
Huntington	Wayne S. Miller, Huntington	Stanton E. Cope, 1022 N. Jefferson St., Huntington
Jackson-Jennings	Kenneth E. Bobb, Seymour	William F. Blaisdell, 207 N. Pine, Seymour
Jasper	Francis E. O'Brien, Rensselaer	Ernest R. Beaver, Rensselaer
Jay	Ralph Steffy, Portland	Elizabeth Tate, 317 S. Main St., Dunkirk
Jefferson-Switzerland	Theodore C. C. Fong, Madison	Ott B. McAtee, Madison State Hospital, Madison
Johnson	Jack L. Walters, Franklin	Mac C. Roller, 1551 N. Main, Franklin
Knox	Charles L. Miller, Vincennes	Daniel J. Combs, 1325 McDowell Rd., Vincennes
Kosciusko	Wymond B. Wilson, Mentone	Arthur L. Moser, 600 Winona, Warsaw
LaGrange	Dean L. Mattox, Howe	Kenneth M. Lehman, Topeka
Lake	Joseph E. Kopcha, Gary	Reginald R. Barton, 427 S. Lake St., Gary
		Mr. John B. Twyman, Ex. Dir., 4640 W. 5th Ave., Gary
LaPorte	William E. Wolf, LaPorte	James J. J. Sprecher, 1001 Maple Ave., LaPorte
		Mrs. Polly Dent, Exec. Dir., 903 Indiana Ave., LaPorte
Lawrence	George W. Sorrells, Bedford	Reid C. Crosby, 11 Saddler Ct., Bedford
Madison	D. L. Buckles, Anderson	William M. Stinson, 333 Jackson St., Anderson
Marion	Hugh K. Thatcher, Indianapolis	A. Alan Fischer, 3500 Lafayette Rd., Suite 203, Indianapolis
		Mr. Arthur G. Loftin, Exec. Secy., 211 N. Delaware St., Indianap
Marshall	James Hampton, Argos	Harry Stoller, 109 N. Walnut St., Plymouth
Miami	Parker W. Snyder, Peru	Gordon S. Crates, Denver
Montgomery	V. G. Viray, Crawfordsville	W. E. Shannon, 408 W. Market St., Crawfordsville
Morgan	George Ostheimer, Martinsville	Maurice A. Turner, 10½ N. Main St., Martinsville
Newton	John Parker, Goodland	Arthur Schoonveld, Brook
Noble	O. Thomas Slough, Kendallville	Joseph Greenlee, Avilla
Orange	Charles X. McCalla, Paoli	Phillip T. Hodgin, Orleans
Owen-Monroe	Richard J. Schilling, Bloomington	Robert D. Robinson, P. O. Box 1149, Bloomington
Parke-Vermillion	John Somerville, Clinton	J. Franklin Swaim, 111 N. Market St., Rockville
Perry	Robert Gilbert, Tell City	Gene E. Ress, 507 Main St., Tell City
Pike	M. H. Omstead, Petersburg	M. H. Omstead, Petersburg
Porter	Thomas J. Covey, Valparaiso	John R. Crise, Portage Clinic, Portage
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
Pulaski	William R. Thompson, Winamac	Charles Heinsin, Winamac
Putnam	Fred Haggerty, Greencastle	Anne S. Nichols, 707 E. Seminary, Greencastle
Randolph	Lowell W. Painter, Winchester	Hector S. Quiambao, Ridgeville
Ripley	Lloyd W. Hisrich, Batesville	William J. Warn, Milan
Rush	Donald I. Dean, Rushville	Charles E. Sheets, Manilla
St. Joseph	Jacob Rosenwasser, Mishawaka	L. F. Sandock, 503 Sherland Bldg., South Bend
		Mr. Harry Davis, Exec. Secy., 106 W. Monroe, South Bend
Scott	Ignacio B. Castro, Scottsburg	Jesus C. Bacala, 69 Wardell St., Scottsburg
Shelby	P. M. Inlow, Shelbyville	R. P. Inlow, 103 W. Washington St., Shelbyville
Spencer	John C. Glackman, Jr., Rockport	Michael O. Monar, Rockport
Starke	Howard J. Henry, Knox	W. Allen Palmer, Knox
Steuben	Mary H. Cameron, Angola	Richard W. Artz, 416 E. Maumee St., Angola
Sullivan	M. H. Bedwell, Sullivan	J. S. Brown, Carlisle
Tippecanoe	Hugh Steele, Lafayette	Anson F. Hughes, 2424 Ferry St., Lafayette
Tipton	Harold Ericson, Windfall	Jean V. Carter, 130 N. Main St., Tipton
Vanderburgh	Ralph Carlson, Evansville	Mr. Arthur P. Tiernan, Exec. Secy., 109½ S. E. 3rd., Evansvil
Vigo	Fred Dierdorf, Terre Haute	Edward M. Johnson, 221 S. Sixth St., Terre Haute
Wabash	Fred C. Poehler, LaFontaine	Frank Smyrniotis, 645 Spring St., Wabash
Warrick	Peter B. Hoover, Boonville	Robert C. Colvin, Newburgh
Washington	Roy L. Fultz, Salem	Charles B. Carty, Pekin
Wayne-Union	John H. Mader, Richmond	John Dehner, Reid Memorial Hospital, Richmond
Wells	D. W. Meier, Bluffton	Louis F. Bradley, 303 S. Main St., Bluffton
White	M. Ali Jehanyar, Monticello	Kingdon Brady, White Co. Memorial Hospital, Monticello
Whitley	Verlin P. Huffman, S. Whitley	Thomas Hamilton, 115 S. Main St., Columbia City



THE EARLY SYMPTOMS OF OSTEOPOROSIS

ow back pain
nuscle spasm

OFTEN RESPONO TO CALCIUM THERAPY

postmenopausal and geriatric patients, low back ain of unspecified origin may be symptomatic of the arly stages of osteoporosis and calcium depletion. reatment with Calcium-Forte, a form of calcium adily available for absorption, may help to restore a ositive calcium balance. In doing so, often it can leviate the symptoms and help to arrest the progress osteoporosis by preventing further skeletal damage.

ne packet of Calcium-Forte contains the equivalent of 00 mg. elemental calcium, the same amount found in ne-half quart of milk.

pleasant tasting ☐ highly concentrated readily soluble

dications: As an adjunctive measure for major calcium pletion states, which require elemental intakes higher than rmal dietary supplements can provide, such as the initial ages of postmenopausal and senile osteoporosis and advanced teoporosis; also adjunctively with Vitamin D for the treatment mild or latent hypocalcemic tetany.

Contraindications: Lithiasis, hypercalcemia, cardiac or renal failure.
Precautions: If the patient has a history of renal disease, administration of Effervescent Calcium Granules should be accompanied by abundant intake of acidulous liquids such as fruit juices to avoid hypercalciuria. Should hypercalciuria occur, dosage should be reduced accordingly. Due consideration should be given to the sodium content of Effervescent Calcium Granules when treating patients requiring low sodium diets.
Side Effects: In high doses may cause indigestion or diarrhea. Constipation may occur occasionally.
Composition: Each packet of orange-flavored Effervescent Calcium Granules contains 2.94 grams of the double salt calcium lactate-gluconate and 0.30 grams of calcium carbonate (also contains 325 milligrams of sodium per packet).

New

CALCIUM-FORTE

(Effervescent Calcium) Granules

SANDOZ PHARMACEUTICALS, HANOVER, N.J. SANDOZ

68-207

ISMA Committees and Commissions for 1968-1969

COMMITTEES

Executive

Ralph V. Everly, Indianapolis, chairman; Burton E. Kintner, Elkhart; P. J. V. Corcoran, Evansville, President; Lowell H. Steen, Hammond, President-Elect; Donald Taylor, Muncie, Chairman of the Board of Trustees; Lester H. Hoyt, Indianapolis, Treasurer; Malcolm O. Scamahom, Pittsboro, Assistant Treasurer.

Grievance

Edgar C. Stuntz, West Lafayette; Kenneth L. Olson, South Bend; Earl W. Mericle, Indianapolis; Eugene S. Rifner, Van Buren; Richard Bloomer, Rockville; Robert G. Young, Marion; John M. Paris, New Albany; Wilson L. Dalton, Shelbyville; William R. Noe, Bedford.

Student Loan

Lester D. Bibler, Indianapolis, chairman; James O. Ritchey, Indianapolis, vice-chairman; Patrick J. V. Corcoran, Evansville; Lester H. Hoyt, Indianapolis; Glenn W. Irwin, Indianapolis; Joe Dukes, Dugger.

Medical-Legal Review

Raymond L. Newnum, Evansville, chairman; Walter Able, Columbus, vice-chairman; Joseph G. S. Weber, Terre Haute, secretary.

COMMISSIONS

Aging

A. W. Cavins, Terre Haute, chairman; Wallace R. Van Den Bosch, Lafayette, vice-chairman; Raymond Duncan, Bedford, secretary; Bernard B. Rosenblatt, Evansville; R. E. Buckingham, Bloomington; John O. Butler, Indianapolis; R. D. Williams, Anderson; George M. Young, Gary; George W. Wagoner, Delphi; Nathan Salon, Fort Wayne; Thomas A. Elliott, Elkhart; Andrew C. Offutt, Indianapolis; Wendell C. Anderson, Indianapolis.

Constitution and Bylaws

George W. Willison, Evansville; Paul B. Arbogast, Vincennes; Eli Goodman, Charlestown; Gordon S. Fessler, Rising Sun; Donald B. Garvin, Brazil; Joseph F. Ferrara, Franklin; B. D. Wagoner, Union City; Chester L. Waits, Lafayette; Thomas Tyrrell, Calumet City, Ill.; Richard L. Glendening, Logansport; Jerome C. Schubert, Fort Wayne; Edwin C. Mueller, LaPorte; William M. Sholty, Lafayette; Eugene W. Austin, Evansville.

Convention Arrangements

Richard B. Hovda, Evansville, chairman; John L. Ferry, Whiting, vice-chairman; Charles H. Aust, Fort Wayne, secretary; William F. Howard, Bloomington; Harold W. Richmond, Columbus; John E. Freed, Jr., Terre Haute; John Mader, Richmond; William M. Kendrick, Mooresville; Francis E. Stout, Muncie; Howard R. Marvel, Lafayette; Tom W. Wachob, Jr., Kokomo; Samuel E. Bechtold, South Bend; Charles Fisch, Indianapolis.

Governmental Medical Services

Jerome E. Holman, Jr., Indianapolis, chairman; Glen V. Ryan, Indianapolis, vice-chairman; Roman B. Dubois, Lafayette, secretary; Cola K. Newsome, Evansville; Francis H. Gootee, Jasper; Herman Echsner, Columbus; Dick J. Steele, Greencastle; Tom S. Shields, Richmond; Robert P. Scott, Indianapolis; J. F. Hinchman, Parker; Edward J. Dierolf, Gary; Donald K. Winter, Logansport; Michael J. Mastrangelo, Fort Wayne; D. D. Swihart, Elkhart.

Inter-Professional Relations

A. Alan Fischer, Indianapolis, chairman; William E. Dye, Oakland City, vice-chairman; Richard L. Veach, Bainbridge, secretary; A. Wayne Ratcliffe, Evansville; Charles X. McCalla, Paoli; John W. Ripley, Seymour; William S. Robertson, Spiceland; Willis W. Stogsdill, Indianapolis; Richard N. Philbert, Muncie; Paul E. Ludwig, Crawfordsville; John J. Reed, Hobart; H. H. Dunham, Wabash; Pierre C. Talbert, Bluffton; Richard W. Holdeman, South Bend.

Legislation

Don E. Wood, Indianapolis, chairman; Eugene F. Senseny, Fort Wayne, vice-chairman; Joseph C. Finneran, Indianapolis, secretary; Robert E. Arendell, Evansville; Harold Manifold, Bloomington; Joseph D. McPike, Bedford; Leslie M. Baker, Aurora; Fred W. Dierdorf, Terre Haute; John Davis, Flat Rock; Jack L. Alexander, Muncie; Max N. Hoffman, Covington; Daniel Ramker, Hammond; Lester Renbarger, Marion; Otis R. Bowen, Bremen; Jack W. Hickman, Indianapolis.

Medical Economics and Insurance

Thomas J. Conway, Terre Haute, chairman; Kenneth O. Neumann, Lafayette, vice-chairman; Paul M. Inlow, Shelbyville, secretary; Charles M. Sinn, Evansville; Paul W. Holtzman, Bloomington; Edward J. Ploetner, Jasper; William Scharbrough, Ewing; Morris E. Thomas, Indianapolis; Charles E. Geckler, Muncie; A. S. Kobak, Valparaiso; Lloyd H. Smith, North Manchester; Thomas G. Hamilton, Columbia City; Jack W. Hannah, Elkhart; Chester A. Stayton, Jr., Indianapolis; Willard Barnhart, Evansville.

Medical Education and Licensure

John L. Cullison, Muncie, chairman; Franklin Bryan, Fort Wayne, vice-chairman; Betty Dukes, Dugger, secretary; Gilbert J. Himebaugh, Evansville; John M. Paris, New Albany; George G. Morrison, Jr., Lawrenceburg; Wayne Crockett, Terre Haute; Frank Coble. Richmond; George T. Lukemeyer, Indianapolis; William Ringer, Williamsport; Leo Radigan, Gary; Lowell J. Hillis, Logansport; Jene R. Bennett, South Bend; Merritt O. Alcorn, Madison; Peter J. Pilecki, Michigan City; Glenn W. Irwin, Jr., Indianapolis, Ex-Officio.

Public Health

Roy L. Fultz, Salem, chairman; Henry G. Nester, Indianapolis, vice-chairman; James S. Robertson, Plymouth, secretary; Daniel Hare, Evansville; William B. Sigmund, Columbus; Cleon M. Schauwecker, Greencastle; Wilson L. Dalton, Shelbyville; Stanley W. Burwell, Muncie; Theodore C. Person, Veedersburg; Philip J. Rosenbloom, Gary; Paul Sparks, Winchester; Wyant J. Shively, Evansville.

Public Information

William B. Challman, Mt. Vernon; Thomas O. Middleton, Bloomington; Louis H. Blessinger, Corydon; Kenneth D. Schneider, Columbus; Richard S. Bloomer, Rockville; Robert D. Spindler, Shelbyville; Robert W. Harger, Indianapolis; Don W. Boyer, Lebanon; Seymour W. Shapiro, Gary; Reeve Peare, Huntington; Fred Dahling, New Haven; William G. Moore, LaPorte; Victor Johnson, Evansville.

Special Activities

Marvin E. Priddy, Fort Wayne, chairman; Ray H. Burnikel, Evansville, vice-chairman; William H. Garner, Jr., New Albany, secretary; John C. Linson, Seymour; Harold C. Ochsner, Indianapolis; Henry Bibler, Muncie; Adolph Walker, East Chicago; Everett F. Donnelly, South Bend; K. G. Hill, New Castle; Robert P. Acher, Greensburg.

Voluntary Health Agencies

Norman R. Booher, Indianapolis, chairman; M. O. Scamahorn, Pittsboro, vice-chairman; Wayne Endicott, Greenfield, secretary; Albert Ritz, Evansville; Robert H. Rang, Washington; T. A. Neathamer, Scottsburg; Harry R. Baxter, Seymour; William G. Bannon, Terre Haute; Lowell W. Painter, Winchester; Albert E. Applegate, Frankfort; Walfred A. Nelson, Gary; Lloyd L. Hill, Peru; Richard Willard, Bluffton; Frank J. McGue, Michigan City; Charles Rushmore, Indianapolis.

Future Planning Committee

G. O. Larson, LaPorte, chairman; A. W. Ratcliffe, Evansville, vice-chairman; Ed Tyler, Indianapolis, secretary; Maurice E. Glock, Fort Wayne; James Fitzpatrick, Portland; Paul A. F. Walter, III, Evansville; Charles F. Gillespie, Indianapolis; Leslie Baker, Aurora; (Ex-Officio Members)—Patrick J. V. Corcoran, Evansville; Lowell H. Steen, Whiting; Donald R. Taylor, Muncie; Ralph V. Everly, Indianapolis; Frank B. Ramsey, Indianapolis.

Emergency Medical Services

John S. Farquhar, Jr., Fort Wayne, chairman; Raymond W. Nicholson, Evansville, vice-chairman; Robert M. Brown, Marion, secretary; William F. Kerrigan, Connersville; Rolla D. Burghard, Indianapolis; R. James Bills, Gary; James D. Finfrock, Elkhart; Charles A. Rau, Columbus; Allen D. Scales, Huntingburg; Larry W. Sims, Evansville; James W. Kress, Muncie; William W. Drummy, Terre Haute; Frederic L. Schoen, Fort Wayne.

Committee on Sports and Medicine

Brad J. Bomba, Bloomington; James H. Belt, Indianapolis; James B. Wray, Indianapolis; Thomas A. Brady, Indianapolis; Gilbert M. Wilhelmus, Evansville; Arthur L. Moser, Warsaw; Leland G. Brown, Muncie.

Committee on Medicine and Religion

Helen M. Calvin, South Bend; Burton E. Kintner, Elkhart; John C. Slaughter, Jr., Evansville; Donald E. Wood, Indianapolis; John E. Read, Chesterton; Edwin B. Bailey, Linton; Richard M. Nay, Indianapolis.



introducing an anticostive* antacid

*Avoids constipation.

an antacid formulated especially for the constipation-prone patient

- Gelusil-M has been formulated to help avoid constipation in these patients: hospitalized/bedridden/debilitated/sedentary/pregnant/elderly/on a bland diet/on anticholinergic-antispasmodic drugs/when straining at stool should be avoided.
- Magnesium content helps maintain intestinal fluid volume and motility.
- Some patients may develop loose stools while taking Gelusil-M. This condition is usually dose-related, and usually responds to dose reduction.

introducing new

GELUSIL®-M*

each 5 ml. teaspoonful contains:
500 mg. magnesium trisilicate
250 mg. aluminum hydroxide (Warner-Chilcott)
200 mg. magnesium hydroxide

*U.S. Patent No. 3,326,755

a consistent buffering anticostive† antacid

†Avoids constipation.

See next page for prescribing information ▶

GELUSIL–one name to remember...and a dosage form for every patien



Gelusil®-M Liquid

especially for the constipation-prone patient

Indications: Gelusil-M is indicated for prompt and dependable symptomatic relief of peptic ulcer, gastritis, heartburn, hiatal hernia, esophagitis, and other conditions for which control of gastric hyperacidity is required.

Precaution: Prolonged or intensive therapy in patients with severe renal insufficiency may lead to hypermagnesemia.

Dosage: One to two teaspoonfuls (5 ml. to 10 ml.) between meals and at bedtime or whenever symptoms occur. Certain conditions, such as acute peptic ulcer, may require individualized dosage. If diarrhea occurs, reduce dosage or discontinue use.

Supplied: Gelusil-M (spearmint-flavored)—light green bottles of 12 fl. oz.; and a **special hospital pack.** Keep tightly closed—shake vigorously.

Gelusil® Tablets

the universal take-along antacid

Easy to take along / easy to take / pleasantly mint-flavored. An antacid with adsorbent and demulcent properties which contains in one tablet: 0.25 Gm. aluminum hydroxide (Warner-Chilcott) and 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 tablets—or more—between meals and at bedtime, or whenever symptoms occur. Tablets should be chewed.

Regular Gelusil® Liquid

when constipation is not a problem

Pleasant mint flavor...ideal for hospital or home. Available in 12 fl. oz. and 6 fl. oz. bottles and a special hospital pack. An antacid which contains adsorbent and demulcent agents in each 4 ml. teaspoonful: 0.25 Gm. aluminum hydroxide (Warner-Chilcott), 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 teaspoonfuls (4 ml. each)—or more—between meals and at bedtime, or whenever symptoms occur.

Also Available: Gelusil® Flavor-Pack, Gelusil-Lac®.

WARNER-CHILCOTT
Morris Plains, New Jersey

GM-IN-92-4C

resident's Page

This issue of *The Journal,* dealing with the heart, cuses attention on that field of medical practice hich has recently been attracting the greatest public terest.



Although comparable progress is being made in many other aspects of health care, the most dramatic have occurred in the cardiovasculorenal domain. Some of these reach so deeply to the very core of life itself as to compel front page attention. The potency of new techniques and of therapeutic agents challenges established biologic or therapeutic formulas.

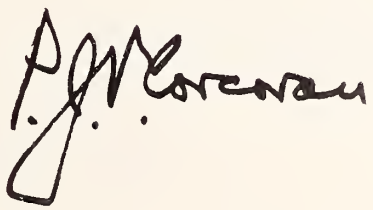
These are being modified in ways undreamed of st a few years ago. New resuscitation methods, eleconic stimulators, prosthetic or mechanical devices nd tissue transplants are altering basic concepts with ttendant reconsiderations and possible redefinitions.

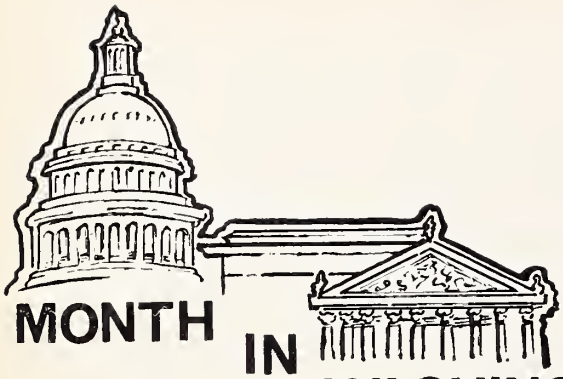
Cardiac care units have produced changes in patrns of patient management. Nurses and allied peronnel now routinely do things that a short time ago would have been reserved only to certain fully qualified physicians. Nursing staffs are being trained to evaluate clinical data and for decision-making judgments. Moreover, we may be on the threshold of further delegating some of these functions to computerized adjuncts.

The team approach is inherent in many of these situations: cardiac care units, dialysis, open heart surgery, and transplantation procedures. However, the essential involvement of highly trained specialists on these teams paradoxically makes more imperative the participation of a single, broadly-trained physician to coordinate and directly manage total patient care throughout an episode of illness.

The accelerating pace leaves little time to contemplate the implications and the inevitable adjustments. Moral and legal guidelines must be provided—some old ones revised and some new ones devised. Much of this needs to be done by cooperation with other professions, especially legal experts. Such efforts are now under way both at the State Association and at the AMA levels.

The impressive achievements already made are heartening; they will no doubt continue. However, unwarranted expectations and unjustified hopes ought not be evoked by premature reports or unnecessary publicity.





MONTH IN WASHINGTON

This summary of what is happening in Washington i prepared by AMA's Capitol office and air-mailed t *The Journal* on the ninth of each month precedin month of issue.

WASHINGTON, D.C.—A House Ways and Means Committee member introduced on the first day of the new Congress a bill that would provide federal incom tax credits to help individuals buy private health insurance.

THE LEGISLATION (HR 19), sponsored by Rep. Richard Fulton (D., Tenn.), was similar in principle to a health insurance financing plan utilizing tax credits approved by the American Medical Association House of Delegates at San Francisco last June and reaffirmed at Miami Beach last December.

FULTON said he considered his bill "at least an opener" for hearings.

"CERTAINLY before expanding any federal program, I believe it worthwhile t explore the use of the private sector and our tax system," Fulton said.

THE FULTON BILL provides that individuals with incomes of $2,500 or less and families with incomes of $5,000 or less would receive $150 vouchers from the federal government per eligible individual for the purchase of health insurance. The family maximum would be $400.

IN THE CASE OF a taxpayer with an income between $2,500.01 and $5,000, or a family with an income between $5,000.01 and $7,500, the credit would be a 75% per eligible individual with a maximum of $400 per family.

IN THE CASE OF a taxpayer with an income of $5,000.01 to $7,500, or a family with an income between $7,500.01 and $10,000, the credit would be 50% per eligible individual with a $400 family maximum.

IN THE CASE OF a taxpayer with an income exceeding $7,500.01, or a family with an income exceeding $10,000.01, the credit would be 25%.

AT SAN FRANCISCO, the House of Delegates adopted as approved AMA policy "the principle of graduated income tax credits for premiums paid fo adequate health insurance." A resolution adopted at Miami Beach called upon the AMA to "vigorously promote the enactment of federal legislation implementing" the plan.

COMBINATION OF PUBLIC AND PRIVATE RESPONSIBILITY

A SPECIAL COMMISSION on health facilities concluded that government and private enterprise must cooperate to organize the nation's health resources into effective, efficient and economical community systems of comprehensive health care for all persons.

THE NATIONAL Advisory Commission on Health Facilities, established in October, 1967, drafted its report to the President in general terms and did not make any recommendations for legislation.

Continue



Coming home s wonderful when you have

Somehow, in the excitement of the new baby's arrival, the subject of health care bills seldom gets mentioned. But the bills just don't go away. And that's why we say: coming home is wonderful, when you have Blue Cross–Blue Shield.

Indiana's No. 1 health care plan makes the homecoming more carefree for everyone, because it has already provided realistic benefits to the hospital and generous allowances to your physician. And in these days of quality but expensive health care, Blue Cross–Blue Shield is more valuable than ever.

More than 65 million Americans, over 2 million of them in Indiana, are served by Blue Cross–Blue Shield. About 10,000 Hoosier employers rely on it not only to provide good benefits for their workers but to save the company a lot of overhead on paperwork. No claims filing, no administration headaches, no red tape with Blue Cross–Blue Shield.

Maybe that's why people—whether new fathers or big bosses—write us the same line: **"I don't know what we would have done without Blue Cross–Blue Shield."**

Blue Cross–Blue Shield

Mutual Hospital Insurance, Inc. Mutual Medical Insurance, Inc.
Home Office: 110 N. Illinois St., Indianapolis, Indiana 46204

(One of a series of ads being run in key Hoosier newspapers)

JAMES Z. APPEL, M.D., a former president of the American Medical Association and a commission member, said the family physician would be the ide "point of entry" to a community health system but there are nc enough of them.

A SUMMARY of the report included:

"AMERICA'S health care systems should combine private and public respon-sibility. Facilities and systems will vary from community t community in accordance with local capacities and local needs but guiding principles should govern the effort to develop effective and efficient health care systems:

"1. These systems should be organized to assure appropriate point of entry into and continuity of health care services.

"2. Every citizen should have ready access to quality health care

"3. States, regions, local communities and all health institutic should carry out continuous planning.

"4. Both those who provide and consume health services should participate in the decisions.

"5. All levels of health care should be interdependent."

HEW REPORT RECOMMENDS NO ADDITIONS TO MEDICARE

A HEALTH, Education and Welfare Department report to Congress recommenc that preventive health care services not be added to medicare benefits at this time.

THE REPORT cited as reasons for the negative recommendation: administra tive constraints, inability to estimate costs, limited exper ence with automated multi-phasic health screening and an inadequate supply of health professionals.

THE REPORT was one of three requested by Congress last year and submitte before the change in administration.

A SECOND REPORT dealt with coverage of mentally ill under medicare but did no include any recommendations.

THE THIRD REVIEWED qualifications of personnel under current medicare regulatio It stated that, because of an acute manpower shortage in the field, physical therapists should be considered qualified if they could establish an adequate level of competency. HEW is developing a proficiency examination.

HEW RECOMMENDED against allowing licensed practical nurses to serve as nurse responsible for the total nursing care at an extended care facility. It also recommended against changes in the regu-lations that set minimal standards for independent laborato personnel.

PREMIUM RATE FOR PHYSICIANS' FEES STATIC

THE PREMIUM RATE for medicare supplementary insurance covering physicians' f (plan B) will remain at the present rate, $4 each for the individual beneficiary and the federal government, until July 1, 1970.

THE JOHNSON Administration's Secretary of Health, Education and Welfare Wilbur J. Cohen, decided against an increase although the Soc Security Administration's chief actuary had advised that a

anticipated rise in physicians' fees called for an increase of 40 cents each for the beneficiary and the government.

COHEN AGAIN asked physicians to show "unusual restraint" in setting fees. He urged that physicians and patients cooperate "in eliminating unnecessary utilization of physicians services," and asked carriers and intermediaries to carefully review claims during the next 18 months.

FDA PROPOSES DRUGS BE TAKEN OFF MARKET

THE FOOD and Drug Administration proposed that six widely prescribed antibiotic drug combinations be taken off the market on grounds that they fail to live up to their claims of effectiveness.

THE DRUGS and their manufacturers are: Albamycin G. U., Albamycin-T capsules and granules, and Panalba capsules, granules and drops —Upjohn Co.; Achromycin nasal suspension—Lederle Laboratories; Mysteclin F capsules, syrup and pediatric drops and Mysteclin F-125 capsules—E. R. Squibb & Sons Inc.

THE DRUG COMPANIES were given 30 days to respond before FDA's final action. The FDA order could be appealed to the courts.

TWO OF THE drug companies promptly protested the FDA proposal in public comments. An Upjohn spokesman said his company's combinations are superior to the major constituents alone. A Squibb spokesman said Mysteclin F had wide acceptance among physicians and a proper place in medical practice. A Lederle spokesman said Achromycin was not a major sales product, and declined to comment on what the company's official response would be. ◄

First Aid Manual in Spanish

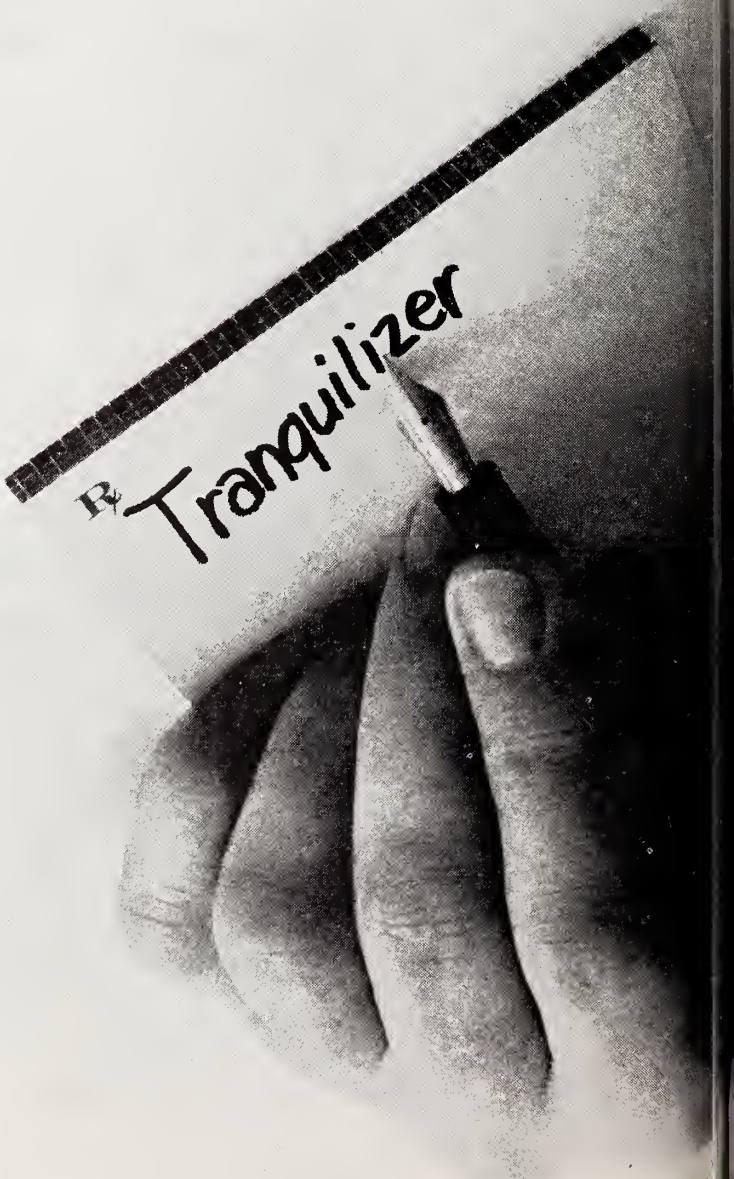
As a means of providing health education material for Spanish-speaking people, the American Medical Association has translated its "First Aid Manual" into Spanish.

The self-help guide provides instructions for administering first aid for such emergencies as shock, snake bite, insect wounds and allergy reactions. It also contains complete instructions and diagrams for the accepted methods of artificial respiration, the treatment of hemorrhage and many other problems of first aid.

Pertofrane®, desipramine hydrochloride
Indications: For relief of depression.
Contraindications: Do not use drugs of the M.A.O.I. class with Pertofrane. Hyperpyretic crises or severe convulsive seizures may occur; potentiation of adverse effects can be serious or even fatal. When substituting this drug in patients receiving an M.A.O.I., allow an interval of at least 7 days. Initial dosage in such patients should be low and increases should be gradual and cautiously prescribed.
Warning: Activation of psychosis may occasionally be observed in schizophrenic patients. Do not use in patients under 12 years old, and do not use in women who are or may become pregnant unless the clinical situation warrants the potential risk.
Precautions: Careful supervision and protective measures for potentially suicidal patients are necessary. Discontinuation of therapy or adjunctive use of a sedative or tranquilizer may be necessary in the presence of increased anxiety or agitation, hypomania or manic excitement. However, phenothiazines may aggravate the condition. Atropine-like effects may be more pronounced (e.g. paralytic ileus) in susceptible patients and in those receiving anticholinergic drugs (including antiparkinsonism agents). Carefully observe patients with increased intraocular pressure. Prescribe cautiously in hyperthyroid patients and in those receiving thyroid medications. Cardiovascular complications (myocardial infarction and arrhythmias) are potential risks since they have occasionally occurred with imipramine, the parent compound. Desipramine may the pharmacologic activity of guanethidine and related adre neuron-blocking agents. Hype tensive episodes have been ol during surgery in patients on desipramine therapy.
Before prescribing the drug, physician should be thorough familiar with prescribing infor with the literature, with all adv reactions, with the diagnosis management of depression, a the relative merits of all meas

You decide who needs how mu

PRESCRIP



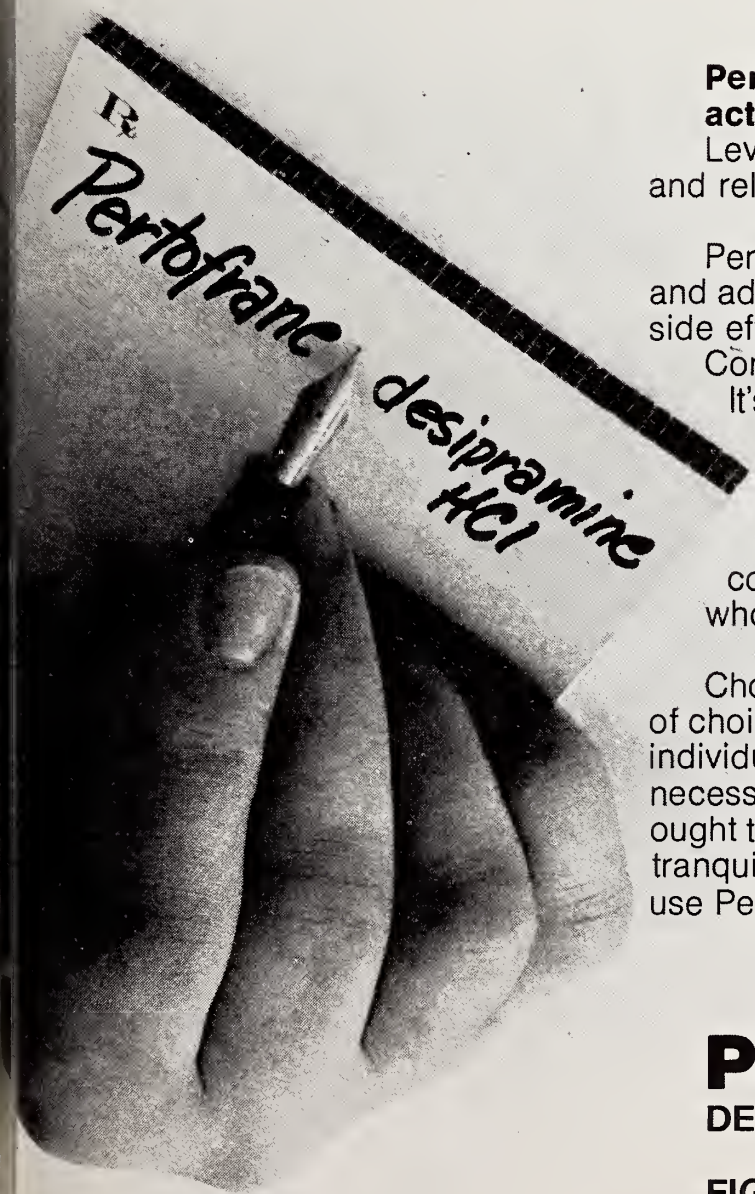
the condition.
e Reactions: Dry mouth, ation, disturbed visual ac- dation, anorexia, perspira- somnia, drowsiness, dizzi- eadache, nausea, epigastric , and skin rash (including nsitization) may appear. rthostatic hypotension has d, carefully observe patients g concomitant vasodilating particularly during the ases. Other adverse re- include tachycardia, changes in EEG patterns, tremor, falling, mild extrapyramidal activity, neuromuscular incoordination, epileptiform seizures. A confusional state (with such symptoms as hallucinations and disorientation) occurs occasionally and may require reduced dosage or discontinuance of therapy. Rarely, transient eosinophilia, slight elevation in transaminase levels, transient jaundice, or liver damage have occurred. If abnormalities occur in liver function tests, discontinue drug and investigate. Occasional hormonal effects, particularly decreased libido or impotence and instances of gynecomastia, galactorrhea and female breast enlargement have been observed. Urinary frequency or retention may occur. The drug should be discontinued if agranulocytosis, bone marrow depression, jaundice, thrombocytopenia, or purpura occur.
Dosage: 25 to 50 mg. t.i.d. The maximum daily dose is 200 mg. Continue maintenance dosage for at least 2 months after obtaining satisfactory response. Generally, elderly and adolescent patients should be given low doses.
Availability: Pink capsules of 25 mg. in bottles of 100 and 1000.
(B) 46-530-E

For complete details, please see the full prescribing information.

Geigy Pharmaceuticals
Division of
Geigy Chemical Corporation
Ardsley, New York 10502

ntidepressant and how much tranquilizer—

ON POWER



Pertofrane can give rapid antidepressant action often within 3 to 5 days.
Levels of psychomotor activity, patient outlook and related somatic complaints may improve.

Pertofrane is well tolerated by most patients and adverse reactions are usually mild. A few serious side effects have been reported infrequently. Consult full prescribing information before using. It's summarized above.

Anxious Depressives...
May require adjunctive use of tranquilizers; but they don't always fit ready-made drug combinations. Isn't it better for *you* to decide who needs how much of which drugs?

Choose Pertofrane and pick your tranquilizer of choice. With this "combination", control the individual drug dosage adjustments that may be necessary for proper therapy. Isn't that the way it ought to be? Please remember, phenothiazine tranquilizers may aggravate depression, and never use Pertofrane with an MAO inhibitor.

PERTOFRANE®
DESIPRAMINE HYDROCHLORIDE **Geigy**

FIGHTS DEPRESSION

Letters to the editor

To the Editor:

The Medical Genetics Section of the Department of Preventive Medicine and Public Health at Creighton University School of Medicine, Omaha, Nebraska, is interested in the study of patients showing an increased incidence of any histological variety of cancer in their families. Of particular interest to us is the cancer family syndrome, characterized by: 1) increased frequency of adenocarcinoma of all sites, particularly of the colon and endometrium, 2) early age at onset of cancer, 3) increased occurrences of multiple primary malignant neoplasms, and 4) autosomal dominant inheritance. To date, we have investigated six families fulfilling all of the above criteria (Lynch, H. T., and Krush, A. J.: Heredity and Adenocarcinoma of the Colon, *Gastroenterology* 53:517-527, 1967), and have corresponded with physicians in Europe who have described two separate and non-related families which also fulfill the above criteria.

Physicians with patients known to have a familial cancer background, may write to Henry T. Lynch, M.D., Associate Professor and Chairman, Department of Preventive Medicine and Public Health, Creighton University School of Medicine, 657 N. 27th St., Omaha, Nebraska 68131.

We invite your cooperation in our studies which will include a genealogical and medical investigation of the entire kindred in each case. All information obtained will be shared with family physicians in order to facilitate cancer control.

Sincerely,
Henry T. Lynch, M.D.
Associate Professor
& Chairman
Department of
Preventive Medicine
& Public Health

January 7, 1969

To the Editor:

Since *The Journal* is devoted to the interests of the medical profession of Indiana, I must take exception to the article of Dr. Wilbur in your December, 1968, edition.

For example, Dr. Wilbur claims that the reputation of the medical profession depends on our activities in public affairs, etc. Is it not more plausible to say that it depends upon the professional activity of the sum total of doctors who successfully treat individual patients?

Dr. Wilbur says that our "new responsibility" is to minister to "all of human society in our nation." That poses the false idea that the doctors of this nation have not been doing that to the best of their ability for a couple hundred years.

He feels that American medicine is leading the way when he includes the unconstitutional intrusion of federal programs in the health field as a forward step. History records it as a backward step. Are the members of our association to remain silent about such an erroneous proposition?

His false assumption, created by federal fiduciary felonists, that medical care is a basic human right, is contrary to all sound reasoning. Yet he asks our profession to be leaders in promoting such a blatant lie.

Since his ten points in such a program of medical leadership are based upon a false premise to begin with, there is no need to comment further on them.

The entire article should be dissected and properly evaluated—not only for Hoosier physicians, but also for AMA members.

Sincerely yours,
A. G. Blazey, M.D.
7 E. Walnut St.
Washington, Ind.

INDIANA MEDICAL BUREAU
816 Hume Mansur Bldg.
631-5802

A Licensed Employment Agency
Specializing in Medical Personnel

Our 18th Year Of Service

See next page for prescribing informatio



You've made it one of your specifics in acute otitis media

DECLOMYCIN®
DEMETHYLCHLORTETRACYCLINE



You've made it one of your specifi in acute otitis medi

DECLOMYCIN acts against many strains of H. influenzae, pneumococci and streptococci, most common invaders. In otitis media, where is difficult to isolate the causative organism, t coverage may be important. However, some st may be resistant and other pathogens can be involved.

You've found the high serum levels of DECLOMYCIN important, too. Its prolonged ac permits convenient 300 mg b.i.d. or 150 mg q.i.d. administration.

When specimens are obtainable, your culture studies will indicate the usefulness of DECLOMYCIN.

Effectiveness: DECLOMYCIN Demethylchlortetracycline should be equally or more effective therapeutically than other tetracyclines in infections caused by organisms sensitive to the tetracyclines.

Contraindication: History of hypersensitivity to demethylchlortetracycline.

Warning: In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, lower than usual doses are indicated, and, if therapy is prolonged, serum level determinations may be advisable. A photodynamic reaction to natural or artificial sunlight has been observed. Small amounts of drug and short exposure may produce an exaggerated sunburn reaction which may range from erythema to severe skin manifestations. In a smaller proportion, photoallergic reactions have been reported. Patients should avoid direct exposure to sunlight and discontinue drug at the first evidence of skin discomfort. Necessary subsequent courses of treatment with tetracyclines should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enteroc pruritus ani. Skin—maculopapular and erythematous rashes; case of exfoliative dermatitis has been reported. Photosens onycholysis and discoloration of the nails (rare). Kidney—rise in apparently dose-related. Transient increase in urinary output, times accompanied by thirst (rare). Hypersensitivity reactions caria, angioneurotic edema, anaphylaxis. Teeth—dental stainin low-brown) in children of mothers given this drug during the latt of pregnancy, and in children given the drug during the neonata od, infancy and early childhood. Enamel hypoplasia has been s a few children. If adverse reaction or idiosyncrasy occurs, discor medication and institute appropriate therapy. Demethylchlor cycline may form a stable calcium complex in any bone-forming with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. S be given 1 hour before or 2 hours after meals, since absorpt impaired by the concomitant administration of high calcium co drugs, foods and some dairy products. Treatment of streptoc infections should continue for 10 days, even though symptoms subsided.

DECLOMYCIN®
DEMETHYLCHLORTETRACYCLINE

Capsules: 150 mg; **Tablets:** film coated mg, 150 mg and 75 mg of demethylchlor cycline HCl.

LEDERLE LABORATORIES, A Division of
American Cyanamid Company, Pearl River, New York

Lederle

heavenly relief
for unearthly cough

Benylin®
EXPECTORANT



Each fluidounce contains: 80 mg. Benadryl® (diphenhydramine hydrochloride, Parke-Davis); 12 grains ammonium chloride; 5 grains sodium citrate; 2 grains chloroform; 1/10 grain menthol; and 5% alcohol.

An antitussive and expectorant for control of coughs due to colds or of allergic origin, BENYLIN EXPECTORANT is the leading cough preparation of its kind. BENYLIN EXPECTORANT tends to inhibit cough reflex... soothes irritated throat membranes. And its not-too-sweet, pleasant raspberry flavor makes BENYLIN EXPECTORANT easy to take.

PRECAUTIONS: Persons who have become drowsy on this or other antihistamine-containing drugs, or whose tolerance is not known, should not drive vehicles or engage in other activities requiring keen response while using this preparation. Hypnotics, sedatives, or tranquilizers if used with BENYLIN EXPECTORANT should be prescribed with caution because of possible additive effect. Diphenhydramine has an atropine-like action which should be considered when prescribing BENYLIN EXPECTORANT.

ADVERSE REACTIONS: Side reactions may affect the nervous, gastrointestinal, and cardiovascular systems. Drowsiness, dizziness, dryness of the mouth, nausea, nervousness, palpitation, and blurring of vision have been reported. Allergic reactions may occur.

PACKAGING: Bottles of 4 oz., 16 oz., and 1 gal.

Parke, Davis & Company
Detroit, Michigan 48232

PARKE-DAVIS

410R69

A once-popular treatment for back pains was to have the seventh son of a seventh son stand or walk on the patient's back.





The pain of earache was allegedly relie
by holding a hot roasted onion to the ear

For headache, a sovereign remedy was to wear a snakeskin round one's head.



A realistic approach to pain relief



'Empirin'®

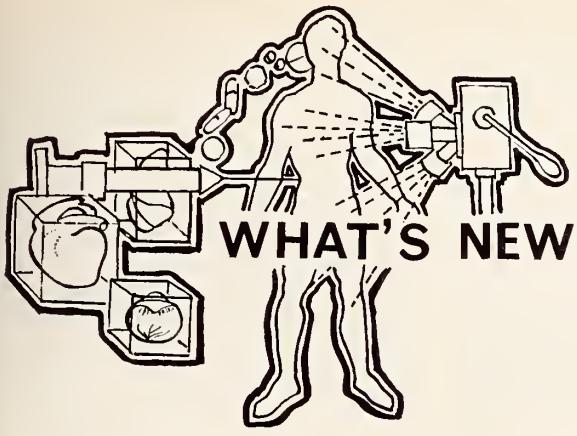
Compound with Codeine Phosphate gr. 1/2 No. 3

Each tablet contains:
Codeine Phosphate gr. 1/2 (Warning—May be habit forming), Phenacetin gr. 2 1/2, Aspirin gr. 3 1/2, Caffeine gr. 1/2.

keeps the promise of pain relief

'B.W. & Co.' narcotic products are Class "B", and as such are available on oral prescription, where State law permits.

BURROUGHS WELLCOME & CO. (U.S.A.) INC.
Tuckahoe, N.Y.



An Infant Sentry Apnea Alarm is now available. The device is telemetric and sounds an alarm if the infant's respiration stops. A small transensor is laid on or taped to the infant's stomach. The alarm sounds during the apnea attack and stops if breathing is resumed, so the nurse is informed of a cyclic breathing condition, in addition to having immediate knowledge of cessation of respiration. The sentry operates on 110 volts AC, but has a built-in internal battery which is good for four hours operation if the power fails.

* * *

Patients, Doctors and Families by Faye C. Lewis, M.D., is being released by Doubleday. Dr. Lewis wrote a best seller novel "Doc's Wife" in the 1940's. She has been in general practice for forty years and in the present volume distills a lot of sound advice and good country common sense, with some case histories, which will be good reading for patients. Dr. Lewis stresses the role of family relationships and doctor-patient rapport. Doubleday recommends the book for patients: "It will help them to understand illness, in themselves and others, and it will help them understand their doctor."

* * *

Borden is introducing a new carbohydrate-free food product for dietary management of children and adults unable to handle complex sugars. The name is Cho-Free. It is a liquid concentrate formulated from a soy protein isolate and fortified with vitamins, minerals and the essential amino acid, methionine. Crystalline dextrose is supplied for addition to the formula base with water. It does not contain any milk derivatives and may be used in the management of milk allergy also. Initially, availability will be through hospital pharmacies only.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

DIARRHEA

TROCINATE®
BRAND THIPHENAMIL HCl

The first 400 mg. Trocinate tablet usually relieves discomfort so promptly that Diarrhea ceases to be a bother

Trocinate has no known therapeutic value other than relaxing smooth muscle by direct action when coming in contact with the spastic muscle cell. Trocinate has none of the troublesome side-effects of anticholinergic drugs. Trocinate relieves the discomfort of diarrhea by decreasing both peristalsis and muscle tone. Trocinate is metabolized by the body and eliminated in the urine as harmless degradation products. Normal intestinal function is resumed.

The action of Trocinate is prompt, making the spacing of dosage easy. Often one or two 400 mg. tablets are sufficient to control diarrhea. The recommended dosage in spasm of the G. I. and G. U. tract is 400 mg. q. 4 h. A prescription of twelve (12) 400 mg. tablets will, in most cases, allow the patient to have a few to keep in reserve.

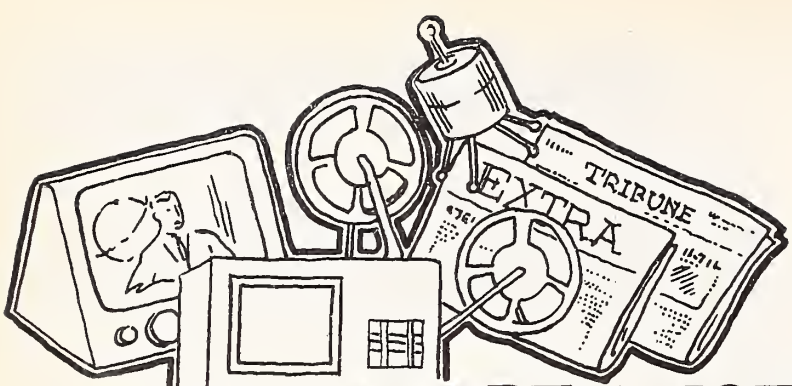
Literature and samples available

WILLIAM P. POYTHRESS & CO., INC.
RICHMOND, VIRGINIA 23217

Manufacturers of ethical pharmaceuticals since 1856

TROCINATE®
BRAND THIPHENAMIL HCl

DIARRHEA



FOURTH ESTATE

This section of THE JOURNAL is devoted t the presentation of opinions which appear o the editorial pages of the public press, an which are of interest to the medical profes sion. Its function is to review comments whic may be favorable or unfavorable to medicine Members are invited to submit editoria clippings for this column.

A Voice in the Legislature

The power-play outlined the other day by the Greater Gary Chamber of Commerce is a sensible approach to the science of winning friends and influencing legislators.

An alliance with chambers from Hammond, East Chicago, Fort Wayne, Indianapolis, Evansville and South Bend-Mishawaka should put some punch into the arsenal of suggestions for new laws.

Naturally, there will be some conflicts on purely local projects, but on those involving larger areas, the alliance can probably be effective. Urban communities have similar aims and problems, so it is logical they should get together.

Among the goals are a jetport and a medical college in Northwest Indiana, a regional crime laboratory here, revision of the state's school-aid system and abolition of the township trustee system.

This area will be more concerned with the first three. All are vital projects. The jetport and medical school won't come easy, but they are realistic goals. With perseverance and ingenuity, perhaps they can be reached. Their importance is well-established.

The crime lab proposed by Coroner Alexander Williams would be a giant step forward in improving law enforcement and health standards.

The school-aid question is one of statewide concern, but of course it is as important to this area as any other in the state.

As for scrapping the trustee system, that should have been done long ago. Nobody needs to be reminded of the general mess and inefficiency the system fosters.

But aside from the specifics, the chamber alliance, by giving urban centers a strong voice, could have a long-range benefit.—*Gary Post-Tribune*, Nov. 23, 1968.

A Partnership for Humaneness

For the greater part of half a century, a partnership that is unusual if not unique has existed between the University of Louisville Medical School and Miss Carolyn Verhoeff.

As founder and long-time president of the Kentucky Humane Society-Animal Rescue League, Miss Verhoeff in 1922 made a formal agreement with the medical school. The league would turn over to the school for research purposes homeless dogs that otherwise would have had to be destroyed at the league's animal shelter, and in return the medical school would accept Miss Verhoeff's supervision of the care of laboratory animals.

Long ago the medical school began receiving its laboratory dogs from the City-County Pound, but Miss Verhoeff's supervision continued. It was her reasonable conviction that animal research was vital to medical science, but that research animals deserved comfortable and clean surroundings and that humane practices could and should be employed in research.

In 1959 the National Society for Medical Research, representing all accredited medical, dental and veterinary schools in the United States, honored Miss Verhoeff in recognition "of 37 years of constructive concern for the welfare of animals serving medical science." In 1963 trustees of the University of Louisville gave Miss Verhoeff's name to the new $500,000 animal care center in the university's Medical-Dental Research Building.

Miss Verhoeff is now 92 years old, and her almost daily visits to the care center have of necessity ceased. But the objective that she pursued individually—humane care of laboratory animals—has become a responsibility of a national organization, the American Association of Laboratory Animal Care. It is further recognition of her enlightened devotion this this association has given full accreditation to the care center that bears her name.—*The Louisville Times.*

Students Who Serve

Only one doctor has been available in an area on the southwest side of Indianapolis which has a population of about 9,000. And about 25% of the families in this group have a median income of less than $3,000.

It is not likely that many could afford the services of doctors even

if enough were available. Yet the need for medical service exists and the Community Action Against Poverty had planned a clinic there. The project never materialized.

Fortunately, the residents of this area now do not have to depend on the vagaries of government programs for medical attention. Students at the Indiana University School of Medicine, in a remarkable gesture of generosity, have started a program to establish a low-cost clinic which will be operated at 234 W. Morris.

They have sold blood to blood banks in order to raise funds and have solicited contributions from the medical school faculty. Twenty drug companies have agreed to supply drugs at low cost or, in some instances, free. A board of directors has been formed which includes 10 community residents, four students and a faculty member. The program that is planned may be expanded to include participation in a dental care program.

Because of the efforts of these students, residents of the area will be able to enjoy a medical service that has been lacking. There is no way to reckon the benefits but it is obvious that health will be improved and lives may be saved.

The disruptive activities of a comparatively few students at campuses throughout the country have brought an undeserved reputation to today's college generation. The kind of generosity and self-sacrifice shown by this I.U. group is, we think, far more typical of today's college men and women. They would be a credit to any generation.—*The Indianapolis News*, Dec. 7, 1968.

Rx: One Rocking Chair

The rocking chair, long a favorite of specialists in leisure, has finally come up with strong medical backing as a therapeutic tool.

Medical exponent of the rocking chair is Dr. Carl D. Martz, Indianapolis orthopaedic specialist, who wrote of its value in the *Journal of the Indiana State Medical Association* and more recently in the *Bulletin of the Indiana State Board of Health.*

Following the admonition: Physician, heal thyself! Dr. Martz reports approvingly of the longtime use of two high-backed rockers in a hospital surgical unit where surgeons rest and relax between operations.

And he calls attention to Presidents Lincoln and Kennedy who set the pattern for harried executives to retreat to the rocking chair for reflection and recuperation.

But mostly he defines the medical benefits of rocking: The low caloric cost of 150 calories per hour of rocking while providing a high degree of total muscular effort; reduction of swollen feet and legs among aged rockers; the value to convalescents in avoiding weakness, dizziness and fainting with sitting; the beneficial effects upon pulse rates, appetite and anxiety and increase of interest in others; and the orthopaedic rehabilitation effects upon arthritics and those with bone and muscle afflictions. He cites it as a primary benefit to those suffering from lower back pain.

"Thus it seems," Dr. Martz says, "that a troubled world which clamors for sedation, complains of stiffened joints and sagging muscles, demands pain relief, yearns for physical fitness, and yet needs serenity, security and opportunity for contemplation might well sit and rock awhile."

All of which mothers and new babies quickly learn, but unfortunately, as quickly forget.—*Lafayette Journal & Courier*, Dec. 14, 1968.

Alternatives

"Educating more doctors in Indiana won't produce more doctors for Indiana." That argument seldom fails to come up when a second state medical school for Indiana is debated.

Those who advance it claim that the shortage of doctors is nationwide, that many graduates of the Indiana University School of Medicine leave the state to practice, and that there is no point in Indiana producing still more doctors for other parts of the country.

The argument, we think, takes too proprietary a view of the problem. For one thing, it ignores the fact that doctors educated in other states also migrate into Indiana. And the exodus of Indiana-trained physicians will decline as more state hospitals offer desirable internships. (There is a strong tendency for doctors to establish practice on the community where they serve as interns.)

But more than anything else, those who advance the argument quoted above overlook the fact that other areas of the country are increasing their facilities for educating new doctors, while Indiana stands still.

The number of medical school applicants, according to the American Medical Assn., increased last year for the first time since 1965. The best guess as to the reason for that increase was a growth in medical school openings.

Not only did the number of applicants to medical schools rise, but the number of freshmen medical students also rose — by more than 500 over the previous year.

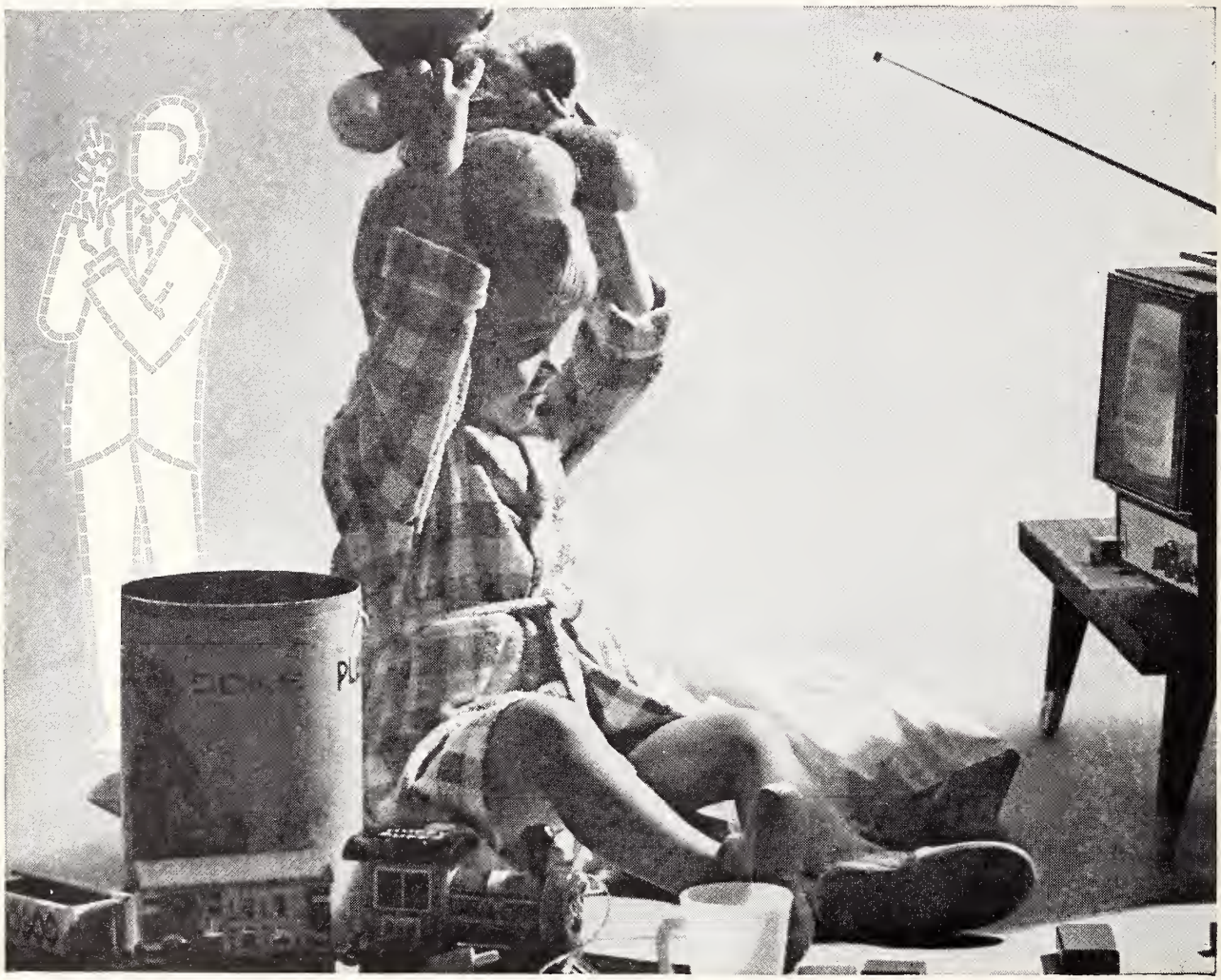
These facts reflect the response of other states to the urgent need for additional medical education facilities. And they dramatize Indiana's stagnation.

The only medical school in our state happens to be the largest in the country. It can increase its intake of students only marginally. It is already considered by many experts to be above the efficiency level for institutions of medical education.

The alternative seems clear beyond dispute: Either build another medical school, or schools, in Indiana, or face an early and critical gap in the health care available to Indiana citizens.

We hope the 1969 General Assembly will see the alternatives in realistic light.—*South Bend Tribune*, Dec. 14, 1968. ◄

It's almost as if you were there to give an injection of penicillin



V-Cillin K®, Pediatric dependable oral penicillin therapy

Potassium Phenoxymethyl Penicillin

Description: V-Cillin K, the potassium salt of V-Cillin® (phenoxymethyl penicillin, Lilly), combines acid stability with immediate solubility and rapid absorption. Higher, more rapid serum levels are obtained than with equal oral doses of penicillin G.

Indications: Streptococcus, pneumococcus, and gonococcus infections; infections caused by sensitive strains of staphylococci; prophylaxis of streptococcus infections in patients with a history of rheumatic fever; and prevention of bacterial endocarditis after tonsillectomy and tooth extraction in patients with a history of rheumatic fever or congenital heart disease.

Contraindication: Penicillin hypersensitivity.

Warnings: In rare instances, penicillin may cause acute anaphylaxis which may prove fatal unless promptly controlled. This type of reaction appears more frequently in patients with a history of sensitivity reactions to penicillin or with bronchial asthma or other allergies. Resuscitative drugs should be readily available. These include epinephrine and pressor drugs (as well as oxygen for inhalation) for immediate allergic manifestations and antihistamines and corticosteroids for delayed effects.

Precautions: Use cautiously, if at all, in a patient with a strongly positive history of allergy.

In prolonged therapy with penicillin, and particularly with high parenteral dosage schedules, frequent evaluation of the renal and hematopoietic systems is recommended.

In suspected staphylococcus infections, proper laboratory studies (including sensitivity tests) should be performed.

The use of penicillin may be associated with the overgrowth of penicillin-insensitive organisms. In such cases, discontinue administration and take appropriate measures.

Adverse Reactions: Although serious allergic reactions are much less common with oral penicillin than with intramuscular forms, manifestations of penicillin allergy may occur.

Penicillin is a substance of low toxicity, but it possesses a significant index of sensitization. The following hypersensitivity reactions have been reported: skin rashes ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; and reactions resembling serum sickness, including chills, fever, edema, arthralgia, and prostration. Severe and often fatal anaphylaxis has occurred (see Warnings). Hemolytic anemia, leukopenia, thrombocytopenia, and nephropathy are rarely observed side-effects and are usually associated with high parenteral dosage.

Administration and Dosage: Usual dosage range, 125 mg. (200,000 units) three times a day to 500 mg. (800,000 units) every four hours. For infants, 50 mg. per Kg. per day divided into three doses.

See package literature for detailed dosage instructions for prophylaxis of streptococcus infections, surgery, gonorrhea, and severe infections.

How Supplied: Tablets V-Cillin K® (Potassium Phenoxymethyl Penicillin Tablets, U.S.P.), 125 mg. (200,000 units), 250 mg. (400,000 units), and 500 mg. (800,000 units).

V-Cillin K® (potassium phenoxymethyl penicillin, Lilly), Pediatric, for Oral Solution, 125 mg. (200,000 units) and 250 mg. (400,000 units) per 5 cc. of solution (approximately one teaspoonful). [042567A]

900134 **Additional information available to physicians upon request.**

Eli Lilly and Company, Indianapolis, Indiana 46206

Lilly

The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 62 — February 1969 — Number 2



The Graham Steell Murmur Mimicked by The Murmur of Mitral Stenosis

RICHARD L. POPP, M.D.
WILLIAM K. NASSER, M.D.
HARVEY FEIGENBAUM, M.D.
MORTON E. TAVEL, M.D.
RICHARD E. LINBACK, M.D.
CHARLES FISCH, M.D.
*Indianapolis**

THE association of a high pitched decrescendo diastolic murmur along the left sternal border with clinical findings of mitral stenosis is noted frequently. In patients with clinical evidence of pulmonary hypertension but without signs of aortic regurgitation (AR), the blowing murmur at the left sternal border often has been attributed to functional pulmonary regurgitation (PR), as described by Graham Steell.[1] With the advent of cardiac catheterization, indicator dilution technics, and selective cineangiography, it became apparent that the majority of these patients had AR without the usual peripheral signs associated with significant AR. In the absence of angiographic evidence of AR, however, PR has been presumed to explain the parasternal murmur.[2,3]

Because technics for direct diagnosis of PR are presently available,[4-6] this study was designed to explore the possibility that the diastolic murmur heard along the left sternal border in patients with mitral stenosis may not only be due to an associated mild AR or functional PR, but may also represent transmission of the apical murmur of mitral stenosis to the sternal area in some cases.

Materials and Methods

All patients underwent routine cardiac catheterization for diagnostic purposes. Studies included retrograde right and left heart catheterization, transseptal left heart catheterization, selective cineangiocardiography, and the recording of appropriate indocyanine green dye curves. In addition, a No. 7 thinwall Goodale-Lubin catheter was placed in the main pulmonary artery just distal to the valve, via the antecubital vein. A Brockenbrough catheter was placed in the right ventricular outflow tract just proximal to the valve via the femoral vein. Indocyanine green dye, 1.0 cc followed by 3-5 cc of saline, was rapidly injected into the main pulmonary artery. Right ventricular blood was withdrawn at a rate of 25 cc per minute, using a constant rate withdrawal apparatus moving the blood through the Gilford densitometer. Concentration of dye in the right ventricular blood was re-

* From the Department of Medicine, Indiana University School of Medicine and the Krannert Institute of Cardiology, Marion County General Hospital, Indianapolis 46202.

Supported in part by the Herman C. Krannert Fund, U.S.P.H.S. Grants HE-6308, HTS-5363 and HE-5749, the Indiana Heart Association and the AMA Committee for Research on Tobacco and Health.

Dr. Popp is a U.S.P.H.S. Trainee in Cardiology, Department of Medicine, Indiana University School of Medicine.

DIAGNOSES AND HEMODYNAMIC MEASUREMENTS

Case No.	Diagnoses	Murmur at sternal border	AR	PR	Mean Pulmonary Artery Pressure (mm Hg)	Mitral Valve Gradient (mm Hg)	Mitral Valve Area (cm^2)	Mean Left Atrial Pressure (mm Hg)	Cardiac Index ($L/min/M^2$)
Group A									
1	IDPH, PR	+	0	+	62	0	N	6	2.1
2	VSD, PR	+	0	+	79	0	—	—	2.7
3	IDPH, PR	+	0	+	56	—	—	—	—
4	IDPA, PR	+	0	+	18	—	—	—	1.7
5	PS, PR, AS, AR	+	+	+	17	0	N	9	4.0
6	PS, PR	+	0	+	11	0	N	6	3.7
7	MR, AR	+	+	0	64	0	N	33	2.1
8	Myopathy	0	0	0	36	0	N	21	4.8
9	AS, AR, MR	+	+	0	34	0	N	32	2.7
10	AS	0	0	0	17	0	N	12	3.0
11	N	0	0	0	14	0	N	9	4.3
12	N	0	0	0	13	0	N	10	2.5
Group B									
1	MS	+	0	0	48	16	1.4	22	2.5
2	MS	+	0	0	30	18	1.0	24	2.3
3	MS	+	0	0	45	20	0.8	29	2.0
4	MS, MR, TR	+	0	0	30	18	0.7	29	1.5
5	MS, MR	+	0	0	60	19	1.0	34	2.4
6	MS	+	0	0	30	14	1.7	21	3.5
7	MS, MR	+	0	0	25	12	1.7	23	2.4
8	MS	+	0	0	37	26	1.5	23	3.9
9	MS, MR, AR	+	+	0	46	20	—	33	2.5
10	MS, MR, AR	+	+	0	40	19	0.8	27	2.0
11	MS, AR, PR	+	+	+	37	16	1.7	23	2.9

IDPH—Idiopathic pulmonary hypertension, IDPA—Idiopathic pulmonary artery aneurysm, PR—Pulmonary valvular regurgitation, AR—Aortic valvular regurgitation, VSD—Ventricular septal defect, AS—Aortic stenosis, PS—Pulmonic stenosis, MR—Mitral regurgitation, MS—Mitral stenosis, TR—Tricuspid regurgitation, N—Normal, +—Present, 0—None.

TABLE 1

corded as densitometer transmission curves inscribed via an Electronics for Medicine oscillographic recorder. Catheter position was carefully monitored with fluoroscopy during injection and sampling, and pressure pulses were observed before and after sampling. All patients also had angiographic evaluation of aortic valve competence. A retrograde arterial catheter was placed 4-5 cm above the valve. 30-50 cc of Renovist® was injected at 700 p.s.i. and fluoroscopic image was photographed on 35 mm film at 30 frames per second.

The patients studied were divided into two groups. Group A consisted of 12 patients selected as a control group by which to assess the reliability of the indicator technic in the detection of PR. The diagnosis of these patients is given in Table I. Six of these patients had pulmonary hypertension, defined as resting mean pulmonary artery pressure of above 20 mm Hg. The other six had normal pulmonary artery pressure. Six of the 12, three with pulmonary hypertension and three with normal pulmonary artery pressure, had clinical and hemodynamic evidence of PR. The pulmonary hypertension was considered idiopathic in two patients, and was associated with Eisenmenger's complex in another. Of the three patients with PR and normal pulmonary artery pressures, two had congenital pulmonic stenosis with regurgitation, and one had idiopathic pulmonary artery aneurysm with PR.

Group B consisted of 11 patients with mitral stenosis who exhibited a diastolic decrescendo blowing murmur along the left sternal border in the absence of peripheral signs of AR, but with evidence of pulmonary hypertension on physical examination, electrocardiogram, chest x-ray, and cardiac catheterization. All of the patients in this group were examined by at least two of the authors prior to cardiac catheterization. The detailed diagnoses and hemodynamic measurements are presented in Table I.

The six patients in Group A known to have PR on a clinical basis had this condition confirmed by the appearance of dye in the right ventricle following injection of this indicator

in the pulmonary artery (Figure 1A). The remaining six patients who did not have PR clinically had negative dye curve studies (Figure 1B). These results seemed to establish the reliability of the dye technic as a means of detecting PR.

Of the patients in Group B, one had both AR and PR, two had AR alone and none had PR alone. In eight patients of this group, neither AR nor PR could be found to account for the parasternal diastolic murmur.

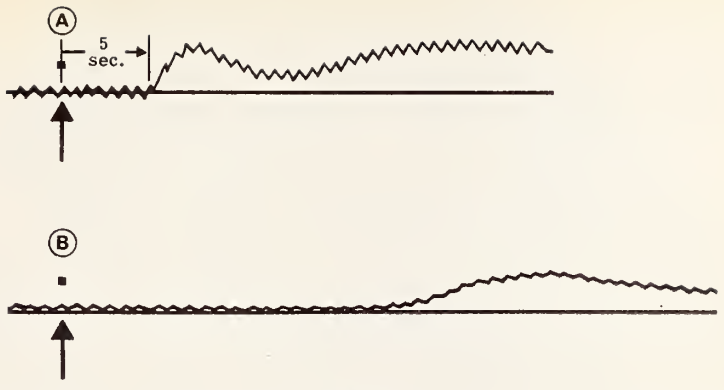


FIGURE 1

INDICATOR CURVES. Dye injection made in main pulmonary artery at arrow, sampling from right ventricle. Five second delay in sampling, inscription system. (A) curve positive for pulmonic regurgitation with immediate appearance of dye in right ventricle; (B) curve negative for pulmonic regurgitation.

Discussion

There has been some hesitancy to use indicator technics in the evaluation of pulmonary valve competence because of: (1) the possibility of false positive results from the catheter holding the valve open during diastole, and frequent recoil of the pulmonary artery catheter into the right ventricle with power injections, (2) the possibility of false negative results if the catheters are either too far proximal or distal to the valve, and (3) the need to employ two right heart catheters or a specially constructed large double lumen catheter. In our experience as well as in that of others,[6] false positive and false negative results can be avoided with careful monitoring of the position of the catheters. Results obtained in Group A confirmed the reliability of the indicator technic in the study of pulmonary valve competence. The results of the indocyanine green dye injections in Group A were consistent with the clinical and hemodynamic studies for the presence or absence of PR.

Group B contained eleven patients with mitral stenosis and pulmonary hypertension, in whom a blowing diastolic murmur could be heard at the left sternal border (Figure 2). In eight of the eleven patients neither AR nor PR was present to account for the parasternal murmur. For this reason, we suggest that the murmur described represents an unusual selective transmission of the higher frequency components of the murmur of mitral stenosis to the sternal area. It is realized that the classic rumbling murmur of mitral stenosis, with opening snap and pre-systolic accentuation, is occasionally heard over the precordium. In the cases studied, however, the murmur was of high frequency blowing character and sounded decrescendo. The pre-systolic component was not heard at the left sternal border, although some pre-systolic vibrations were noted on phonocardiograms of a few patients. The majority of the group studied were in sinus rhythm. Reproduction of this type of murmur is very difficult through conventional phonocardiography,[7] but careful auscultation by experienced clinicians resulted in the strong suspicion that semilunar valvar regurgitation was present.

It is interesting to note that in Graham Steell's original article,[1] he quotes his teacher, Dr. G. W. Balfour, as giving a different explanation of the murmur Steell described. "I, [Balfour], mentioned it just now mainly for the purpose of warning you against being led into mistaking an auricular diastolic murmur for a pulmonary diastolic one. I have already pointed out that mitral stenosis is not infrequently associated with a diastolic murmur apart and distinct from its own peculiar pre-systolic murmur. Now and then, this diastolic murmur of auricular origin has its position in which it might readily be mistaken for a pulmonary diastolic murmur, and possibly has been so mistaken." Steell then stated, "I must here remark that the murmur, which I have described, is altogether different from the obstructive diastolic murmur of mitral stenosis, which is essentially an apex murmur, and however, is wanting in the soft blowing quality of the pulmonary regurgitation murmur."

The results of our studies indicate that the murmur of mitral stenosis may indeed radiate from the apex and be heard with altered characteristics at the left sternal border, supporting the notion proposed by Balfour almost 100 years ago. The presence of occasional cases of functional PR has been documented before[2,4,6] and is noted again in this study.

Information as to the presence or absence of functional PR in patients with mitral stenosis and pulmonary hypertension may not be important clinically, and such information is seldom essential for the management of these patients. However, the true incidence of the Graham Steell murmur will become clear only if PR is specifically searched for, rather than its presence assumed from indirect evidence. It is obvious from this and other studies that a diagnosis of functional PR should not be made simply by the exclusion of AR.

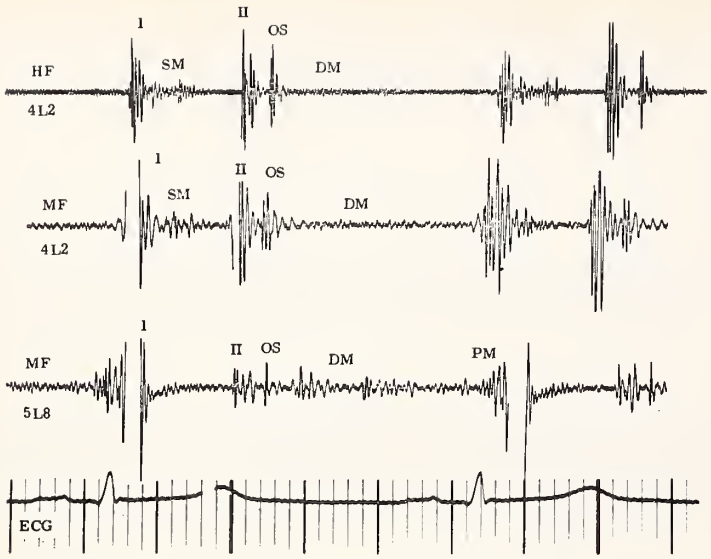


FIGURE 2

PHONOCARDIOGRAMS—not simultaneous tracings. 4L2=fourth intercostal space, 2 cm from mid-sternal line (left sternal border). 5L8=fifth intercostal space, 8 cm from mid-sternal line (apex). HF=high frequency recording (high pass filter, cut off 200 cps at 18 db/octave). MF=mid-frequency recording (high pass filter, cut off 100 cps at 18 db/octave). The two tracings taken at the left sternal border show the diastolic murmur (DM) to be of different character than the murmur at the apex. The tracing taken at the apex shows pre-systolic murmur (PM).

Summary

The etiology of a diastolic decrescendo blowing murmur at the left sternal border was studied in 11 patients with clinical evidence of mitral stenosis and pulmonary hypertension. Angiography of the aortic root was used for assessment of competence of the aortic valve, and an indicator technic was employed for diagnosis of pulmonary regurgitation (PR).

A control group reaffirmed the reliability of the indicator technic in the diagnosis of PR.

Eight of the 11 patients with mitral stenosis and pulmonary hypertension had neither AR nor PR to account for the parasternal murmur. It is suggested that the murmur heard at the left sternal border is due to altered transmission of the apical murmur of mitral stenosis. Thus, the diagnosis of functional PR in patients with mitral stenosis should not rest solely on the exclusion of AR.

REFERENCES

1. Steell, G.: The murmurs of high pressure in the pulmonary artery, *Med. Chronicle* 9:182, 1888.
2. Cohn, K. E., Hultgren, H. N.: The Graham Steell murmur re-evaluated, *New Eng. J. Med.* 274:486, 1966.
3. Runco, V., Molnar, W., Mechstroth, C. V., Ryan, J.: The Graham Steell murmur versus aortic regurgitation in rheumatic heart disease, *Am. J. Med.* 31:71, 1961.
4. Runco, V., Levin, H. S., Vahabzadeh, H., Booth, R. W.: Basal diastolic murmurs in rheumatic heart disease: Intracardiac phonocardiography and cineangiography, *Am. Heart J.* 75:153, 1968.
5. Bajec, D. F., Birkhead, N. C., Carter, S. A., Wood, E. H.: Localization and estimation of severity of regurgitant flow at the pulmonary and tricuspid valves, *Proc. Staff Meet., Mayo Clinic,* 33:569, 1958.
6. Collins, P., Braunwald, E., Morrow, A. G.: Detection of pulmonic and tricuspid valvular regurgitation by means of indicator solutions, *Circulation* 20:561, 1959.
7. Tavel, M. E.: *Clinical Phonocardiography and External Pulse Recording,* Yearbook Medical Publishers, Chicago, Illinois, 1967, p. 120. ◀

About Our Cover

"After all, in spite of opinion, prejudice, or error, *Time* will fix the real value upon this discovery, and determine whether I have imposed upon myself and others, or contributed to the benefit of science and mankind."

William Withering, M.D., "An Account of the Foxglove, and Some of its Medical Uses," printed by M. Swinney, 1785.



"Man's best friend" in wintertime diarrheas

In winter "flu" and viral gastroenteritis, Donnagel (4 oz. size!) can bring aid and comfort to sufferers from both diarrhea and its discomforts because it contains kaolin and pectin plus belladonna alkaloids (as in Donnatal®). Donnagel treats the whole diarrhea problem. Available on your prescription or recommendation. A. H. Robins Company, Richmond, Va. 23220

A·H·ROBINS

CLEAR THE TRACT!
ROBITUSSIN®



THERE'S A FORMULATION FOR EVERY COUGHING NEED

All five members of the Robitussin family contain glyceryl guaiacolate. This outstanding expectorant agent increases the output of lower respiratory tract fluid (R.T.F.) Increased R.T.F. volume thins mucus, thereby improving the action of bronchial and tracheal cilia and making thick, inspissated mucus less viscid and easier to raise.

For coughs of colds and "flu"

ROBITUSSIN®
Each 5 cc. contains:
Glyceryl guaiacolate 100 mg.
Alcohol, 3.5%

For unproductive, allergic coughs

ROBITUSSIN A-C® (exempt narcotic)
Each 5 cc. contains:
Glyceryl guaiacolate 100 mg.
Pheniramine maleate 7.5 mg.
Codeine phosphate 10.0 mg.
(warning: may be habit forming)
Alcohol, 3.5%

Non-narcotic for 6-8 hour cough control

ROBITUSSIN-DM®
Each 5 cc. contains:
Glyceryl guaiacolate 100 mg.
Dextromethorphan hydrobromide 15.0 mg.
Alcohol, 1.4%

Robitussin-DM in solid form for "coughs on the go"

COUGH CALMERS™
Each Cough Calmer contains:
Glyceryl guaiacolate 50 mg.
Dextromethorphan hydrobromide .. 7.5 mg.

Clears sinuses and nasal stuffiness as it relieves cough

ROBITUSSIN-PE®
Each 5 cc. contains:
Glyceryl guaiacolate 100 mg.
Phenylephrine hydrochloride 10.0 mg.
Alcohol, 1.4%

	Robitussin	Robitussin A-C	Robitussin-DM	Cough Calmers	Robitussin-PE
Expectorant	●	●	●	●	●
Demulcent	●	●	●	●	●
Cough Suppressant		●	●	●	
Antihistamine		●			
Non-Narcotic	●		●	●	●
Long-Acting (6-8 Hours)			●	●	
Nasal, Sinus Decongestant					●

PHOTO BY VICTOR HAND

A. H. Robins Company, Richmond, Va. 23220

A-H-ROBINS



The "Rule of Bigeminy"

JOHN E. MERICLE, A.B.
CHARLES FISCH, M.D.
*Indianapolis**

IN 1955 Langendorf, Pick and Winternitz[1] described the dependency of some instances of ventricular bigeminy on the duration of the preceding ventricular cycle (R-R) and termed this phenomenon the "rule of bigeminy." They noted that in cases exhibiting the "rule of bigeminy," the longer the preceding R-R interval, the greater the chance of appearance of coupled ventricular extrasystoles (VPS) and the shorter the R-R interval, the less likely are the VPS to appear.

Many mechanisms have been proposed to explain the origin of coupled VPS. Neurophysiological investigation and other experimental data have lent some support to the theory that the ventricular myocardium may respond more than once to a single stimulus and thus the VPS may be the result of the same stimulus which initiates the supraventricular beat.[2]

In contrast to this, the re-entry theory (Figure 1) suggests that the VPS are a result of disturbed conduction with the impulse being blocked at one point, e.g., the periphery of the Purkinje tissue and eventually reappearing and re-entering the area of blocked tissue through an alternate pathway after appreciable slowing, alteration of conduction and initiating a coupled VPS. The fact that the coupling interval appears to remain relatively fixed and the VPS can be abolished by depressing the impulse to which it is coupled, seems to be strong evidence that the coupled VPS are in some manner related to the previous normal ventricular excitation.

The rate dependence of coupled VPS seen with the "rule of bigeminy" can perhaps be explained by the abnormalities of conduction, refractoriness and recovery of cardiac tissue attending slowing of the heart rate. These physiological variables combine and result in re-entry.[1] The purpose of this report is to present a case of atrial fibrillation with ventricular bigeminy demonstrating the "rule of bigeminy" and to discuss its mechanism in light of newer electrophysiological concepts.

Case Report

The patient, a 34-year-old male, had rheumatic heart disease and a Starr-Edwards mitral valve prosthesis. The treatment included a maintenance dose of .2 mg of digitoxin daily. A portion of the ECG which forms the basis of this report is reproduced in Figure 2. The dominant rhythm is atrial fibrillation with intermittent ventricular bigeminy. The top strip shows that the long R-R interval measuring 1.53 seconds is followed by a series of three coupled VPS. The R-R terminating the bigeminy measures .94 seconds. A similar dependency of the bigeminy on the duration of the dominant R-R is shown in the remaining strips.

A total of 1,055 R-R intervals were measured and a scattergram was constructed analyzing the relationship of the appearance and suppression of ventricular bigeminy to the dominant (supraventricular) R-R (Figure 3). The area to the right represents 330 R-R intervals which were followed by coupled VPS while the area on the

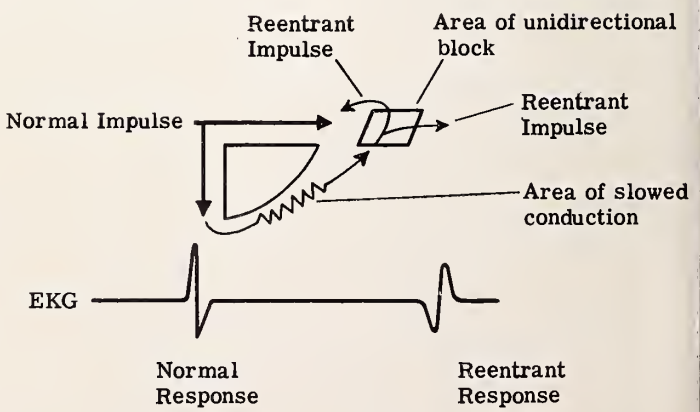


FIGURE 1
DIAGRAMATIC presentation of the reentrant ventricular excitation. The normal impulse, while giving rise to the supraventricular QRS finds an area of block, takes an aberrant and a path of slowed conduction and after finally arriving in the area of the original block, re-enters the ventricle giving rise to VPS.

* From the Department of Medicine, Indiana University School of Medicine and the Krannert Institute of Cardiology, Marion County General Hospital, Indianapolis 46202.

Supported in part by the Herman C. Krannert Fund, U.S.P.H.S. Grants HE-6308, HTS-5363 and HE-5749, the Indiana Heart Association and the AMA Committee for Research on Tobacco and Health.

Mr. Mericle is a Student Research Fellow of the Indiana Heart Association.

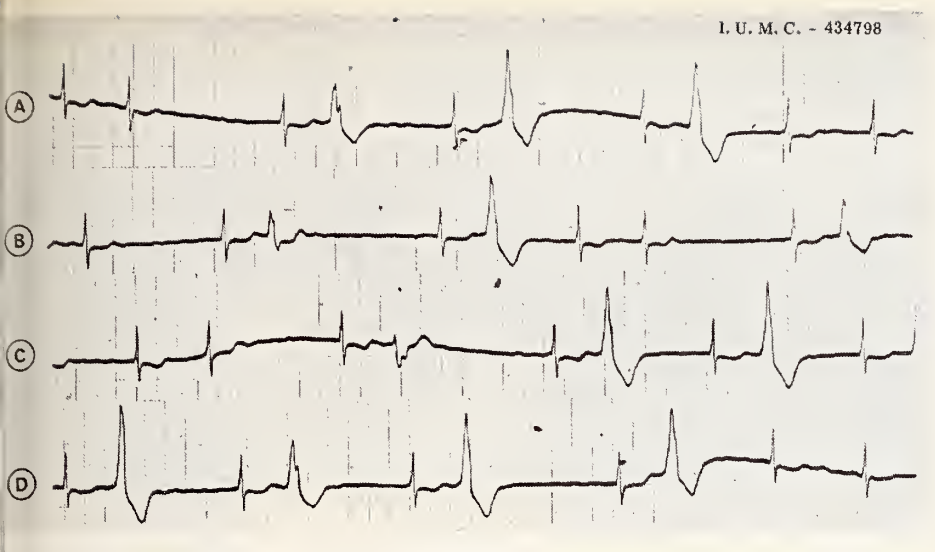


FIGURE 2

"RULE OF BIGEMINY." The ventricular bigeminy follows long R-R intervals and is interupted by foreshortening of the R-R interval.

eft represents 725 R-R intervals hich were not followed by VPS. The raph clearly demonstrates that the robability of a coupled VPS follow- ng an R-R interval of 0.80 seconds r less, of which there were 235, was ero.

The bigeminal rhythm appears to e a rate dependent phenomenon. he fact that there are approximately 94 R-R intervals longer than 0.80 econds which were not followed by oupled VPS does not detract from his relationship for these can be xplained not only by the intermitence of the ventricular bigeminy but lso by other mechanisms, of which oncealed conduction into the ventricular specialized conduction sysem is a very likely one. Assuming oncealment, the R-R may be acually shorter than that indicated on he surface ECG. It may be that these 'falsely" longer R-R are the 490 vhich are not followed by VPS.

Discussion

Singer, Lazarra and Hoffman, tudying the transmembrane action otentials (TAP) of canine Purkinje ibers, noted several factors which affected automaticity and conduction of his tissue.[3] A sustained decrease in he rate of stimulation alone or in ombination with decreased potasium, decreased ionized calcium or toxic doses of ouabain, increased stretch and hypoxia and ischemia resulted in alteration of the diastolic membrane potential ("phase 4 depolarization") of the TAP.

It also has been observed that the amplitude and rate of rise of phase 0 may decrease with the development of phase 4 deplorization. The effect of the resting potential, rate of rise of phase 0 and the amplitude of the action potential on conduction is well documented.[4] Appreciable slowing of conduction was noted in fibers when action potential was initiated at a membrane potential of -70 to -75 mv. More complex conduction disturbances were noted only with further reduction in the membrane potential to less than -65 mv. Further reduction in the resting potential resulted in complete conduction block and unexcitability ensued.

Slowing of the rate of stimulation alone was not capable of producing membrane potential of less than -70 to -75 mv. When the decrease in the stimulation rate was coupled with one of the other factors such as increased stretch, the resting membrane potential could be lowered to -65 mv or less and advanced conduction disturbances including unidirectional block and re-entrant type of excitation were seen.[3]

This lowering of the diastolic membrane potential to less than -65 mv usually occurred when the voltage time course of phases 3 and 4 was altered and the action potential no longer returned to its maximum diastolic voltage. This phenomenon, termed "generalized diastolic depolarization," was induced in preparations in which the phase 4 depolarization went unchecked, e.g., under the influence of toxic doses of ouabain, increased stretch but not by decreasing the rate of stimulation alone.

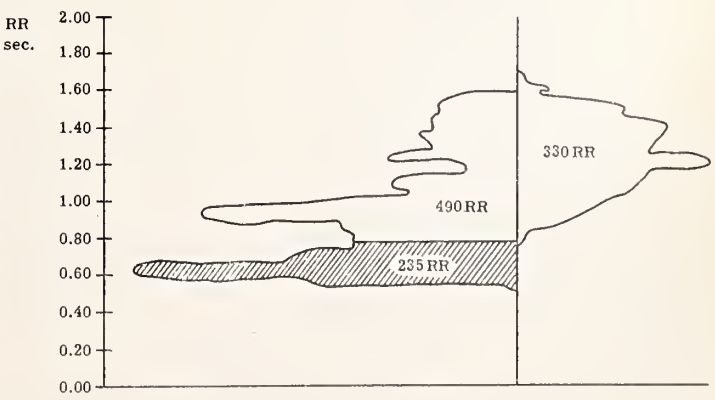
In addition to the slow rate, a number of factors proven experimentally capable of producing the complex conduction disturbances necessary for re-entry were operative in our patient. It is reasonable to assume that this case demonstrates VPS due to re-entry and that their re-entry was dependent on conduction disturbances initiated by prolongation of the R-R interval or the "rule of bigeminy."

Summary

The "rule of bigeminy" as first

FIGURE 3

SCATTERGRAM demonstrates that the 330 R-R intervals (to the right of the dividing line) followed by VPS were 0.80 seconds or longer, while none (235 R-R-shaded area to the left of the dividing line) shorter than 0.80 were followed by VPS.



proposed by Langendorf, Pick and Winternitz, applies to the dependence of coupled ventricular extrasystoles (ventricular bigeminy) on the preceding R-R interval. A case is presented which appears to follow the "rule of bigeminy"; that is, the longer the R-R interval, the greater is the chance that ventricular bigeminy will be initiated and the shorter the R-R interval, the less the chance for appearance of bigeminy. Also, once the ventricular bigeminy is initiated, the shorter R-R intervals terminated the arrhythmia. The re-entry theory and its relation to the law of bigeminy. heart rate and factors likely to induce re-entry are briefly reviewed.

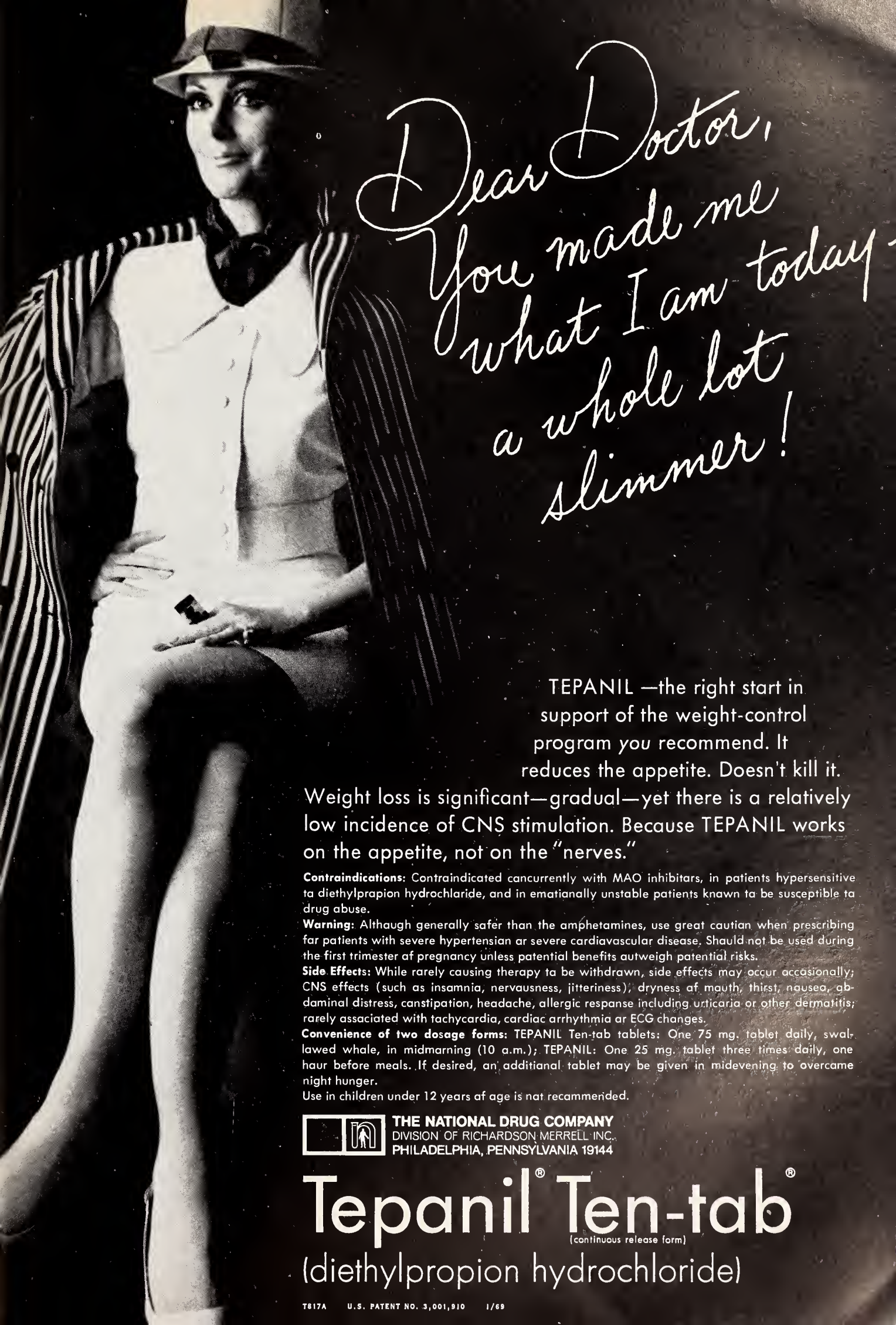
BIBLIOGRAPHY

1. Langendorf, R., Pick, A., Winternitz, M.: Mechanisms of Intermittent Ventricular Bigeminy: I. Appearance of Ectopic Beats Dependent Upon Length of the Ventricular Cycle, the "Rule of Bigeminy," *Circulation* 11:422-430, 1955.
2. Sherf, D., Schott, A.: *Extrasystoles and Allied Arrhythmias*, New York, Grune & Stratton, 1953.
3. Singer, D. H., Lazarra, R., Hoffman, B. F.: Interrelationships Between Automaticity and Conduction in Purkinje Fibers, *Circulation Res.* 21:537-558, 1967.
4. Hodgkin, A. L., Huxley, A. F.: A Quantitative Description of Membrane Current and Its Application to Conduction and Excitation in Nerve, *J. Physiol.* 117:500-544, 1952.

I.U. School of Medicine Postgraduate Courses

(Division of Postgraduate Medical Education)

DATE	COURSE TITLE	LOCATION	COURSE DIRECTOR
Mar. 5	Therapy of Chronic Obstructive Lung Disease and Bronchitis	I. U. M. C.	Ray Behnke, M.D.
Mar. 13/14	Community Neurology	I. U. M. C.	Jaseph Green, M.D.
Mar. 19, 20, 21	Electracardiography for Physicians	I. U. M. C.	Donald Close, M.D.
Mar. 24, 25, 26	Electrocardiographic Interpretation of Arrhythmia	Marion County General Hospital	Charles Fisch, M.D.
Mar. 26	Ophthalmology for the General Practitioner	I. U. M. C.	Fred Wilson, M.D.
April 2	Management of Congenital Anomalies of Skin and Soft Tissue	I. U. M. C.	James Bennett, M.D.
Apr. 15, 16, 17, 18	Radiology of Trauma	I. U. M. C.	Jahn Campbell, M.D.
Apr. 13-Apr. 27	Anatomical and Clinical Otolaryngology	I. U. M. C.	David Brown, M.D.
April 23	Management of Common Dermatologic Conditions	Marion County General Hospital	Victar Hackney, M.D.
May 13/14	Indiana Multidisciplinary Child Care Conference	Stauffer's Inn	Morris Green, M.D.
May 22	Psychiatry in Everyday Practice	Elks Country Club, Sullivan, Ind.	Betty Dukes, M.D.



TEPANIL —the right start in support of the weight-control program *you* recommend. It reduces the appetite. Doesn't kill it. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation. Because TEPANIL works on the appetite, not on the "nerves."

Contraindications: Contraindicated cancurrently with MAO inhibitars, in patients hypersensitive ta diethylprapion hydrochlaride, and in ematianally unstable patients knawn ta be susceptible ta drug abuse.

Warning: Althaugh generally safer than the amphetamines, use great cautian when prescribing far patients with severe hypertensian ar severe cardiavascular disease. Shauld not be used during the first trimester af pregnancy unless patential benefits autweigh patential risks.

Side Effects: While rarely causing therapy ta be withdrawn, side effects may occur occasionally; CNS effects (such as insamnia, nervausness, jitteriness), dryness af mauth, thirst, nausea, abdaminal distress, canstipation, headache, allergic respanse including urticaria or other dermatitis; rarely assaciated with tachycardia, cardiac arrhythmia ar ECG changes.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallawed whale, in midmarning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one haur before meals. If desired, an additianal tablet may be given in midevening to overcame night hunger.

Use in children under 12 years af age is nat recammended.

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

Tepanil® Ten-tab®

(continuous release form)

(diethylpropion hydrochloride)

T817A U.S. PATENT NO. 3,001,910 1/69



Carotid Sinus Nerve Stimulation in the Treatment of Angina Pectoris

WILLIAM C. ELLIOTT, M.D.
ROBERT D. KING, M.D.
EDWARD ROSS, A.B.
PAUL L. McHENRY, M.D.
*Indianapolis**

SINCE Braunwald introduced the carotid sinus nerve stimulator for relief of angina pectoris in December, 1967,[1] study of this means of therapy has continued in other centers. This device has been found to be useful in both the treatment and understanding of angina pectoris. This report will describe our experience with the procedure in two patients with unusual clinical features.

Rationale

Effective medical therapy of angina pectoris involves the control of the factors that govern coronary flow and oxygen usage in the myocardium. The factors which determine oxygen consumption by the myocardium and thus coronary flow requirements are mainly heart rate, systolic pressure (a reflection of ventricular wall tension) and contractility (inotropy).

Drug therapy of angina pectoris is directed at controlling these factors to keep a patient under the threshold for pain. When rate, blood pressure or inotropy increase due to exertion or sympathetic activity, a hemodynamic state is reached in which there is an imbalance between oxygen supply and demand. At this point pain is recognized. Relief occurs when the circulatory demands on the myocardial oxygen delivery system are reduced, either with drugs or rest.

Drug studies have contributed to this understanding of the pathogenesis of ischemic pain. Beta adrenergic receptor site blocking agents (propranolol) are effective in angina pectoris.[2,3] This is accomplished by blunting the exercise induced increases in rate and contractility that lead to pain. The effectiveness of nitroglycerin is mainly due to acute reduction in systolic pressure, contractility and vascular resistance. Increases in collateral flow due to coronary dilatation are a minor factor in the effectiveness of the nitrites. The use of nitrites and beta blockade together is better than either alone. This synergism is due to control of both rate and systolic pressure along with depression of the contractile state of the myocardium.

Similar reduction in myocardial effort can be achieved by carotid sinus nerve stimulation.[4] The carotid sinus nerve is the afferent limb of the baroreceptor reflex. Elevation of pressure or stretch of the wall within the carotid sinus increases the number of impulses to the vasomotor center. Sympathetic discharges are inhibited and there is a reduction in the vascular resistance and pressure along with a slowing of the heart rate and a reduction in venous return to the heart. This is associated with a decreased adrenergic myocardial stimulation. Ventricular contractility and cardiac output are reduced. The effects are not due to direct vagal stimulation but to a decrease in adrenergic sympathetic tone.

Carotid sinus massage had long been used by Dr. Samuel Levine as a diagnostic maneuver in chest pain.[5] He noted that manual massage which resulted in slowing of the heart rate would decrease or abolish pain in true angina pectoris due to coronary artery disease.

The Device

An instrument for chronic radiofrequency stimulation of each carotid sinus nerve was developed for treatment of hypertension by Schwartz.[6]

The instrument and technic of implantation are described by Braunwald and associates.[1] The electrodes are bipolar and made of platinum with a silicone rubber jacket which fits around the nerve bundle. The electrodes are connected by covered steel coil spring conductors to a receiver disc (4 cm diameter by 1.5 cm thickness). The electrodes and receiver are implanted under the skin below the clavicle. The radio transmitter is battery powered, small (1/ cm by 6.5 cm by 3 cm) and is worn on a belt or in the pocket. The frequency of stimulation may be varied along with voltage and the instrument has an off-on switch. The transmitting unit is connected by an induction

* From the Departments of Medicine and Surgery, Indiana University School of Medicine and the Krannert Institute of Cardiology, Marion County General Hospital, Indianapolis 46202.

Supported in part by the Herman C. Krannert Fund, USPHS Grants HE-06308, HTS-5363 and HE-5749, the Marion County Heart Association and the AMA Committee for Research on Tobacco and Health.

Drs. Elliott and McHenry are Assistant Professors in the Department of Medicine, Indiana University School of Medicine and Research Associates at the Krannert Institute of Cardiology.

Dr. King is an Associate Professor of Surgery, Indiana University School of Medicine.

Mr. Ross is a Research Fellow in Cardiology, Indiana University School of Medicine.

coil or antenna which is placed on the skin over the receiving unit.

Surgery

The operative management of these patients with coronary artery disease is critical.

Central venous and arterial lines are placed for constant monitoring along with the electrocardiogram. Vasopressors and atropine are utilized to avoid any periods of bradycardia or hypotension. Dissection of each nerve bundle is done with great care to avoid stimulation with reflex slowing or hypotension. The blood supply to the nerve is carefully preserved. Care is taken to avoid damage to any branch of the hypoglossal nerve. Premedication is with morphine and atropine and induction is with Surital and Anectine. Anesthesia is maintained with nitrous oxide and oxygen and Penthrane. Atropine is used liberally to keep heart rate in normal ranges during manipulation of the carotid sinus. Frequent arterial blood gas and pH measurements are obtained. After the electrodes are placed in contact with the nerves, the effectiveness of the contact is tested. The nerves are stimulated and the effects on heart rate and blood pressure are recorded. Each nerve is tested separately and then both simultaneously.

Monitoring is continued for 24 hours after surgery.

Laboratory Studies

One month after implantation of the device, the patient returns for testing. At this time the proper setting is found for maximum effect. In most instances there is only a minor awareness of stimulation. In the testing period, rate and blood pressure are monitored with the patient standing quietly during stimulation. This observation is necessary to be assured that excessive lowering of the rate and blood pressure do not result under these conditions. Treadmill exercise tolerance studies are then conducted.

The patient is instructed to use the stimulator prior to exertion to avoid pain or at the point of pain with exertion. The stimulator may be left on for long periods (as with hypertensives) or be used intermittently for relief of pain.

Clinical Studies

Case Report #1: This 40-year-old male telephone lineman developed angina pectoris in 1966. He had both classical exertional complaints which were unrelieved by nitroglycerin and prolonged episodes of chest pain which required narcotics. The patient was totally disabled by pain and had no suggestion of heart failure.

At coronary arteriography he was found to have a very unusual form of coronary artery disease. All of the large main arteries showed aneurysmal dilatation throughout their course. There were no discrete narrowings or definite constrictions but the arteries had a "string of sausage" appearance. There were no collaterals and no vessels were obstructed. Ventricular performance and shape were normal. Other findings were mild, labile hypertension with pressure up to 170/110. He also had an elevation in serum triglyceride.

Treadmill exercise test revealed a very limited exercise tolerance. Walking at 3.3 mph and a 0% grade for one minute, then one minute at 2% grade and 45 seconds at 3% grade, he experienced chest pain and ST segment depression on February 3, 1968. At the point of pain, the heart rate was 110 and blood pressure 150/100.

He was not considered to be a candidate for surgical revascularization as he did not have obstructive lesions that would stimulate collateral formation. Because of his symptoms he was considered for carotid sinus nerve stimulation therapy. It was thought that his labile blood pressure was a prominent factor in production of pain and that control of this and the heart rate might increase his exercise tolerance. At most observations the patient was normotensive, but with exertion and emotional stress, he became hypertensive.

In July, 1968, he had a carotid sinus nerve stimulator implanted without complication. With anesthesia and atropine, the prestimulation heart rate was 83 and the blood pressure 160/92. With a setting of 3 volts at 60 cycles per second, the heart rate fell to 60 and the blood pressure to 108/72 with stimulation of both nerves.

In October, 1968, he was readmitted for further study. During the previous weeks he had noted an increase in the frequency and severity of his angina pectoris. In treadmill exercise testing he had a control heart rate of 87 and blood pressure 130/95 when standing. He then walked 2 mph at a 3% grade and noted pain at one minute. At this point his heart rate was 135 and blood pressure 170/110. The stimulator was used after 30 seconds of pain and the pain partially subsided as he continued to walk. There was no change in rate or blood pressure with use of the stimulator and continued exercise. He was not entirely free of pain with use of the stimulator but was able to continue walking. In this instance there was little demonstrable change in rate or blood pressure but some clinical benefit was noted. The point in time at which pain was noted was similar in subsequent tests on other days.

On the following day the stimulator was utilized prior to beginning exercise. With the patient standing, the nerves were stimulated at 4 volts and 55 cycles per second. The rate fell from 85 to 80 and blood pressure from 150/110 to 125/105. The stimulator remained on and he walked 2 mph at a 3% grade for three minutes and the blood pressure went to 145/105. The treadmill exercise was then increased to 3.3 mph and a 6% grade and he walked an additional 2½ minutes before he noted pain at a rate of 130 and blood pressure 160/100. With the stimulator used prior to exercise, the rate and blood

pressure increases were blunted and exercise tolerance markedly increased. The hemodynamic point at which pain was noted without stimulation was at a rate of 135 and blood pressure 170/110 and this was reached quickly. With the stimulator, the control rate and blood pressure were depressed and the point at which pain was noted was reached much later. The electrocardiogram showed less ischemic change and the pain subsided in less than one minute.

The patient was discharged on mild antihypertensives and has continued to use the stimulator for greater activity. He returned to part-time work in a service station and in recent weeks has returned to full-time work of a sedentary nature. He states that he finds the device of more value than nitroglycerin in relief of pain and that he would be more handicapped without its use.

Case Report #2: This 34-year-old white mother of three had been hypertensive for over eight years. Control had been very difficult. She had no abnormalities in lipids and was not obese. In the past two years, she has had one documented myocardial infarction and many hospitalizations for prolonged episodes of pain without definite infarction.

In May, 1968, she had coronary arteriography and was found to have severe disease. The terminal, marginal branch of the circumflex artery was obstructed and filled by collaterals. The anterior descending artery was diffusely diseased with a 50% stenosis in the mid-portion. There was a very tight, localized obstruction (80%) in the middle of the right coronary. There was no ventricular aneurysm and no congestive heart failure.

It was decided that the patient was not a candidate for revascularization surgery. She remained on antihypertensives with good control. Propranolol was utilized along with chronic use of 2% nitroglycerin ointment. With this program she was ambulated and eventually able to return home on limited activity. Her exercise tolerance varied directly with the degree of blood pressure control and emotional state. Without propranolol she was a functional class IV. Her exercise tolerance then was limited to walking less than one minute on the treadmill at 0% grade and 2 mph.

She was selected for carotid sinus nerve stimulation because of her demonstrated improvement when rate and blood pressure were controlled. The operation was performed without complication on August 29, 1968. During the procedure the electrodes were tested and at 5 volts and 80 cycles per second, the stimulation resulted in a reduction in blood pressure from 210/120 to 172/96 while rate decreased from 90 to 68.

One month after operation the clinical effectiveness was tested on the treadmill. She was taken off of all medications except mild antihypertensives and it was noted that she had spontaneously improved and the intensity and frequency of her angina was less. It was also noted that control of hypertension was easier at this time. The control standing blood pressure was 120/90 with a rate of 66. She started to walk a 3% grade at 2 mph and noted pain at one minute with a heart rate of 87 and blood pressure 130/90. After 30 seconds of pain the stimulator was used and within one minute she lost her pain. The stimulator allowed her to continue walking but there was no change in rate or blood pressure. However, the rate and blood pressure increased very slowly. After three minutes, the mill was inclined at a 6% grade and 2 mph speed was maintained. After an additional three minutes, the incline was increased to 9%. With 35 seconds at the new setting she again noted pain. The rate was now 100 and blood pressure 135/90. The pain cleared in less than one minute of rest with the stimulator on. The stimulator was utilized at 3 volts and 80 cycles per second. At home she was able to function for a short time off propranolol with use of the stimulator, nitroglycerin and antihypertensives. Because of extreme emotional stress and prolonged episodes of pain, she was again placed on propranolol. The patient now states that the stimullator is effective in producing relief while on beta blockade. With prolonged bouts of pain, she uses the stimulator overnight or for long parts of the day. It is noted that turning the stimulator off results in return of pain. She continues to utilize the device for prevention when she anticipates excessive exertion.

Discussion

Braunwald and associates have recently reported their experience in 15 patients who have been followed up to ten months.[7] Eleven have greatly improved and get immediate pain relief. They have demonstrated increased exercise tolerance in each test. There have been two operative deaths and two patients had no benefit. Hemodynamic studies during exercise have revealed significant reductions in mean arterial pressure (99 to 83 mm Hg), peripheral resistance and heart rate (88 to 84). Similar small changes are seen at rest. Cardiac output was not decreased at exercise but there was a slight reduction with rest.

Apparently small changes in rate and blood pressure are associated with relief of pain. Other factors that determine myocardial oxygen utilization such as contractility are not reflected in these measurements. Reduction in inotropy could significantly reduce the flow needs and help alleviate pain. In our patients there was little hemodynamic alteration detected with stimulation during exercise but the clinical effect was obvious. It is possible that direct blood pressure measurement would have revealed changes that were not detected with the indirect measurement. In both patients, the rate and blood

pressure could easily be depressed when standing at rest. It is unfortunate that the responses noted with intraoperative testing cannot be achieved with stimulation later. It is likely that anesthesia enhances the response while postoperative fibrosis decreases the effect of stimulation.

With the recognition that this form of therapy is effective, the advantages and disadvantages should be considered.

Disadvantages:

1. The treatment requires surgery with some risk of death due to operation in a group with severe ischemic heart disease. The operation requires about four hours for careful dissection to avoid injury to the nerve, its blood supply, the carotid artery or the hypoglossal nerve.
2. The use of this device requires a certain level of intelligence for proper operation.
3. The operation is not advised in patients with cerebral vascular disease or excessive sensitivity of the carotid sinus. There is no danger of overstimulation causing excessive bradycardia, cardiac arrest or hypotension at the settings recommended in patients with normal sensitivity of the carotid sinus.
3. The life of the equipment is unknown. The effects of long-term electrode placement and stimulation are not known. From the experience of Schwartz with stimulation for several years there is no indication of damage to the device or the nerve.[8]
4. The treatment does not offer any improvement in blood supply to the myocardium.
5. Postauricular pain has been a problem in some patients during stimulation.

Advantages:

1. It is possible that the stimulator is more effective than nitroglycerin or other nitrites. Comparative studies are not available but one of our patients and two of Braunwald's case reports seem to prefer the stimulator to nitroglycerin. The stimulator effect may be more rapid than nitroglycerin and without the unpleasant side effects. Also chronic nitrite effect is very difficult to achieve.
2. Chronic propranolol therapy may not be desirable and carotid sinus nerve stimulation may offer an alternative. The drug has not been approved for therapy in angina pectoris. Other reports have suggested that further studies are indicated before it can be fully recommended in angina pectoris.[9] Although the effects of carotid sinus nerve stimulation and beta blockade are similar, nerve stimulation can be done when needed on an intermittent basis. Because of depression of myocardial function, beta blockade may lead to symptoms of heart failure. It may also intensify hypotension and shock associated with myocardial infarction.
3. This form of therapy is suitable for patients with angina pectoris which is aggravated by labile or sustained hypertension.
4. Any therapy that significantly increases exercise tolerance will allow the debilitated patient to be more active and increase muscle tone. With muscle conditioning, the circulatory demands of activity are lessened and exercise tolerance will improve further.

Studies are not yet available which compare carotid sinus nerve stimulation with use of nitrites, propranolol or surgical revascularization. However, from preliminary experience, it is evident that there is a place for this form of therapy in properly selected patients.

Summary

1. Carotid sinus nerve stimulation has been utilized in therapy of hypertension and angina pectoris.
2. The effectiveness is due to depression of heart rate, blood pressure and myocardial contractility. Reduction in these factors acutely reduces myocardial oxygen requirements.
3. The device has been shown to be effective in increasing exercise tolerance and in relieving exertional angina promptly when the implanted stimulator is activated.
4. Preliminary clinical studies suggest that this form of therapy has a place in management of properly selected patients with angina pectoris.

REFERENCES

1. Braunwald, E., Epstein, E. S., Glick, G., Wechsler, A. S., Braunwald, N. S.: Relief of angina pectoris by electrical stimulation of the carotid-sinus nerves, *New Eng. J. Med.* 227:1278, 1967.
2. Wolfson, S., Heinle, R. A., Herman, M. V., Kemp, H. G., Sullivan, J. M., Gorlin, R.: Propranolol and angina pectoris, *Amer. J. Cardiol.* 18:345, 1966.
3. Ginelly, R. E., Goldman, R. H., Treister, B., Harrison, D. C.: Propranolol in patients with angina pectoris, *Ann. Int. Med.* 67:1216, 1967.
4. Tuckman, John, Slatter, Solomon R., Mendlowitz, Milton: The carotid sinus reflexes, *Amer. Heart J.* 70:119, 1965.
5. Lown, B., Levine, S. A.: Carotid sinus: Clinical value of its stimulation, *Circulation* 23:766-789, 1961.

6. Neistadt, A., Schwartz, S. I.: Effects of electrical stimulation of the carotid sinus nerve in reversal of experimentally induced hypertension, *Surgery* 61:923, 1967.
7. Epstein, S. E., Beiser, G. D., Stampfer, M., Glick, G., Wechsler, A. S., Goldstein, R. E., Cohen, L. S., Braunwald, N., Braunwald, E.: Physiologic and therapeutic effects of electrical stimulation of the carotid sinus nerves in patients with incapacitating angina pectoris, *Circulation* 38, #4, Supplement 6 (abstracts) page 72, Oct., 1968.
8. Schwartz, S. I., Griffith, L.S.C., Neistadt, A., Hagfords, N.: Chronic carotid sinus nerve stimulation in the treatment of essential hypertension, *Amer. J. Surg.* 114:5, 1967.
9. Elliott, W. C., Stone, J. M.: Beta adrenergic blocking agents for the treatment of angina pectoris, *Progress in Cardiovascular Disease*, In Press, 1969. ◀

AMA Woman's Auxiliary Plans New York City Program

Ask Ann Landers. That's what approximately 2,000 physicians' wives will be doing at the 46th Annual Convention of the Woman's Auxiliary to the American Medical Association, July 13 through 17, at the Waldorf Astoria Hotel, New York City.

Miss Landers, author of the world's most widely syndicated newspaper advice column and a member of the AMA's Advisory Committee on Health Care of the American People, will be one of the featured speakers at the convention.

On Sunday, July 13, the auxiliary will hold a reception for the president, Mrs. C. C. Long, Ozark, Ark., and president-elect, Mrs. John M. Chenault, Decatur, Ala., from 5 to 7 p.m.

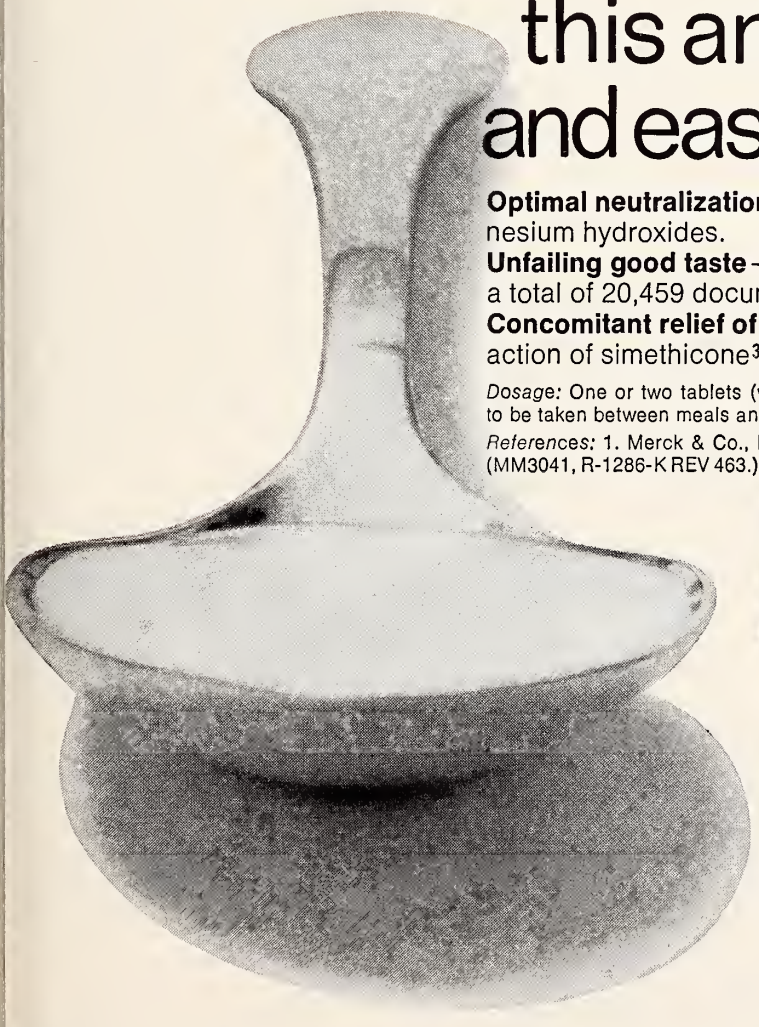
Dwight L. Wilbur, M.D., AMA President, will be the guest speaker at the Monday, July 14, luncheon honoring national auxiliary past presidents and AMA officers, trustees and wives. At this time Mrs. Long will present the auxiliary's contribution to the American Medical Association Education and Research Foundation. Last year's gift totaled $389,824.

Another highlight will be a "Show and Tell and Film Showing," scheduled for Tuesday, July 15, from 2:30 to 4:30 p.m. State auxiliaries will be invited to display their projects and/or show films produced by or for them. This new feature is to provide auxiliary leaders with an interchange of ideas for initiating activities in their own communities.

As in previous years, a program of daily events for the preteens and teenagers of auxiliary members will be held.

the thousandth teaspoonful

Peptic ulcer patients find the thousandth dose of this antacid as effective and easy-to-take as the first!



Optimal neutralization[1] — provided by the combination of aluminum and magnesium hydroxides.

Unfailing good taste — confirmed by 87.5% of 104 patients in one study, after a total of 20,459 documented days on Mylanta Liquid or tablets.[2]

Concomitant relief of G. I. gas distress — provided by the proven antiflatulent action of simethicone[3].

Dosage: One or two tablets (well chewed or allowed to dissolve in the mouth); one or two teaspoonsful to be taken between meals and at bedtime, or as directed by physician.

References: 1. Merck & Co., Merck Chemical Division: Antacid Literature Survey, Rahway, New Jersey. (MM3041, R-1286-K REV 463.) 2. Danhof, I.E., report on file. 3. Hoon, J.R.: Arch. Surg. *93*:467 (Sept.) 1966.

Mylanta®
LIQUID/TABLETS
aluminum and magnesium hydroxides *plus* simethicone

Stuart Division/ATLAS CHEMICAL INDUSTRIES, INC./Pasadena, Calif. 91109

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

Editar: Frank B. Ramsey, M.D., 1802 North Illinais Street, Indianapalis, Ind. 46202.

Associate Editars: A. W. Cavins, M.D., 221 South Sixth Street, Terre Haute; Lall G. Mantgomery, M.D., Ball Memarial Haspital, Muncie; David A. Bickel, M.D., 515 Odd Fellaws Building, Sauth Bend; Samuel R. Mercer, M.D., 702 Medical Center Bldg., Fort Wayne; I. W. Wilkens, M.D., 1743 Shelby St., Indianapolis.

Editorial Board: Term Expires

Jack W. Hickman, M.D., Indianapalis . . . Dec. 31, 1969
Frank H. Cable, M.D., Richmand Dec. 31, 1969
Jene R. Bennett, M.D., Sauth Bend Dec. 31, 1970
W. D. Snively, Jr., M.D., Evansville Dec. 31, 1970
Alvin J. Haley, M.D., Fart Wayne Dec. 31, 1971
Wei-Ping Lah, M.D., Gary Dec. 31, 1971

Assistant Editar: Jackie Freers Stahl
Business Manager: James A. Waggener
3935 N. Meridian, Indianapalis, Indiana 46208.

Men in Nursing

THERE should be more male nurses. There should also be more female nurses. However, since the potential for the supply of female nurses has been developed to the maximum, and since there is still a serious shortage of nurses, *Hospitals*, The Journal of the American Hospital Association, is advocating an immediate widespread and all inclusive drive for the enlistment and training of male nurses.

"The percentage of female high school graduates who enter nursing schools has been declining steadily, from 6.1% in 1956 to 4.6% in 1966." The Public Health Service estimates that by 1975, one million nurses will be required—necessitating an admission rate of almost nine percent of the female high school graduates in 1974.

Men make good nurses, as is proven by the great numbers in the medical departments of the armed services, and by the few male nurses who have been trained and are now serving in civilian hospitals.

Entrance into nursing by young men is hindered to some extent by the impression that it is a woman's job, which opinion may be and is being corrected. A larger hindrance is the fact that not enough nursing schools accept men for training and some of those schools which do are limited in numbers due to the problems of co-education in such circumstances.

Most of the obstacles could be eliminated if any large number of young men were interested in nurses' training. High schools should include nursing for both girls and boys in their vocational guidance programs. Hospitals and nursing schools should devise means of training both sexes.

Financial remuneration in the nursing profession is improving. Certainly any young person should find ample outlet in nursing for humanitarian endeavors. Once the "for women only" characterization has been removed, nursing should have many dedicated male adherents. Everything possible should be done now to encourage young men in this calling.

Editorial Notes...

Child-proof safety closures for medicine bottles are progressing toward effectiveness. The American Academy of Pediatrics reports that the Palm-N-Turn and the press-and-turn closures are so effective that actual tests with 72 children showed that practically none of the children could remove the closures even after the method for opening them had been demonstrated. Only 22 out of 36 adults could open the bottles without demonstrations.

Parke-Davis researchers are working with an antiviral chemical which is encouraging enough to warrant clinical trial in man. Named "Ara-A," the compound was first synthesized in 1950 as a potential anticancer agent. Its antiviral activity has prompted the discovery of an easier and more efficient method of synthesis. It has effectively protected mice against fatal infections of either herpes or vaccinia. No evidence of toxicity has been discovered in laboratory animals even with large doses.

Silver is scare because it is being used faster than it is being mined. There is no substitute for it in the making of photographic film and this produces one of the largest demands for the metal. Film, now, is one of the best sources for recovery operations. The VA recovered more than a half a million dollars worth of silver from its films and developing solutions last year. Commercial salvagers will purchase old x-ray film for this purpose.

The International Microfilm Journal of Legal Medicine **is a unique publication in that it appears only in microimage form.** It is published by the Xerox Corporation's

University Microfilms and covers legal medicine and forensic medicine for physicians, attorneys, law and medical schools, institutes of legal medicine, medical examiners and coroners. Dr. Milton Helpern, chief medical examiner of the city of New York is the editor-in-chief.

Project HOPE has made preliminary plans to add a second hospital ship after the end of the Vietnam war. The Department of Defense has indicated approval. The hospital ship S. S. HOPE is now midway in a ten-month medical teaching and treatment mission in Ceylon. Project HOPE also conducts "shore-based" medical teaching programs in Peru, Ecuador, Nicaragua and Colombia. There are now 24 invitations for a hospital ship visit.

Dr. Gerald D. Dorman, AMA president-elect, emphasized the importance of good and adequate health insurance in a talk before the Association of Life Insurance Medical Directors. He stressed that the current increase in cost of medical service is not destined to be a temporary condition and that the medical profession and insurance industry must realize this and work toward better and more adequate coverage. Inclusion of the cost of preoperative studies and extended care is important in order to minimize the length of the more expensive in-hospital care. Dr. Dorman also urged the establishment of income tax credits for premiums paid for adequate health insurance.

The computer has joined the curriculum this fall in 10 Long Island high schools. Terminal equipment made by the Vernitron Corporation makes possible a program established by the Polytechnic Institute of Brooklyn under a National Science Foundation grant to introduce high school students to the latest in technological developments. The grant of the National Science Foundation was made in the spring of 1968. The purpose of the grant was to explore the potential which the computer appears to offer to improve the educational environment of high school students. Recognizing that not all students plan to study science or engineering in college, or perhaps even go on to college, the program has been designed to teach those enrolled in high school biology, chemistry, mathematics, physics and social science courses the way complex technology directly affects their lives.

The Association of American Physicians and Surgeons reports in an emergency bulletin that the work done on Medicaid patients in New York City by private practitioners is being audited for "quality control." On challenge, the New York City Health Department spokesman cited the Title XIX Law as authority. The entire matter is an invasion of privacy and an interference with the practice of medicine—the law does not authorize any such action. Excerpts from Congressional debate on the law before passage establishes that Congress wrote the law carefully to avoid any threat to the freedom of practice of medicine. The N.Y. Board of Health not only acknowledges its meddlesome actions in the past but unashamedly announces that it will continue.

The average annual salary for hospital employees increased 9.9% between 1965 and 1967. Despite this, hospital workers still receive only 75% of what they would receive in comparable jobs outside the hospital. Since payroll constitutes 60-70% of hospital expenses, an effort is being made to rationalize the number of employees. The ratio of employees to patients increases steadily. Of two similar hospitals with the same bed capacity, one had 41 accounting department employees, the other 18. Another personnel study recommended a reduction in the work force of one hospital by as much as 13%.

Dr. Roger Bannister is highly qualified to testify on the effects of championship athletic competition at high altitudes. He is the world's first four-minute miler and now has an M.D. degree. His firm opinion is that Mexico City was not a suitable site for the Olympic Games because of the high altitude. He counted 80 oarsmen who collapsed during the first two days and then lost count. He recommends that the Olympic Committee be reconstituted—and that the games never be held in countries of high altitude.

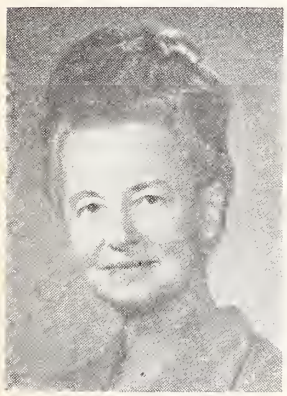
Temple University School of Medicine, under a grant from the Public Health Service, is investigating arthritic joints by infrared photography and thermograms. It has been found that this method will demonstrate metabolic changes which are too small to detect in other ways. If the method can be further developed, it may improve the treatment of arthritis, and especially rheumatoid arthritis, by making it possible to evaluate the effect of treatment and by making the diagnosis much earlier than is now possible.

The University of Minnesota, in a study supported by the National Institute of Mental Health, will study the connection, if any, between serious heart disease and chronic beer drinking. The syndrome to be particularly investigated is that of a heavy beer drinker who dies rather suddenly with symptoms of heart failure but without the finding of atherosclerosis, valvular disease, anemia or severe malnutrition. The effects of alcohol on depletion of magnesium, potassium and zinc will be determined, as well as the effect of alcohol on the level of protein, actomyosin and collagen in the heart. ◄

The Woman's Auxiliary

REPORTS TO ISMA

As 1969 begins to unfold, the auxiliary looks ahead to its change of officers and chairmen that comes with its annual meeting held in April each year. And yet, while the faces and names may change, the work goes on as a continuing concern of each group. It is with pride and satisfaction and challenge that the executive committee heard these facts among the reports at its January meeting:



Local auxiliaries continue to support AMA-ERF with their generous contributions, thus augmenting funds available for biomedical research, for the loan fund guarantee and for funds for medical schools.

Activities of health careers groups within the counties continue at a record pace. Health career fairs and active recruitment of young people for paramedical careers are having their effect on increasing the helping hands needed by physicians within the state.

Burgeoning community service programs throughout Indiana have many wives of physicians as active participants. They are found among the many volunteer workers in the Head Start program, in well-baby clinics, in the Red Cross, in Grey Ladies, in hospital auxiliaries, the measles eradication program, meals for the homebound and in opportunity schools for the retarded, to name only a few.

International health activities continue to be supported by many county auxiliaries. Medical and surgical supplies, textbooks and journals, drugs, bandages and eyeglasses have been shipped to various overseas relief agencies.

Mental health education, help to mental hospitals, adopt-a-patient programs, Christmas gifts, education on prevention of mental illness and on suicide prevention have all been stressed by auxiliary programs within Indiana this year.

The auxiliary has given support to the programs and projects of the WA-SAMA chapter at Indiana University Medical School. As Mildred Egbert and Lelia Chernish, our liaison, have kept us informed about the girls' activities and their needs, the auxiliary has given helping hands, sympathetic ears and financial support to these young wives of medical school students who are some of our future members.

We are anxious for the full reports in April to show in detail just what we have accomplished and to again point the way to bigger and better things for next year.

Betty Kephart

now she can cope...



thanks to

Butisol SODIUM®
(SODIUM BUTABARBITAL)

the "daytime sedative" for everyday situational stress

When stress is situational—environmental pressure, worry over illness—the treatment often calls for an anxiety-allaying agent which has a prompt and predictable calming action and is remarkably well tolerated. BUTISOL SODIUM (sodium butabarbital) meets this therapeutic need.

After 30 years of clinical use . . . still a first choice among many physicians for dependability, safety and economy in mild to moderate anxiety.

Contraindications: Porphyria or sensitivity to barbiturates.

Precautions: Exercise caution in moderate to severe hepatic disease. Elderly or debilitated patients may react with marked excitement or depression.

Adverse Reactions: Drowsiness at daytime sedative dose levels, skin rashes, "hangover" and systemic disturbances are seldom seen.

Warning: May be habit forming.

Usual Adult Dosage: As a daytime sedative, 15 mg. (¼ gr.) to 30 mg. (½ gr.) t.i.d. or q.i.d.

Available for daytime sedation: Tablets, 15 mg. (¼ gr.), 30 mg. (½ gr.); Elixir, 30 mg. per 5 cc. (alcohol 7%).

BUTICAPS® [Capsules BUTISOL SODIUM (sodium butabarbital)] 15 mg. (¼ gr.), 30 mg. (½ gr.).

McNEIL

McNeil Laboratories, Inc., Fort Washington, Pa.

In childhood



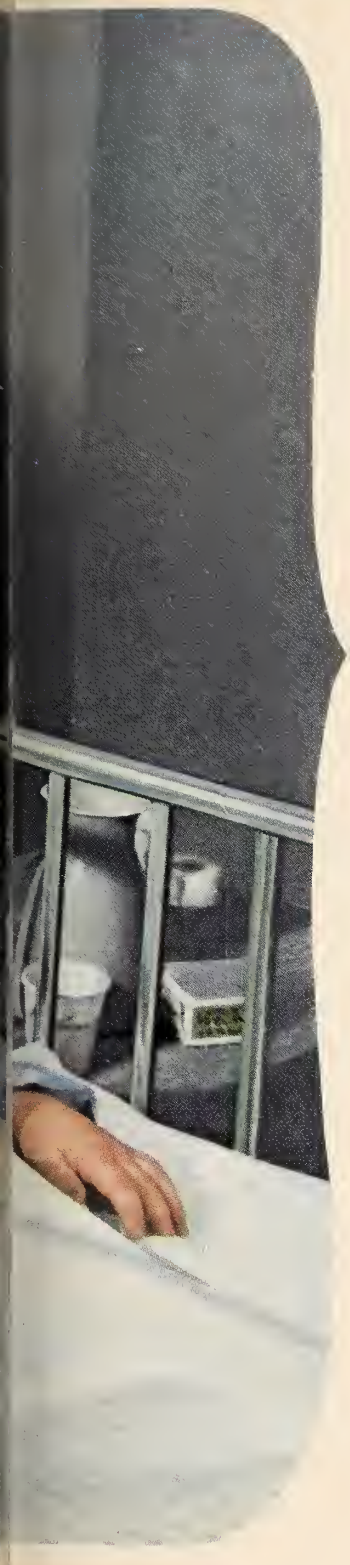
Warnings: Lomotil should be used with caution in patients taking barbiturates and with caution, if not contraindicated, in patients with cirrhosis, advanced liver disease or impaired liver function.

Precautions: Lomotil is a Federally exempt narcotic with theoretically possible addictive potential at high dosage; this is not ordinarily a clinical problem. Use Lomotil with considerable caution in patients receiving addicting drugs. Recommended dosages should not be exceeded, and medication should be kept out of reach of children. Should accidental overdosage occur, signs may include severe respiratory depression, flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia; continuous observation is necessary.

Adverse Reactions: Side effects reported with Lomotil therapy include nausea, sedation, dizziness, vomiting, pruritus, restlessness, abdominal discomfort, headache, angioneurotic edema, giant urticaria, lethargy, anorexia, numbness of the extremities, atropine effects, swelling of the gums, euphoria, depression and malaise. Respiratory depression and coma may occur with overdosage.

Dosage: The recommended initial daily dosages, given in divided doses until diarrhea is controlled, are as follows:

diarrheas...



- careful supervision
- electrolyte replacement
- specific anti-infective therapy

and...

LOMOTIL®

TABLETS/LIQUID

Each tablet and each 5 cc. of liquid contains:
diphenoxylate hydrochloride 2.5 mg.
(Warning: May be habit forming)
atropine sulfate 0.025 mg.

LOMOTIL, in conjunction with specifically indicated medical management, may be lifesaving in children with severe diarrhea.

Lomotil lowers the excessive intestinal propulsion characteristic of diarrhea. This reduction of precipitate intestinal flow allows a normal or more nearly normal reabsorption of fluid and electrolytes and counteracts the dehydration so hazardous to children.

Moreover, eight years' experience has demonstrated that Lomotil controls diarrhea with a minimum of unwanted secondary actions.

Senra del Valle and his associates[1] conducted a study of 477 children with diarrhea, most of whom were hospitalized with the disorder. Lomotil, used in 407 of the children, shortened the duration of the diarrhea.

Grinszpan, Goldstein and Divito[2] used Lomotil in 20 children with diarrhea and also reported a prompt disappearance of diarrhea. Harris and Beveridge[3] in a double-blind study of 50 children with diarrhea, however, found no clear pattern to suggest that Lomotil influenced the course of the condition.

Michener, Brown and Turnbull[4] added evidence supporting the beneficial effects of Lomotil in 80 children, concluding that Lomotil was highly useful in controlling abdominal cramping, diarrhea and hypermotility.

dren: Total Daily Dosage

5 mo. . . . ½ tsp.* t.i.d. (3 mg.)
12 mo. . . ½ tsp. q.i.d. (4 mg.)
2 yr. ½ tsp. 5 times daily (5 mg.)
5 yr. 1 tsp. t.i.d. (6 mg.)
8 yr. 1 tsp. q.i.d. (8 mg.)
12 yr. . . . 1 tsp. 5 times daily (10 mg.)
lts: 2 tsp. 5 times daily (20 mg.) or 2 tablets q.i.d.

d on 4 cc. per teaspoonful.

intenance dosage may be as low one-fourth the initial daily dosage.

References:

1. Senra del Valle, A.; Linfante de Rufinelli, E. B.; Brumetti, E., and Rossi, R. H.: El chlorhidrato de difenoxilato en las diarreas infantiles, Sem. Med. (Buenos Aires) *127*:475-484 (Oct. 4) 1965. 2. Grinszpan, I. L.; Goldstein, A., and Divito, J.: El chlorhidrato de difenoxilato en las diarreas infantiles, Sem. Med. (Buenos Aires) *125*:758-763 (Aug. 27) 1964. 3. Harris, M. J., and Beveridge, J.: Diphenoxylate in the Treatment of Acute Gastro-Enteritis in Children, Med. J. Australia 2:921-922 (Nov. 27) 1965. 4. Michener, W. M.; Brown, C. H., and Turnbull, R. B., Jr.: Ulcerative Colitis in Children. II. Medical and Surgical Therapy, Amer. J. Dis. Child. *108*:236-242 (Sept.) 1964.

SEARLE

Research in the Service of Medicine



THE BETTMAN ARCHIVE

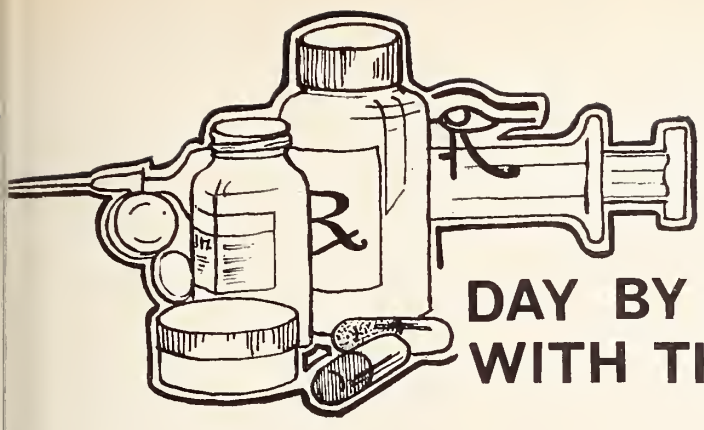
Just one tablet at bedtime • Prevents painful night leg cramps • Permits restful sleep

How many of your patients stamp their feet at night and lose sleep because of painful leg cramps? Unless prompted, they usually fail to report this distressing condition and suffer needlessly.

One tablet of QUINAMM at bedtime usually controls distressing night cramps and permits restful sleep with the initial dose.

Prescribing information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Side Effects/Precautions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144



DAY BY DAY WITH THE F.D.A.

Campana Corporation filed a New Drug Application with FDA for Cutitone Acne Cream and later canceled the application when it was found that one of the ingredients, dithionol, had adverse reactions. Later the same brand of acne cream was marketed, after it had been formulated with a substitute ingredient, but without the formality of a New Drug Application. The new product was seized when it appeared on the market.

* * *

Cargo ships often carry mixed cargoes which may include food, pesticides and chemicals. In case of mishap, such as recently occurred with the "African Star" enroute from New Orleans to Australia, the FDA must survey the different items to insure that contamination or mixing has not taken place, or that sea water has not injured the food.

Overland transportation is also susceptible to the same hazard. Two separate semitrailer trucks in Nebraska were involved with a leaky container of pesticide and gross contamination of foodstuffs.

* * *

A lot of 42,800 "Special Formula" tablets was seized recently in Indianapolis because the Cincinnati firm which shipped them did not include adequate directions for use on the label.

* * *

A shipment of 3,400 vials of "Robese Injection", a preparation intended for use in obesity clinics, was seized in Los Angeles because the labeling did not give directions for use, and because there was no approved New Drug Application. The ingredients were amphetamine salt and peptones.

* * *

"Placentubex" is a cosmetic product which was manufactured in West Germany and imported into this country without a New Drug Application in effect. The shipment was seized for this reason and because of its labeling, which suggested that its placental extract component would promote freshness, loveliness, and a younger, new look for older skin.

* * *

Containers of potassium nitrate, dextrine and charcoal, together with literature offering "Enjoyment from Pyrotechnics" were seized as being toxic, flammable and subject to decomposition. The outfit was sold as a home kit for do-it-yourself fireworks. One Minnesota 18-year-old was seriously injured.

* * *

Hair barrettes, bobbypins and combs, imported from Switzerland, were seized in San Francisco because of their flammable nature. All hair control items in the United States must be made of nonflammable material.

* * *

FDA mobile laboratories visit the large fruit and vegetable harvesting valleys in California at the height of the harvest and screen the produce for minute quantities of pesticides. Final determination on all doubtful samples is made in the San Francisco laboratory. The field screening eliminates delay in marketing the crops.

* * *

Minnesota is the first state to engage in the FDA pilot plan for industry self-regulation. The Green Giant Co. has agreed to a self-inspection and quality control program with reports to the Minnesota State Department of Agriculture and FDA. Both state and federal inspectors will spot check.

Indiana has also assumed inspection duties. The Food and Drugs Division of the Indiana State Board of Health has signed a Memorandum of Understanding for inspections of all canneries and bottling plants in the state. Activities involving pesticides will be shared with FDA .

Similar agreements have been made in Oregon for inspection of wheat.

* * *

Salmon cannery inspectors in Seattle have been training an inspector for duty in the Detroit District against the time the salmon run becomes a substantial item in Lake Michigan.

* * *

Four truckloads of safflower seed, near an oil mill in Phoenix, were contaminated when a crop-dusting plane with a full load of parathion crashed into one of the trucks and ruined the contents of all four.

* * *

Chlordane and heptachlor residues in beef and milk continue to baffle the Montana Livestock Sanitary Board. Source of the present contamination is not known. They had a similar episode in February, 1968, when animals were fed contaminated alfalfa. The University of Montana suggests the contaminants have been held over this long in soil and stubble. ◄

Report on Actions of the House of Delegates American Medical [illegible]

22nd Clinical Convention
December 1-4, 1968
Miami Beach, Florida

INDIANA'S delegates to the American Medical Association introduced five resolutions at the 22nd Annual Clinical Convention of the AMA held in Miami Beach, December 1-4.

Resolution 10 entitled "Lay Domination of the Medical Profession" resolved that the American Medical Association urge all its members to combat, actively, attempts of certain hospital boards and certain hospital administrators to assign to themselves a medical staff function of delineating the staff privileges.

In Resolution 11, Indiana delegates asked the AMA House of Delegates to remind all physicians that as free men and women they have no obligation to accept employment and remuneration under any conditions other than those arrived at by agreement between the physician and the recipient of his service.

The five were among 62 resolutions and 32 reports of the board of trustees and other AMA committees which were acted upon by the delegate body.

In its report to the House of Delegates, the reference committee which considered Resolution 10 pointed out, "During its hearings, your committee heard many substantiating statements to the effect that functions properly delegated to the staff have, in some institutions, been ignored."

Additionally, the committee stated, ". . . the attempts by certain hospital boards and the hospital administrators constitute action which is against the standards for hospital accreditation by the Joint Commission on Accreditation of Hospitals"

The reference committee further pointed out that "it was with deep concern that your reference committee recognizes these problems and urged the adoption of Resolution 10 with the following additional resolve, which read as follows:

"Resolved that the American Medical Association, through its representatives on the Joint Commission on Accreditation of Hospitals take action to assure that accreditation be granted only to those institutions where the rights of the medical staff are not abrogated."

Resolution 11 was very similar to Texas Resolution 42. They were considered jointly by a reference committee and, with minor changes, adopted.

Resolution 34 introduced by the Indiana delegation asked that all resolutions to be introduced to the AMA House of Delegates be distributed to state associations 30 days in advance of every meeting and further asked that any resolution not so submitted could only be introduced by a 2/3 vote of the AMA House of Delegates. This particular resolution failed.

Resolution 35, also introduced by Indiana, resolved that the board of trustees report to this meeting of the house the figures showing the amount of money expended by the treasurer of the American Medical Association in support of the Biomedical Research Foundation and "how much of each member's dues are being used for this purpose."

A substitute resolution was adopted which asked the house authorize the speaker to appoint a liaison committee of ten members of the house to meet during the time of each convention to review current programs of the AMA-ERF to consider suggestions for broadening the base of support for the AMA-ERF and so report the results of these meetings to the house.

Resolution 36 which was on the discontinuance of cigarette smoking was adopted by the Indiana House of Delegates in October and was introduced to the AMA house as instructed by the Indiana house.

The AMA House of Delegates adopted in its stead Resolution 13 which resolved that the AMA again urge its members to play a major role against cigarette smoking by example and by advice regarding the health hazards of smoking. It was also further resolved that the American Medical Association take a strong stand against smoking by every means at its command.

Chairman of the Indiana delegation was Dr. Guy A. Owsley of Hartford City. Other delegates who were in attendance included Doctors Harold C. Ochsner of Indianapolis; Eugene F. Senseny, Fort Wayne; Frank H. Green, Rushville and Jack E. Shields, Brownstown. Alternates were Doctors Don E. Wood, Indianapolis; Robert M. Brown, Marion; Kenneth O. Neumann, Lafayette; Maurice E. Glock, Fort Wayne and Dwight W. Schuster, also of Indianapolis.

Delegates and officials of the association met in morning breakfast conferences each day. These sessions were chaired by Dr. Patrick J. V. Corcoran, president of the association. He was assisted by Dr. Lowell

H. Steen, Hammond, president-elect and Dr. Donald R. Taylor, Muncie, chairman of the Board of Trustees. Also in attendance were Dr. Lester H. Hoyt, treasurer of the association and Dr. M. O. Scamahorn, assistant treasurer. Dr. Ralph V. Everly, chairman of the Executive Committee, and Dr. Burton E. Kintner, member of the Executive Committee, also attended. Sitting in on the breakfast sessions with the officials of the association were Dr. Myron H. Nourse, Indianapolis, alternate delegate from the Section on Urology; Dr. Lall G. Montgomery, Muncie, delegate from the Section on Pathology and Physiology; and Dr. Sprague H. Gardiner, Indianapolis, alternate delegate from the AMA Section on Obstetrics and Gynecology.

Some of the actions of the house included:

—Suggesting that each county and state medical society may accept qualified osteopaths as active members and thereby provide for their membership in the American Medical Association.

—Instructing the Council on Constitution and Bylaws of the AMA to provide appropriate bylaw amendments so that qualified doctors of osteopathy may be admitted to full active membership in the AMA.

—Adopting a statement on heart transplantation which pointed out, "The cause of death must be evident and of an irreversible type. The fact of death must be established by adequate current and acceptable scientific evidence in the opinion of the physicians making the determination. The determination of death in organ donors must be made by no less than two physicians not associated with the surgical team performing the transplant."

—Approving the Uniform Anatomical Gift Act and urging each state medical association to give it careful consideration with a view to seeking its adoption in its state. The act has been accepted by the American Bar Association.

—Following its similar action at the 1968 annual convention by again accepting for information the report of the Committee on Health Care Financing pertaining to the use of Federal Income Tax credits for the purchase of health insurance and adopted a resolution that the AMA vigorously promote the enactment of Federal legislation which would translate the concept of income tax credits for health insurance premiums into law.

—Recognizing that advertising and promotion of new Blue Shield programs providing broader benefits might be subject to misinterpretation by the public. The house resolved that any references to paid-in-full coverage clearly identify those services which are covered on a paid-in-full basis. It also should identify the circumstances under which these services must be rendered.

—Adding to the overall statement on discrimination in the Constitution and Bylaws of the American Medical Association by providing for disciplinary action for such societies wherein such discrimination may exist. Section 3 reads, "If the council determines that the allegations [of discrimination against physician applicants for membership] are indeed true, it shall admonish, censor, or in the event of repeated violations, recommend to the House of Delegates that the state association involved be declared to be no longer a constituent member of the American Medical Association."

—Adopting the Council on Medical Education's special requirements for residency training in family practice and resolving that the AMA affirm the importance of providing appropriate recognition for family physicians through approval of a primary specialty board for family practice and that the Council on Medical Education be encouraged to continue its efforts with the American Academy of General Practice and the AMA section on General Practice to achieve this goal.

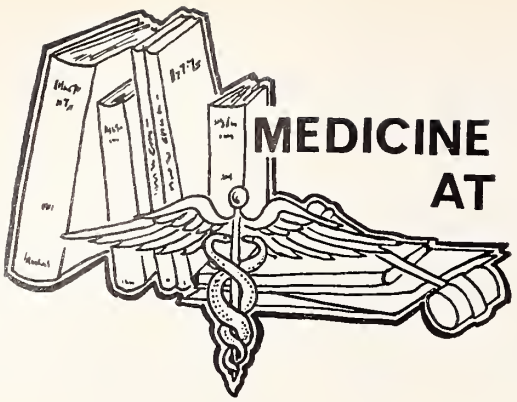
—Urging constituent societies in states where existing laws do not permit minors to consent to treatment for venereal and other communicable diseases to seek the enactment of special legislation.

—Encouraging the creation of continuing high quality service career physicians through specific support of existing medical school expansion to include selected, service career oriented students.

—Regarding nurses, resolved that state and county medical societies be encouraged to study the problems relating to nursing education and to seek at the local level all available sources of financing support for hospital nursing schools and that the AMA take appropriate action in consultation with professional nurses' associations and the American Hospital Association to encourage increasing enrollment in diploma schools.

—Resolving that the AMA seek to have Congress phase out federal health care programs which overlap and reduplicate Medicaid.

—Adopting the following definitions and distributing them to all state medical associations for their individual consideration and guidance. Usual is defined as the usual fee which is charged for a given service by an individual physician in his personal practice (i.e., his own usual fee); customary is defined as that range of usual fees charged by physicians of similar training and experience for the same service within a given specific limited geographic or social economic area; reasonable is defined as a fee which meets the above two criteria or in the opinion of the responsible local medical association's review committee is justifiable in the special circumstances of the particular case in question. The house also resolved that whenever these terms are used in contracts or laws that they be specifically defined in those documents. ◄



Hospital, Not Physician, Liable for Nurse's Negligence—If a patient's sciatic nerve injury was caused by a hospital nurse's negligence in giving her an injection, the hospital would be liable for the negligence, the Colorado Supreme Court ruled. The injection was given pursuant to the attending physician's written orders but out of his presence. Because the physician had no control over the nurse in the giving of the injection, he would not be liable for any negligence, the court said.

The court stressed that its decision did not necessarily apply to employed physicians, as distinguished from employed nurses, and that it applied only when the nurse acted out of the attending physician's presence. The trial court's dismissal of the suit against the physician was upheld, but the suit against the hospital should not have been dismissed, the reviewing court said.—*Bernardi v. Community Hospital Association*, 443 P.2d 708 (Colo., July 15, 1968; rehearing denied, Aug. 6, 1968).

No Liability for Parking Lot Fall—A medical partnership was held not liable for injuries sustained by a woman who, while carrying an infant who had been treated by one of the physicians, fell in a parking area maintained by the partnership. The partnership had no legal obligation to light the area or clean it of an accumulation of frozen slush, the Ohio Supreme Court ruled, and the existence of a small imperfection in the paving did not constitute negligence. When the woman went across the area in the dark with knowledge of its slippery condition, she assumed the risk of a fall. Even if it could be said that the partnership was negligent in its maintenance of the area, the woman was chargeable with contributory negligence.

The woman had accompanied her daughter-in-law and grandchild to the partnership's office where one of the physicians treated the child. When they left the office at 6:00 p.m., it was very dark. The accumulated slush in the parking area had frozen while they were in the office, and it was immediately apparent that the area was extremely slippery. The woman went on the area and slipped or tripped as she neared her automobile.

The woman testified that she hit something and went down. When she tried to get up she felt a "hump." On cross-examination, it was brought out that she did not notice any unevenness underfoot until after she fell. The "hump" consisted of a low crown or ridge extending across the joinder of an older and newer part of the parking area, at the termination of a slight upgrade. It was the kind of condition which comes within the classification of a "minor imperfection", one reasonably to be expected on a traveled surface, and for the existence of which there is no liability.

The partnership did not create the accumulation of frozen slush and it had no obligation to remove it. Nor was it under any obligation to light the parking area. Darkness is always a warning of danger, and disregard of the warning may preclude the recovery of damages for personal injuries.

By going on the parking area when she knew the conditions that existed, the woman assumed the risk of a fall. If it could be said that the partnership was negligent in any respect, the woman was, under the circumstances, chargeable with negligence which directly contributed to her injuries.—*Jeswald v. Hutt*, 239 N.E.2d 37 (Ohio, July 17, 1968).

Examining Physician Appointed By Court—In suits for personal injuries, the person bringing suit must submit to an examination by a physician chosen by his opponent, except when the physician is shown to be biased or professionally incompetent, a New York district court ruled. In such a case, the court will first order the parties to choose a physician agreeable to both sides. If that is impossible, the court will then appoint an impartial physician.

The court assigned a physician in this case, where the party suing claimed that the opponent's physician fancied himself to be an attorney rather than a medical expert. The party bringing suit said that, on the basis of past experience, it was known that the expert was not objective. The contenders could not agree on another medical expert. Since the suit was brought on behalf of an infant who suffered a fracture of the leg, the court appointed an impartial orthopedic physician.—*Munz v. Peters*, 291 N.Y.S.2d 521 (N.Y., June 19, 1968).

Benefits Denied to Employee Injured on Way to Work—A hospital employee who returned home from a business trip and was injured the next day while she was driving to the hospital was denied benefits under the Workmen's Compensation Act because her injuries did not arise out of, or in the course of, her em-

ployment. A Maryland appellate court upheld the commission's refusal to compensate the woman.

The woman claimed that two exceptions to the rule that benefits will not be awarded for injuries sustained while going and coming from the place of employment applied to her. Under the "proximity" exception, the statute allows payment for harm incurred because the plant location makes the customary way of ingress and egress hazardous. The "on the premises" doctrine states that injuries occurring on the premises of an employer are compensable.

The court said that the "proximity" rule was inapplicable because the newly opened highway on which she was driving did not subject her, as an employee, to any greater danger than she would be exposed to as a member of the general public. She was not covered by the "on the premises" exception because the term "premises" refers only to the area in which an employee works regularly. None of her duties were to be performed in the location where she was injured. —*Salomon v. State*, 242 A.2d 126 (Maryland, May 29, 1968).

No Liability for Radiation Injury—Two physicians and a hospital won a directed verdict in an Illinois court in a patient's suit for injuries caused by the allegedly negligent administration of cobalt and x-ray treatments following a mastectomy.

The patient had six weeks of postoperative radium treatments. She claimed that she was given an overdose, which caused fibrosis of the lung and a 5-inch displacement of her heart, with resultant shortness of breath, which made necessary her early retirement from her job and a substantial loss of wages. It was the contention of the physicians and the hospital that the treatments cured the cancer and that shortness of breath was a low price to pay for such a benefit.—*Green v. Hussey*, Cir. Ct., Cook Co., Docket No. 63S-15722 (Ill., Sept. 19, 1968).

Statutory Postmortems as Source of Organ Transplants—Under the Virginia Code of Criminal Procedure, the medical examiner has the duty of determining the cause of violent, sudden, suspicious and unnatural deaths, or those occurring with no physician in attendance. He is authorized to perform, where necessary, a postmortem examination as a part of his investigation.

The legislature of Virginia has enacted a statute authorizing the medical examiner to turn over, for use in transplant surgery, any internal organ made available by such a postmortem examination, without consulting the decedent's next of kin. He may turn the organ over to the transplanting surgeon in cases where the organ would not remain viable if time were taken to contact the next of kin and where he forsees no known objection by the next of kin.—*Virginia Session Laws*, H. B. 305 (Va., April 2, 1968).

New Trial in Hospital Burn Suit—A patient was granted a new trial in her suit against a hospital for burns suffered when, while returning to her bed from the bathroom, she fell and overturned a vaporizer which had been placed between her bed and the bathroom. The evidence raised a question for the jury as to whether the hospital employees were negligent in placing the vaporizer between the bed and the bathroom, a Georgia appellate court ruled.

The 73-year-old patient was suffering from bilateral pneumonia and vertigo. She was not permitted to get out of bed except to go to the bathroom. On the occasion of her injury, she got out of bed to go to the bathroom. There was a steam vaporizer at the side of her bed that was nearer to the bathroom. When she returned, she placed her hand on the side of the bed, which was hot and burned her hand, which caused her to fall on the vaporizer and suffer injuries.

The patient contended that the hospital was negligent because the vaporizer had been placed in such a position as to create an unreasonable risk of harm to a person in her condition.

The hospital's contention that it could not be held liable, because the patient's physician had ordered the vaporizer placed in her room, was rejected, since the physician did not specify where in the room it was to be placed. The jury could have found that the hospital should have put the vaporizer some place other than at the side of the bed next to the bathroom. It could not be said as a matter of law that placing it on the side next to the bathroom had no relationship whatsoever to the proximate cause of the injury. Nor could it be said as a matter of law that the patient, in her condition, should have foreseen the danger from the vaporizer and left the bed on the side away from the vaporizer and taken the more circuitous route to the bathroom.—*Clark v. Piedmont Hospital, Inc.*, 162 S.E.2d 468 (Ga., June 12, 1968).

Indiana Abolishes Charitable Immunity—The doctrine of charitable immunity, protecting hospitals and other charitable institutions from liability for negligence, was abolished in Indiana by a recent decision of the state's supreme court. The supreme court said that the doctrine of charitable immunity was ill conceived and had outlived any usefulness that it may have had at one time. The courts are not required to give continued effect to a doctrine that is unsound. Since the doctrine of charitable immunity was created, not by the legislature, but by judicial decree, it was proper for a court to abolish it without waiting for the intervention of the legislature.—*Harris v. Young Women's Christian Association of Terre Haute*, 237 N.E.2d 242 (Ind., June 4, 1968). ◄

From *The Journal* 50 Years Ago

Among the artifically fed, the [death] rate is three times that among the breast fed infants. When artificial feeding is unavoidable the proper production and preparation of cow's milk must be secured.

Always the age, experience and cooperation of the mother are of prime importance. Otherwise even expert instruction may be valueless. Mothers are sometimes found who are unwilling to restrict their liberty by proper intervals of breast feeding, or who dislike the daily work incident to the proper modification of cow's milk. To these, "The Lazy Mother's Friend" makes its appeal, and the baby is subjected to the dangers of prolonged feeding with condensed milk.

The longest period during which a baby should be nursed is now being considered. The exigencies created by the war, the high price of milk, its scarcity, make advisable the longest period consistent with the best interests of the mother and child. So many babies are weaned early, and so little attention is given to correct feeding after that time that it becomes a cause for wonder how the infants manage to survive. On the other hand, in infants exclusively breast fed up to 16, 18 or 24 months, we sometimes find symptoms of rickets. In so complex a situation no one factor can be assumed to exclude all others.—Ada E. Schweitzer, M.D., "Infant Conservation," *JISMA*, February, 1919.

DON'T BE A

DOCTOR DROP-OUT!

ATTEND

THE CHICAGO MEDICAL SOCIETY

MIDWEST CLINICAL

CONFERENCE

MARCH 2-5, 1969 PALMER HOUSE, CHICAGO

A "MUST" MEETING FOR

ALL PHYSICIANS

MARK YOUR CALENDAR NOW!



"The inconvenience of a cold"

For a cold, NTZ® Nasal Spray provides rapid relief of nasal symptoms. Relief starts with the first spray which opens the inferior part of the common meatus. A second spray, a few minutes later, will shrink the turbinates to help provide sinus drainage and ventilation. Dosage may be repeated every three or four hours as needed, for temporary relief of symptoms. NTZ is well tolerated but overdosage should be avoided.

As a sinusitis deterrent, NTZ Nasal Spray can be used to keep the nasal passages open during a cold to help prevent development of acute sinusitis—or to help prevent the acute condition from becoming chronic.

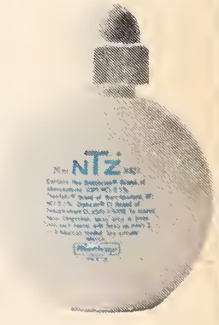
Supplied: NTZ Nasal Spray, plastic squeeze bottles of 20 ml.; NTZ Nasal Solution, bottles of 30 ml. (1 fl. oz.) with dropper.

NTZ is more than a simple vasoconstrictor. It contains

Neo-Synephrine® (brand of phenylephrine) HCl 0.5 per cent, the major component, virtually synonymous with fast, efficient but gentle nasal vasoconstriction.

Thenfadil® (brand of thenyldiamine) HCl 0.1 per cent, topical antihistamine for reduction of rhinorrhea, sneezing or itching. It combats the allergic reactions that may occur in colds or sinusitis.

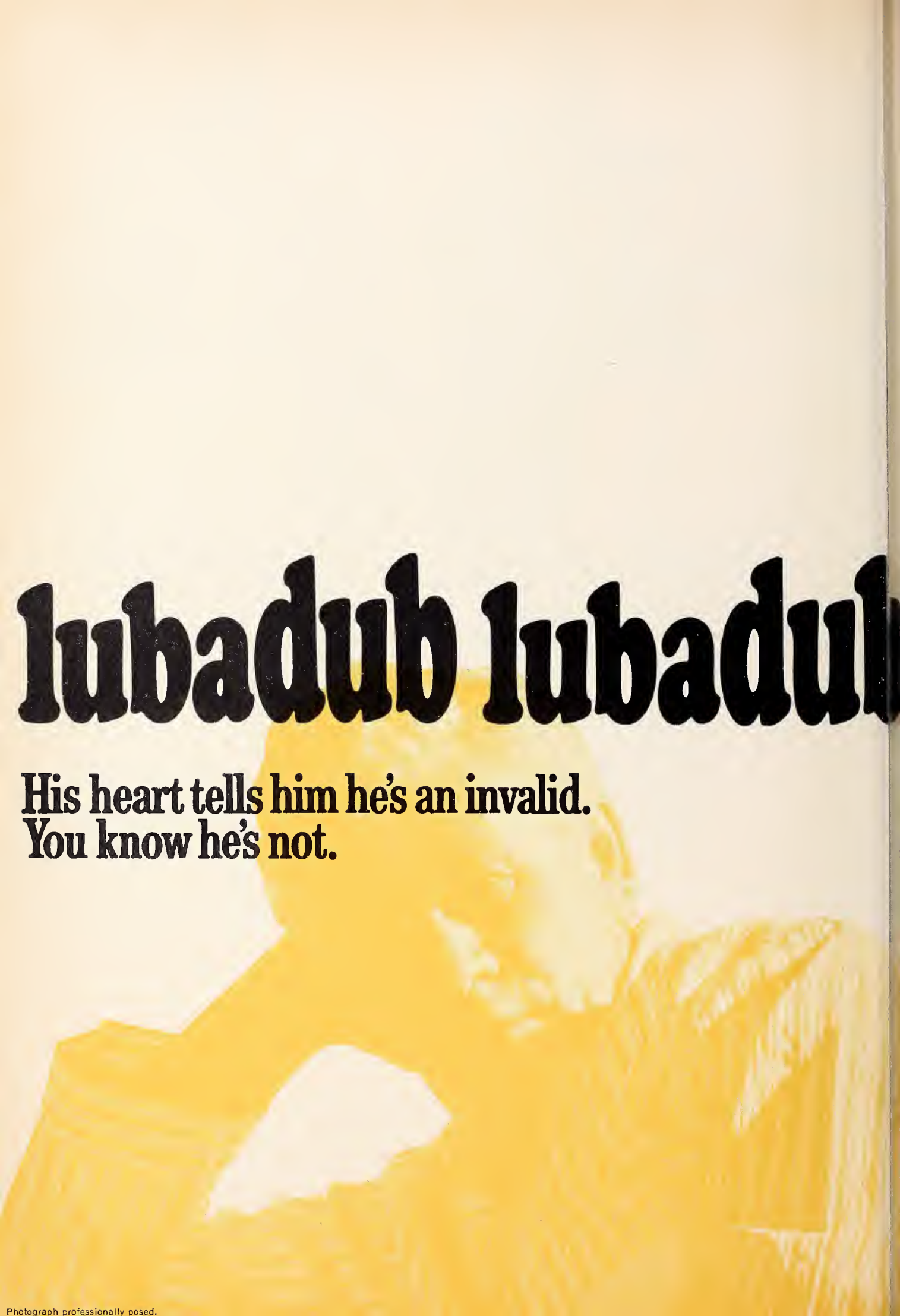
Zephiran® (brand of benzalkonium, as chloride, refined) 1:5000, antiseptic preservative and wetting agent to promote penetration and spread of the formula.



Winthrop Laboratories, New York, N.Y. 10016 Winthrop

lubadub lubadub

His heart tells him he's an invalid.
You know he's not.



Photograph professionally posed.

Contraindications: History of sensitivity to meprobamate.

Important Precautions: Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves. Excessive prolonged use has been reported to result in dependence or habituation in susceptible persons, as alcoholics, ex-addicts, and other severe psychoneurotics. After prolonged excessive dosage, reduce dosage gradually to avoid possibly severe withdrawal reactions. Abrupt discontinuance of excessive doses has sometimes resulted in epileptiform seizures.

Warn patients of possible reduced alcohol tolerance, with resultant slowing of reaction time and impairment of judgment and coordination.

Reduce dose if drowsiness, ataxia or visual disturbance occurs; if persistent, patients should not operate vehicles or dangerous machinery.

Side Effects include drowsiness, usually transient; if persistent and associated with ataxia, usually responds to dose reduction; occasionally concomitant CNS stimulants (amphetamine, mephentermine sulfate) are desirable. Allergic or idiosyncratic reactions are rare, but such reactions, sometimes severe, can develop in patients receiving only 1 to 4 doses who have had no previous contact with meprobamate. Previous history of allergy may or may not be related to incidence of reactions. Mild reactions are characterized by itchy urticarial or erythematous maculopapular rash, generalized or confined to groin. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever have been reported. One fatal case of bullous dermatitis following intermittent use of meprobamate with prednisolone has been reported. If allergic reaction occurs, meprobamate should be stopped and not reinstituted. Severe reactions, observed very rarely, include angioneurotic edema, bronchial spasms, fever, fainting spells, hypotensive crises (1 fatal case), anaphylaxis, stomatitis and proctitis (1 case) and hyperthermia. Treat symptomatically as with epinephrine, antihistamine and possibly hydrocortisone. Aplastic anemia (1 fatal case), thrombocytopenic purpura, agranulocytosis and hemolytic anemia have occurred rarely, almost always in presence of known toxic agents. A few cases of leukopenia, usually transient, have been reported on continuous administration.

Meprobamate may sometimes precipitate grand mal attacks in patients susceptible to both grand and petit mal. Extremely large doses can produce rhythmic fast activity in the cortical pattern. Impairment of accommodation and visual acuity has been reported rarely. After excessive dosage for weeks or months, withdraw gradually (1 or 2 weeks) to avoid recurrence of pretreatment symptoms (insomnia, severe anxiety, anorexia). Abrupt discontinuance of excessive doses has sometimes resulted in vomiting, ataxia, tremors, muscle twitching and epileptiform seizures. Prescribe very cautiously and in small amounts for patients with suicidal tendencies. Suicidal attempts have resulted in coma, shock, vasomotor and respiratory collapse and anuria. Excessive doses have resulted in prompt sleep; reduction of blood pressure, pulse and respiratory rates to basal levels; and occasionally hyperventilation. Treat with immediate gastric lavage and appropriate symptomatic therapy. (CNS stimulants and pressor amines as indicated.) Doses above 2400 mg./day are not recommended.

Composition: Tablets, 200 mg. and 400 mg. meprobamate. Coated Tablets, WYSEALS® EQUANIL (meprobamate) 400 mg. (All tablets also available in REDIPAK® [strip pack], Wyeth.) Continuous-Release Capsules, EQUANIL L-A (meprobamate) 400 mg.

Wyeth Laboratories Philadelphia, Pa.

ubadubdub lubadu

nxiety is expected in the cardiovascular patient.
little may even be desirable.

ut when anxiety is exaggerated . . . when it
terferes with sleep . . . when it aggravates
ardiovascular symptoms, your help may
e needed.

aturally, you'll want to reassure the patient.

nd perhaps prescribe Equanil (meprobamate)
s adjunctive therapy. It helps relieve anxiety
nd tension specifically, yet gently.

Almost 15 years' use has shown that Equanil
usually well tolerated as well as effective.
ide effects are generally limited to transient
rowsiness; serious, therapy-interrupting
ide effects are rare.

Equanil®
(meprobamate) Wyeth



The two-stage power of the pink pill for U.R.I. symptoms is nothing to be sneezed at.

The immediate and continuous-release actions built into each Novahistine Singlet can give most of your patients prompt and long-lasting relief from symptoms of upper respiratory infection, including fever, aches and pains. Not only does Novahistine Singlet provide a vasoconstrictor-antihistamine formulation to reduce congestion and help restore normal ciliary activity; it also contains an antipyretic-analgesic compound to relieve the fever, aches and pains that so frequently accompany upper respiratory infections. A total daily dosage of 3 or 4 tablets will normally provide the continuous relief your patient expects. Use with caution in patients with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution ambulatory patients that drowsiness may result.

Pitman-Moore Division of
The Dow Chemical Company,
Indianapolis, Indiana.

Novahistine®
Singlet decongestant-analgesic

(Each tablet contains: phenylephrine hydrochloride, 40 mg.; chlorpheniramine maleate, 8 mg.; acetaminophen, 500 mg.)

DOW

Your Blue Shield Professional Relations Staff

(One of a series prepared by Blue Shield)

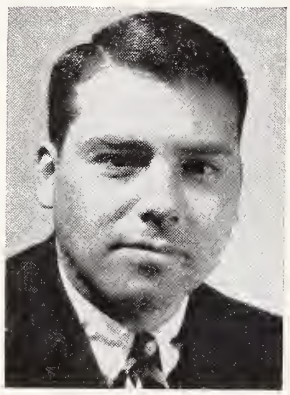
The Indiana Blue Shield Professional Relations staff now includes four people whose one job is to be of service to the physicians of Indiana—and their medical assistants—by solving problems and furnishing information with regards to Blue Shield.

Their program includes seminars for advisory council doctors, dinner workshops for doctor's assistants (over 3,500 attended this past year), dinner-workshops for interns and residents, working with the ISMA woman's auxiliary, contacting physicians when Blue Shield problems arise and furnishing any other form of assistance that is needed.



Herbert P. Dixon
Vice President,
Professional Relations

The Professional Relations staff is headed by Herbert P. Dixon, who has been with Blue Shield for five years. He lives with his wife Jo Ann and their two children at 1415 Brewster Road, Indianapolis. Dixon attended Wabash College and is a Butler University graduate. He has an A.B. in political science and an M.S. in administration. His hobbies include the stock market and tennis.



Frederick D. Harbridge
Manager,
Professional Relations

Professional Relations Manager is Frederick D. Harbridge, whose chief responsibility is working with doctor's assistants. Harbridge has been with the plan two years. He and his wife Jan live at 110 N. Third Street, Zionsville. They have one child. Harbridge is active in the Zionsville Chamber of Commerce and other community work. He attended Franklin College and Indiana University.



Gary R. Miller
Professional Relations
Representative

Gary R. Miller is the newest member of the Professional Relations staff. He has been with Blue Shield for one year. Miller and his wife Vicki live at 6046 Crestview Avenue, Indianapolis. He attended Butler University, and during his school years was leader of a dance band popular in the Indianapolis area.



Sandy Hollingsworth
Secretary

Sandy Hollingsworth has served as secretary for Professional Relations for two years, and has played a vital role during that time in all phases of activity. She attended Indiana University.

The job of these four Blue Shield employees is to be of service to you and to make your assistant's job a little easier. ◄

W. C. Huddlestone
Public Relations

OFFICE BUILDING FOR SALE

Fort Wayne—one-story, fully modern building. Completely set up for medical or dental practice. Excellent corner location. $20,000.

N. B. Knapke Co. Realtor
1510 Lincoln Bank Tower
Fort Wayne, Ind. 46802 742-9494



ABSTRACTS, BOOK REVIEWS

INFECTION CONTROL IN THE HOSPITAL

American Hospital Association, 1968; 140 pages; $3.75.

This paperback manual is the work of a group of distinguished authorities who are members of the Committee on Infections Within Hospitals of the American Hospital Association. Infection control is discussed under the subdivisions of epidemiology of infection, the general organization of responsibility, individual and departmental responsibilities, prevention and control of infection and special problems in the control of infection. An appendix gives a summary of isolation recommendations. The bibliography is sufficient to allow investigation of specific aspects of the problem in more detail.

The book was intended to be a handy desk reference and is that. The principles that should guide the hospital administrator, the nurses and the infection committee are presented in a thorough manner. However, the application of these principles to the particular hospital situation is no easy task. In many areas, particularly relating to administrative and nursing functions, the information presented is detailed enough that policies and procedures could be spelled out by the infection committee. In other areas, such as the criteria for defining a hospital-acquired infection and isolation technics, the information is less adequate. Persons needing more information on these subjects would have to be familiar with the material available in the bibliography. If the establishment of a "customary practice" for control of infection is assumed to be a goal, this manual falls short on some counts.

The book is well-printed, easily read and adequately indexed. It should be available to all hospitals.

JOHN H. IVY, M.D.
Elkhart

DEAR DOCTOR

Juliet Lowell, Funk & Wagnalls, New York, N.Y., 1968; 179 pages with illustrations; $3.95.

This highly entertaining book is a collection of letters from patients to doctors in various parts of the country. Some of these letters may appear to be slightly risque but they are all humorous and amusing.

The illustrations are pen sketches which are as funny as are the letters. This is a book that is hard to lay down when you start reading it. It is excellent and amusing for sick persons and for the doctor's waiting room. It is also an ideal gift for a doctor.

DAVID A. BICKEL, M.D.
South Bend

THE MENTALLY ABNORMAL OFFENDER

Ciba Foundation Symposium, edited by A. V. S. deReuck and Ruth Porter, Little, Brown & Co., Boston, Mass., 1968; 260 pages; illustrated; $10.00.

This symposium details the quadrilateral approach of four different disciplines to the same stated topic, namely, the mentally abnormal offender. Psychiatrists, psychologists, sociologists and penologists contribute their respective thinking to the discussion. Not being an expert in any of these fields, I emerged as a somewhat befuddled internist. Just when can a murderer of his parents claim clemency on the grounds of being an orphan? Is the lately well publicized XYY genetic abnormality excuse for "highly immature and irresponsible behavior"?—enough to commute a death sentence for a wholesale murderer?

We all are aware of families in which mothers (usually on welfare) have lived with a succession of shadowy men. Are the children of such mothers to be exonerated of whatever transgressions they commit as they become teeners and older? How can they be contained and who is to say into what channels their crimes can be diverted and by whom?

Extreme mental retardation (for whatever reason) is certainly grounds for life-long detention in an appropriate facility. Does an imbecile or a low grade moron have to perpetrate a heinous crime before he is picked up for disposition?

Anyhow: I was intrigued by the able elucidation of "cyclophrenia" and criminal law. Especially noteworthy was the very able approach to senility and the resulting antisocial behavior. All in all, I read the entire monograph from cover to cover and felt very much enlightened on a topic in which the very basic definitions vary from discipline to discipline. I can recommend it highly. Of course, the binding, printing and paper are worthy of their publisher.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

THE PRINCIPLES AND PRACTICE OF MEDICINE

Seventeenth edition, Harvey, Cluff, Johns, Owens, Rabinowitz, Ross-Appleton, Century, Crofts, 1968; 1472 pages with 59 contributors; $18.75.

Of course, this is the 17th edition of Osler's famous ground breaking text first published in 1892. The 16th edition appeared during World War II; in the intervening one quarter century, so much has changed that this is really a new monograph. The editors are candid about this. The 17th is only a nostalgic tribute to the greatest clinician of the turn of the century.

First, let me say immediately that this splendid work places itself at once in the very vanguard of the best of contemporary efforts in the field. It is the equal of the leaders and in advance of others, no matter how prestigious! Not only are all connected with this enormous updating of things medical to be congratulated, we are also at another watershed in the field of medical teaching!

It all leaves me a bit dated and wistful. As a medical student

Continued

Dear Doctor, Nurse and Receptionist:

If you will mention our shoe store and our corrective Orthopedic Shoemaking to your patients and friends, we will do our very best to please them and help solve their foot and shoe problems.

Shoe Prescription Service for Man, Woman, Child

Heid's

HEALTH SHOE STORE
411 N. ILLINOIS
DRIVE-IN PARKING
INDIANAPOLIS, IND.

AFNB—Midwest Charge
ME5-4247

Continued

in the late twenties, "Osler" was my professional Bible. Now I realize that this 17th edition is destined to be a Bible teaching the students of the closing third of this 20th century of ours. I envy them the joy of learning from its pages

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

Abstracts From Various Literature, Prepared by AMA

ACUTE HEPATIC COMA TREATED BY CROSS CIRCULATION WITH A BABOON AND BY REPEATED EXCHANGE TRANSFUSIONS

S. J. Saunders et al. (University of Cape Town Medical School, Cape Town, South Africa)

Lancet 2:585-588, (Sept. 14), 1968.

A patient in terminal hepatic coma with high brain stem dysfunction was treated by multiple exchange blood transfusions and by cross circulation with a baboon (*Papio ursinus ursinus*) after the animal's blood had been replaced with human blood compatible with that of the patient. Spontaneous respiration was restored by the cross circulation which was free from complications and the patient subsequently became fully conscious and lost all her abnormal neurological signs.

CROSS CIRCULATION BETWEEN MAN AND BABOON

S. C. W. Bosman et al. (S. J. Saunders, University of Cape Town Medical School, Cape Town, South Africa)

Lancet 2:583-585, (Sept. 14), 1968.

The circulating blood volume of a baboon (*Papio ursinus ursinus*) was washed out with Ringer's lactate solution under hypothermia. When all the baboon's blood was removed the Ringer's lactate was replaced with human blood. The animal was then used for a successful and uncomplicated cross circulation with a patient in terminal hepatic coma.

ABDOMINAL VISCERAL INJURIES IN BATTERED CHILDREN

R. J. Touloukian (333 Cedar St., New Haven, Conn.)

Pediatrics 42:642-646, (Oct.), 1968.

Five fatal cases of abdominal visceral injuries in battered children were summarized from the records of the Rhode Island State Medical Examiner's Office and the clinical files of the Rhode Island Hospital in a retrospective study from 1958 to 1967. Duodenal, proximal jejunal, pancreatic, and mesenteric injuries were common findings and were usually accompanied by soft-tissue bruising and ecchymosis. In this respect the patient's general appearance was similar to that of battered children with coincidental craniocerebral and skeletal injuries. The high incidence of visceral injuries near a relatively fixed point is best explained by a punch or blow delivered to the mid-abdomen. A history of trauma inflicted by the parent or guardian is rarely elicited, but the diagnosis of "battering" should be suspected when the severity of the trauma is at variance with the history given. A visceral injury

Continued

ACHROMYCIN® V
TETRACYCLINE

Contraindications: Hypersensitivity to tetracycline.

Warning: In renal impairment, since liver toxicity is possible, lower doses are indicated; during prolonged therapy consider serum level determinations. Photodynamic reaction to sunlight may occur in hypersensitive persons. Photosensitive individuals should avoid exposure; discontinue treatment if skin discomfort occurs.

Precautions: Nonsusceptible organisms may overgrow; treat superinfection appropriately. Tetracycline may form a stable calcium complex in bone-forming tissue and may cause dental staining during tooth development (last half of pregnancy, neonatal period, infancy, early childhood).

Side Effects: *Gastrointestinal*—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. *Skin*—maculopapular and erythematous rashes; exfoliative dermatitis; photosensitivity; onycholysis, nail discoloration. *Kidney*—dose-related rise in BUN. *Hypersensitivity reactions*—urticaria, angioneurotic edema, anaphylaxis. *Intracranial*—bulging fontanels in young infants. *Teeth*—yellow-brown staining; enamel hypoplasia. *Blood*—anemia, thrombocytopenic purpura, neutropenia, eosinophilia. *Liver*—cholestasis at high dosage.

Upon adverse reaction, stop medication and treat appropriately.

Lederle

LEDERLE LABORATORIES
A Division of
American Cyanamid Company
Pearl River, New York 10965

359-8

Suspected tetracycline-sensitive infection?

While waiting for the results of the sensitivity test, start the therapy likely to succeed...

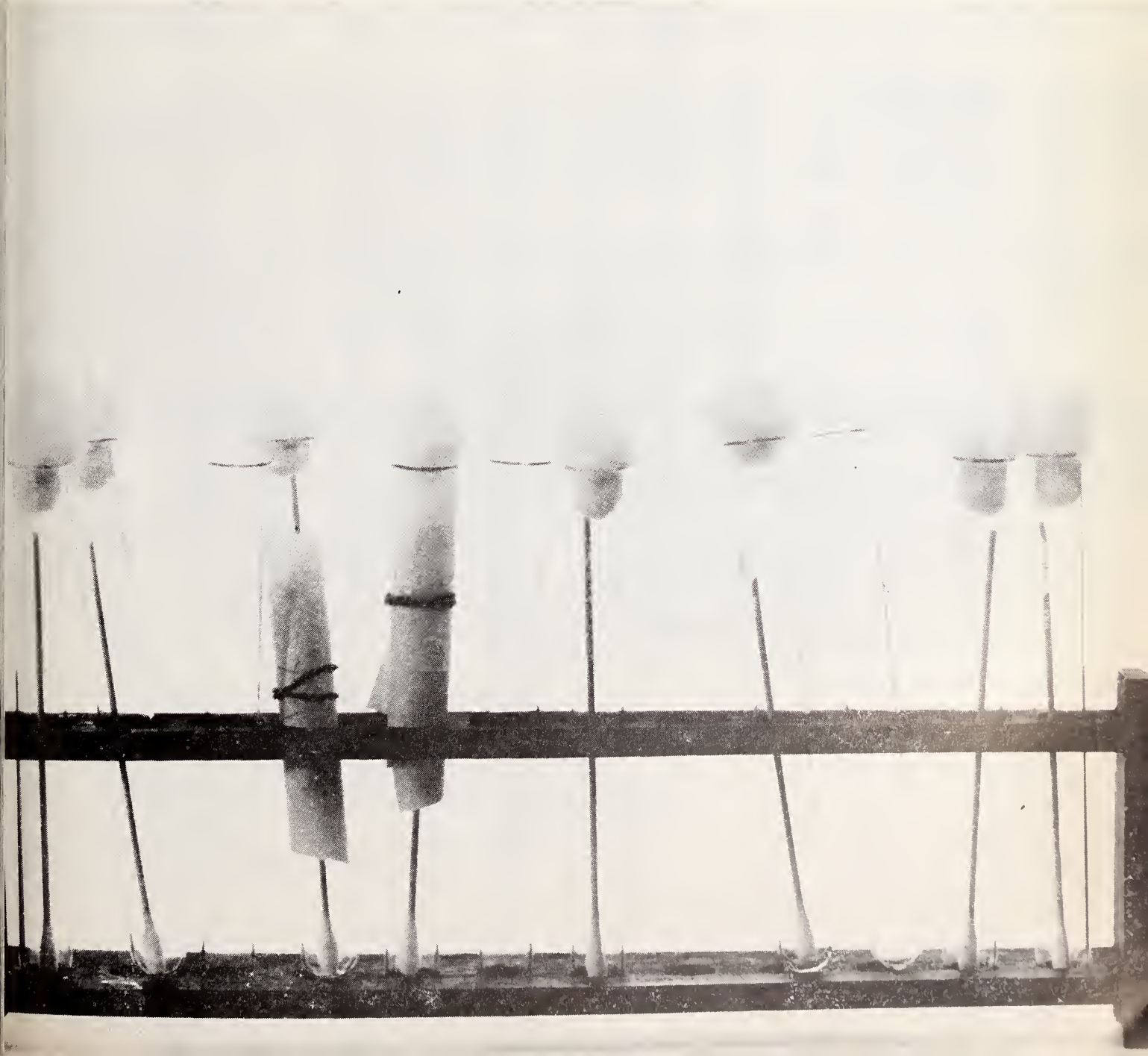
Although of course it can't replace routine sensitivity testing, your prescription for ACHROMYCIN® V, in a way, provides the ultimate test of therapy under rigorous *in vivo* conditions.

Because ACHROMYCIN® V is effective in treating so many common infections—caused by strains of tetracycline-sensitive organisms—doesn't *stat* dosage of this time-tested antibiotic make good sense?

←Prescribing Information

ACHROMYCIN® V
TETRACYCLINE
Lederle

The price differential is inconsequential.



ABSTRACTS, BOOKS

Continued

should be suspected when any abused child has abdominal complaints, and a complete evaluation conducted similar to that given a patient sustaining a known blunt abdominal trauma.

BREAST CANCER AFTER EXPOSURE TO ATOMIC BOMBINGS OF HIROSHIMA AND NAGASAKI

C. K. Wanebo et al. (K. G. Johnson, Department of Public Health, Cornell University Medical College, New York)

New. Eng. J. Med. 279:667-671, (Sept. 26), 1968.

Information on breast cancer among survivors of the atomic bombings has now accumulated to the point where a fairly definite carcinogenic effect seems established. In women exposed to 90 rads or more, breast cancer developed at two to four times the rates observed in the comparison group of the study sample and in the reported rates for Miyagi Prefecture. The onset of breast cancer relatively early in life, before the menopause, distinguished the irradiated group of patients from the group of female controls.

ADVERSE NON-DRUG REACTIONS

M. M. Reidenberg and D. T. Lowenthal (Temple University School of Medicine, Philadelphia)

New Eng. J. Med. 279:678-679, (Sept. 26), 1968.

Healthy university students and hospital staff taking no medications were surveyed by questionnaire to obtain data on the occurrence of many symptoms often listed as side effects of drugs. Of 670 people surveyed, 414 indicated that they had had no illness and had taken no medications during the previous three days. Only 19% of the 414 stated that they had experienced none of 25 listed symptoms in the previous 72 hours. The median number of symptoms experienced per person was two; 30 people experienced six or more of these symptoms. In the study of adverse drug reactions, proper controls are just as important as in any other form of research.

REPEATED ISOGENIC TRANSPLANTS IN BONE MARROW FAILURE

L. E. Harvey and B. G. Firkin (University of Sydney, Sydney, Australia)

Med. J. Aust. 2:538-539, (Sept. 28), 1968.

A woman, 32 years of age, with severe marrow hypoplasia was treated with prednisone and norethisterone acetate and three liters of packed cells were transfused during the first two months in the hospital. Then, marrow was aspirated from the iliac crests of her healthy twin sister and infused intravenously into the patient. The procedure was repeated eight weeks later. The blood picture improved but four months later it began to worsen again. The patient was started on oxymetholone and the third transplant was infused. The reticulocyte count rose to 5% on the ninth day and to 12% on the 19th day. In this time, the hemoglobin value rose to 17 gm/100 ml, the neutrophil count recovered to 50%, and the platelet count reached 80,000/cu mm on the 14th day. Three months later the platelet count was within normal limits. During the next 15 months, oxymetholone and prednisone were reduced. The patient has a normal hemoglobin value, white-cell count and bone marrow picture. ◄

A hospital for the diagnosis and treatment of psychiatric illness

WABASH VALLEY HOSPITAL

(a not for profit corporation)

2900 North River Road (State Road 43 north)

West Lafayette, Indiana 47906 Phone 317-463-2555

Active Psychiatric Staff	(Phone)
W. R. VanDenBosch, M.D.	447-6404
David L. Evans, M.D.	447-9155
Joe M. Martin, M.D.	463-2695
Edgar C. Stuntz, M.D.	
Limited private practice	
John H. Wilms, M.D.	
F. H. Spurlock, M.D.	749-2441
Alfred R. Heasty, M.D.	

Robert K. Jones, Ph.D.
Clinical Psychologist

Mrs. Margaret Keedy, A.C.S.W.
Psychiatric Social Worker

Elizabeth J. Snyder, R.N.
Director of Nursing Service

James Jones, B.P.E.
Director of Activity Therapy

Donald R. Kinzer, Hospital Administrator

John Sterzer, Business Manager

Admissions are arranged through referral to any active staff psychiatrist.

All general medical and surgical specialties in the community are available through physicians on the open consulting staff.

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date July 13-17, 1969
Place New York, N. Y.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA ORTHOPEDIC SOCIETY
Date March 28-29, 1969
Place Lafayette

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of the month October through May, excluding December
Place The Athenaeum, Indianapolis

AMERICAN COLLEGE OF SURGEONS INDIANA CHAPTER
Date April 17-19, 1969
Place Purdue University, West Lafayette

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 15-17, 1969
Place Evansville

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date April 30-May 1, 1969
Place Imperial House, Columbus

INDIANA CHAPTER OF AMERICAN ACADEMY OF PEDIATRICS
Date May 14-15, 1969
Place Stouffer Inn, Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 10-14, 1969
Place Murat Temple and Essex House Motel, Indianapolis

INDIANA PUBLIC HEALTH ASSOCIATION, INC.
Date April 22-24, 1969
Place Stouffer Inn, Indianapolis

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 13-16, 1969
Place Indianapolis

INDIANA ROENTGEN SOCIETY
Date May 4, 1969
Place Holiday Inn, Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 24, 1969
Place Marott Hotel, Indianapolis

INDIANA STATE LICENSED PRACTICAL NURSES' ASSOCIATION, INC.
Date May 5-9, 1969
Place Robert Lee Motel, New Albany

INDIANA STATE NURSES ASSOCIATION
Date October 16-18, 1969
Place Civic Auditorium, Evansville

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — December, 1968

Disease	Dec. 1968	Nov. 1968	Oct. 1968	Dec. 1967	Dec. 1966
Animal Bites	350	666	687	400	495
Chickenpox	775	461	130	505	350
Conjunctivitis	77	94	54	59	63
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	58	14	23	124	30
Gonorrhea	466	634	497	461	579
Impetigo	102	197	183	120	110
Infectious Hepatitis	45	60	33	43	43
Infectious Mononucleosis	64	106	82	89	53
Influenza	57136	1232	890	2944	644
Measles					
Rubeola	33	16	15	35	52
Rubella	79	59	64	27	40
Meningitis, Meningococcal	4	4	1	1	4
Meningitis, Other	7	6	1	1	4
Mumps	364	185	105	337	306
Pertussis (whooping cough)	6	13	13	7	17
Pneumonia	553	311	189	204	240
Poliomyelitis (onset 9-1-68)	1	1	0	0	1
Streptococcal Infections	642	551	368	692	472
Syphilis					
Primary & Secondary	21	34	32	28	3
All Other Syphilis	78	169	117	106	95
Tinea Capitis	14	6	9	8	15
Tuberculosis (Active)	89	80	80	88	128

in the treatment of
IMPOTENCE



Android®
(thyroid-androgen) TABLETS

*Effectiveness confirmed by another double blind study**

1. SUMMARY
ANDROID — GOOD TO EXCELLENT 75%
PLACEBO — 20%

2. Forty cases reported.
3. Cites synergism between androgen and thyroid.
4. No side effects in patients treated.
5. Alleviation of fatigue noted
6. Case histories on 4 patients.
7. Although psychotherapy still needed, role of chemotherapy cannot be disputed.

*"Sexual impotence treatment with methyl testosterone – thyroid (ANDROID) a double blind study" – Montesano, Evangelista: Clinical Medicine, April 1966.

CONTRAINDICATIONS—Methyl testosterone is not to be used in malignancy of reproductive organs in male, coronary heart disease. Thyroid is not to be used in heart disease, hypertension unless the metabolic rate is low.

Choice of 4 strengths

Android
Each yellow tablet contains:
Methyl Testosterone . . 2.5 mg.
Thyroid Ext. (1/6 gr.) . . 10 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-HP
HIGH POTENCY
Each red tablet contains:
Methyl Testosterone . . 5.0 mg.
Thyroid Ext. (½ gr.) . . . 30 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY
Each orange tablet contains:
Methyl Testosterone . 12.5 mg.
Thyroid Ext. (1 gr.) 64 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C
Each white tablet contains:
Methyl Testosterone . . 2.5 mg.
Thyroid Ext. (¼ gr.) . . . 15 mg.
Ascorbic Acid (Vit. C) . 250 mg.
Thiamine HCL 25 mg.
Glutamic Acid 100 mg.
Pyridoxine HCL 5 mg.
Niacinamide 75 mg.
Calcium Pantothenate . 10 mg.
Vitamin B-12 2.5 mcg.
Riboflavin 5 mg.
Dose: 2 tablet twice daily.
Available: Bottles of 60, 500.

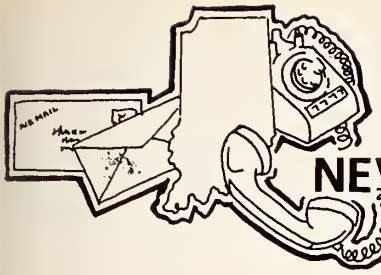
Write for literature and samples:
BROWN THE BROWN PHARMACEUTICAL CO.
2500 W. 6th St., Los Angeles, Calif. 90057

REFER TO PDR

also available with ESTROGEN

Android-E
Each Tablet Contains:
Methyl Testosterone 2.5 mg.
Ethinyl Estradiol 0.02 mg.
Thyroid Ext. (1/6 gr.) 10 mg.
Thiamine Hydrochloride 10 mg.
Glutamic Acid 50 mg.

INDICATIONS: Advantage is taken of the anabolic action of ANDROID without its virilizing effect. Estrogen balances the androgen—only steroid effect remains. Geriatrics, post-operative and debilitating disease, osteoporosis. **DOSE:** One tablet t.i.d. Female patients should have a rest period 5 to 7 days after 21 days of medication. **SIDE EFFECTS:** In the female, excessive dosage may produce virilizing effects of most androgens: hoarseness, hirsutism, enlarged clitoris. Symptoms can be avoided by keeping the dosage below 300 mg. of testosterone per month. **CONTRA-INDICATIONS:** See Android. Ethinyl estradiol is not to be used in latent malignancy of reproductive organs or mammary glands.



NEWS NOTES

AMA Board of Trustees Announces Council and Committee Appointments

The Board of Trustees of the AMA announces appointments to AMA councils and committees as follows:

Frederic W. Brown, Fort Wayne, recommended for reappointment to the Council on Health Manpower. **Donald E. Wood, Indianapolis,** will occupy an ex-officio position on the same council because of his membership on the Council on Legislative Activities.

Donald E. Wood, Indianapolis, was reappointed to the Council on Legislative Activities and will continue as its chairman.

Neal E. Baxter, Bloomington, was reappointed as chairman of the Committee on Aerospace Medicine, and was also appointed to its basic council, the Council on Occupational Health.

Norman R. Booher, Indianapolis, was reappointed to the Council on Voluntary Health Agencies.

C. G. Culbertson, Indianapolis, was reappointed as chairman of the Committee on Blood.

Eugene S. Rifner, Van Buren, was reappointed to the Committee on Planning and Development.

Ross T. Alexander, Indianapolis, was appointed as alternate to represent the American Academy of Neurology on the Interspecialty Committee, and **Wallace Buchanan, South Bend,** will be the principal representative of the American College of Radiology on the same committee.

Earl W. Mericle, Indianapolis, is retiring from the Committee on Alcoholism and Drug Dependence.

Dr. Martz Assumes Presidency

Dr. B. L. Martz, Indianapolis, has assumed the office of president of the American College of Cardiology for 1969-70, and also begins a five-year term as trustee of the college. Dr. Martz is director of clinical research for Eli Lilly & Company, a former president of the Indiana Heart Association and a member of the American Heart Association.

John Shaw Billings History of Medicine Society March Meeting

"The Sad History of Medical Journalism" will be the topic of the speaker at the March 12th meeting of the John Shaw Billings History of Medicine Society. Speaker will be Dr. S. O. Waife, Director, Medical Communications Division of Eli Lilly & Company.

Each program is preceded by a social hour and dinner on the mezzanine of the Student Union Building, Indiana University Medical Center, Indianapolis, beginning at 6:30 p.m.

Doctors Attend Meeting

Drs. Maurice Glock and John Farquhar, Fort Wayne, recently attended the Second National Congress on the Socio-Economics of Health Care held in Chicago.

Dr. Shumacker, Jr. is Speaker

Dr. Harris B Shumacker, Jr., former chairman of the department of surgery at the Indiana University School of Medicine, discussed the "Frontier in Heart Surgery" at a recent annual conference of Indiana Health Careers Inc. in North Methodist Church, Indianapolis.

Supplemental Booklet on Smoking Now Available to Physicians

"The Health Consequences of Smoking", the 1968 supplement to the 1967 Public Health Service Review, is the latest scientific report on smoking and health. It confirms and strengthens the conclusions of two earlier reports, those of 1964 and 1967 on the same subject.

It may be obtained at 55 cents per copy by writing the Superintendent of Documents, Government Printing Office, Washington, D. C. 20402.

Dr. Beeler Named

Dr. John Beeler, Indianapolis, has been elected first vice-president of the Radiological Society of North America. The group met in Chicago in December.

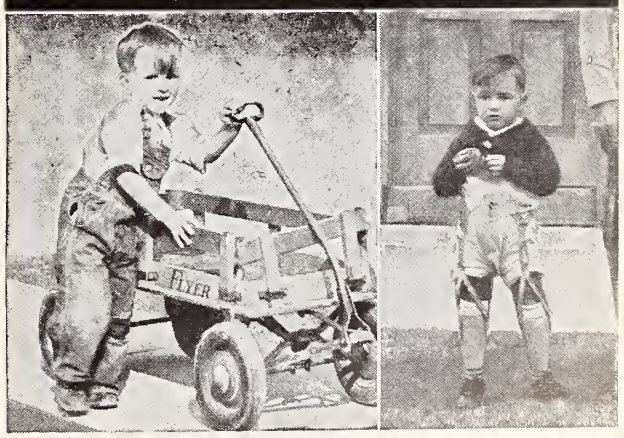
Discusses FLEX

Dr. Lall G. Montgomery, Muncie, who is a member of the Institute Committee and the Test Committee of the Federation of State Medical Boards of the United States, discussed the Federation Licensing Examination (FLEX) at the federation's annual meeting this month.

Dr. Montgomery spoke on "Projections for 1969." **Dr. P. T.**

Continued

"... he runs and plays again!"



Hanger Prosthetic Appliances have brightened the present and the future for many amputees. For example, Weaver Nolt says: "My son, Lloyd, was a pathetic figure in a big hospital bed after his legs were amputated because of an accident. Today it's a big and wonderful world again as he gets along so wonderfully on his Hanger Legs. He walks without any help, and runs and pushes his wagon all over the farm. That other day is just a hazy memory, and we are so pleased things are so different than we expected.

Hanger PROSTHETIC

1529 N. Illinois St., Indianapolis, Ind. 46202
3108 Burnet Avenue, Cincinnati, Ohio 45229
3004 S. Wayne Ave., Ft. Wayne, Ind. 46207
416 N. Main Street, Evansville, Indiana 47711

Continued

Lamey, Anderson, is the president-elect of the federation, and presided at the luncheon meeting on February 8.

Dr. Thomas Reassigned

Dr. Morris C. Thomas, formerly of Indianapolis, and recently director of the VA hospital at Syracuse, New York has been reassigned as director of the Erie, Pa., VA hospital. Dr. Thomas is a native of Danville, Indiana, and graduated from the I.U. School of Medicine in 1930.

Dr. Brucker is Speaker

Dr. Perry A. Brucker, Fort Wayne, recently spoke on "Plastic and Reconstructive Surgery" at the District One Nurses' Association, ISNA, at English Hall, Parkview Memorial Hospital Nurses' Residence, Fort Wayne.

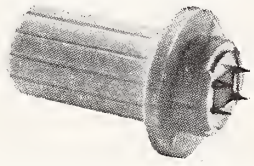
Dr. Zeier Gives Talk

Dr. Francis G. Zeier, Evansville, recently spoke on the S. S. HOPE, a medical mission ship which travels yearly to different nations, to the Civian Club in Evansville.

Dr. Benson Gives Talk

Dr. Thomas Benson, Indianapolis obstetrician and gynecologist, presented a discussion and answer period following the films "BSE" (Breast Self Examination) and "Time and Two Women" at the recent meeting of the women of the YMCA in Fellowship and Service (WYFS) at the Krannert Family YMCA.

Tuberculosis? Influenza?
Pneumonia? Leukemia?
Hodgkin's Disease? Syphilis?
Systemic Fungal Diseases?
Chronic Chest Diseases?
or
HISTO?
(Histoplasmosis—"The Masquerader")



A new aid in differential diagnosis
HISTOPLASMIN, TINE TEST
(Rosenthal)
The LEDERTINE™ Applicator with the Blue Handle

Precautions—Nonspecific reactions are rare, but may occur. Vesiculation, ulceration or necrosis may occur at test site in highly sensitive persons. The test should be used with caution in patients known to be allergic to acacia, or to thimerosal (or other mercurial compounds).

Lederle

Ask your representative for details or write Medical Advisory Dept., Lederle Laboratories, Pearl River, New York 10965. 406-8

Re-elected Chairman

Howard G. Lytle, L.H.D., of Indianapolis, has been re-elected as chairman of the Commission on Accrediation of Rehabilitation Facilities, of which **John D. Porterfield, M.D.,** is the director.

Chairman Lytle represents the National Association of Sheltered Workshops and Homebound Programs on the Board of Directors. Directors are also selected from the Association of Rehabilitation Centers and at-large.

Dr. Rudolph Elected

Dr. Rosser A. Rudolph, Geneva pathologist and laboratory director at the Jay County Hospital, has been elected president of the Jay County Cancer Society.

Dr. Thornton is Speaker

Dr. Maurice J. Thornton, South Bend, lead a discussion following a film showing at the St. Joseph Cancer Society of St. Joseph County at the recent meeting of the Daughters of Isabella.

Dr. Dukes Speaks

Dr. Betty Dukes, Dugger, spoke on "Mental Health in the Community" at a recent meeting of District 3, Indiana State Nurses Association, in Terre Haute.

Dr. Hoyte is Speaker

Dr. John M. Hoyte, director of Howard County Guidance Center, discussed "The Emotional Aspects of Diabetes" at a recent meeting of the Howard County Diabetes Association.

Doctors Named

Drs. William S. Mullican, Evansville, and Richard R. Horswell, Lafayette, have been elected associates in the American College of Physicians.

Dr. Mernitz Honored

Dr. Roland B. Mernitz, Jr., Wabash, has been selected a diplomate by the American Board of Surgery, Inc., Philadelphia, Pa.

Dr. Work Appointed

Dr. Bruce A. Work, Frankfort, has been appointed Clinton County health officer.

Dr. Pickett Speaks

Dr. Robert O. Pickett, Indianapolis, discussed "Nutritional Improvement of Man's Basic Foods" at a recent meeting of the Lafayette Kiwanis Club.

Dr. Rheinheimer is Speaker

Dr. Floyd L. Rheinheimer, Milford, spoke at the Milford Christian Church recently on "A Christian Doctor Views Heart Transplants."

Dr. Thompson is Elected

Dr. Wayne H. Thompson, Indianapolis, has been elected president of the Community Hospital medical staff to succeed **Dr. Gordon C. Jones.** Other staff officers this year will be **Dr. William N. Ellis,** vice-president, and **Dr. Gordon C. Jones,** secretary-treasurer.

r. Petty Named

Dr. Charles S. Petty, Indianapolis, Professor of Pathology, U. School of Medicine, was elected to a two-year term on the xecutive Committee of the National Association of Medical xaminers at its first meeting recently in Chicago. Dr. Milton elpern, chief medical examiner of New York City was chosen president.

r. Azar Gives Talk

Dr. E. M. Azar, Valparaiso physician, recently spoke to embers of the TOPS Club at the Porter County YMCA.

r. Jackson to Serve

Dr. John F. Jackson, Fort Wayne anesthesiologist, has reived a call from the board of missions of the Lutheran Church, issouri Synod, to serve three months in Nigeria where he will a member of a Nigerian Medical Relief team working under uthority of the International Committee of the Red Cross.

r. Wood Appointed

Dr. Donald E. Wood, Indianapolis, physician and past esident of the Indiana State Medical Association, has been ppointed to the board of directors of the American United Life nsurance Co.

r. Montgomery is Speaker

Dr. Lall G. Montgomery, pathologist at Ball Memorial Hostal in Muncie, spoke on "Medical Laboratories and Their Inuence on the Development of Modern Medicine and its Applican to the Health Care of People" at a recent meeting of the Delta Chapter of the Indiana Society of Professional Engineers at the Ball State University Student Center.

Dr. Baxter Named

Dr. Neal E. Baxter, Bloomington, has been reappointed chairman of the committee on aerospace medicine of the Council on Occupational Health of the American Medical Association.

Dr. Morrison Elected

Dr. Lewis E. Morrison, Indianapolis, has been elected president of the American Society of O & O Allergy.

Dr. Kobak Gives Talk

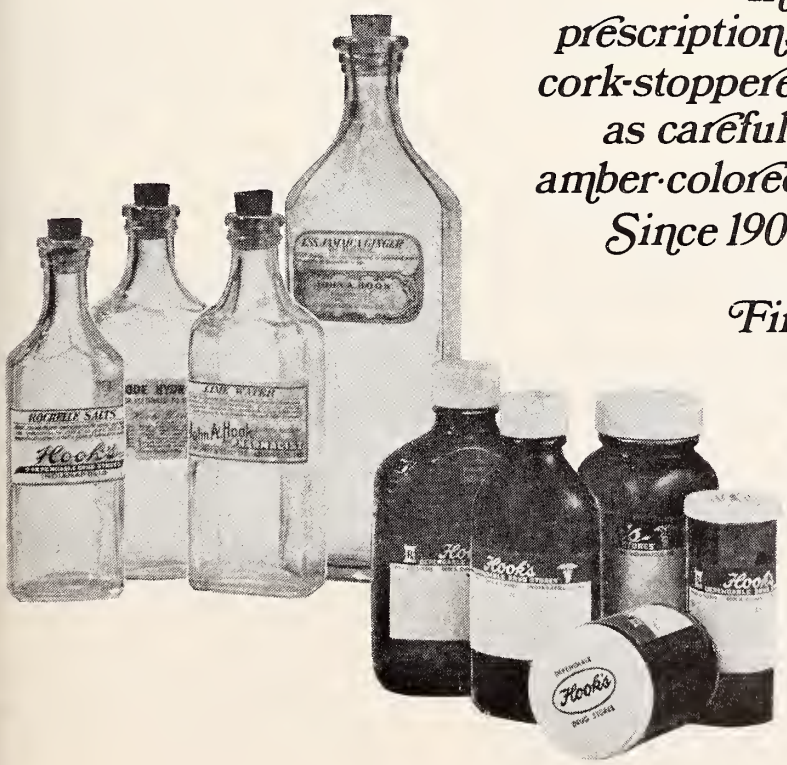
Dr. Alfred J. Kobak, Valparaiso obstetrics and gynecology specialist, recently headlined a program at the Third Annual Mayor's Prayer Breakfast. His topic was "Time for Prayer."

Dr. Crates Named

Dr. G. C. Crates, Denver, has been named chief of staff of Dukes Hospital's medical staff for 1968. Other officers include Dr. Harold E. Rendel, Peru, vice-president and Dr. Lloyd L. Hill, secretary.

Dr. Norris Guest Speaker

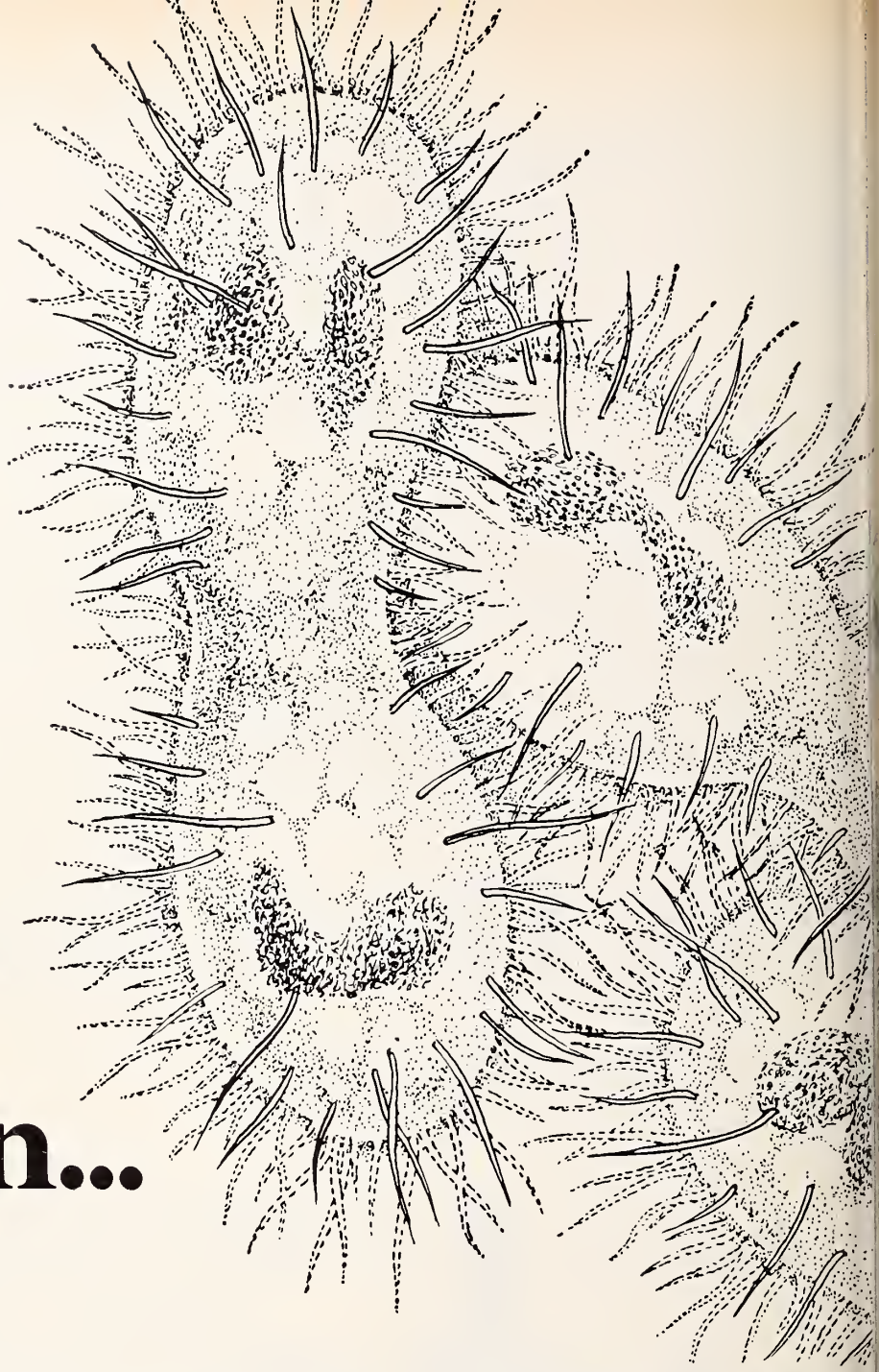
"Tenacity and perserverance—not necessarily brilliance—bring success," members of the Crawfordsville Kiwanis Club and their guests were told at a recent meeting by **Dr. Max Norris of Indianapolis,** president of the Indiana Council of the Boy Scouts of America. Dr. Norris spoke as part of the Civic Day observance by the Boy Scouts. ◄



In 1900, we poured our prescriptions carefully into old-fashioned, cork-stoppered bottles. Today, they go... just as carefully... into modern, protective amber-colored containers. Why? It's simple. Since 1900, Hooks has always been...

First of all, Drug Stores

Hook's
DEPENDABLE DRUG STORES



A high index of suspicion... E. coli

How high is the "index of suspicion" for *E. coli* in urinary tract infections?

Recently it has been estimated that about 86 per cent of positive cultures in first attacks of urinary tract infection are *E. coli*.[1] It has also been noted that "The coliform group, especially *E. coli*, accounts for approximately 90 per cent of initial infections...."[2]

Consider wide-spectrum Gantanol® (sulfamethoxazole) for its high "index of confidence"—its proven effectiveness against *E. coli* and other sensitive gram-negative and gram-positive organisms. Therapeutic levels of Gantanol in blood and urine are achieved within 2 hours after a 2-Gm starting dose, with ready diffusion into interstitial fluids. Responsive infections generally clear within 5 to 7 days, with relief of symptoms usually seen within 24-48 hours.

Gantanol also earns its high "index of confidence" because Gantanol therapy is relatively free from complications, including the problem of bacterial resistance or superinfection.

Convenient, economical dosage schedule: *b.i.d.*

References: 1. Vernier, R. L., in Patient Care Feature: *Patient Care, 1*:20 (Feb.) 1967. **2.** Beeson, P. B.: "The Infectious Diseases," in Beeson, P. B., and McDermott, W. (eds.): *Cecil-Loeb Textbook of Medicine*, ed. 12, Philadelphia, W. B. Saunders Company, 1967, p. 230.

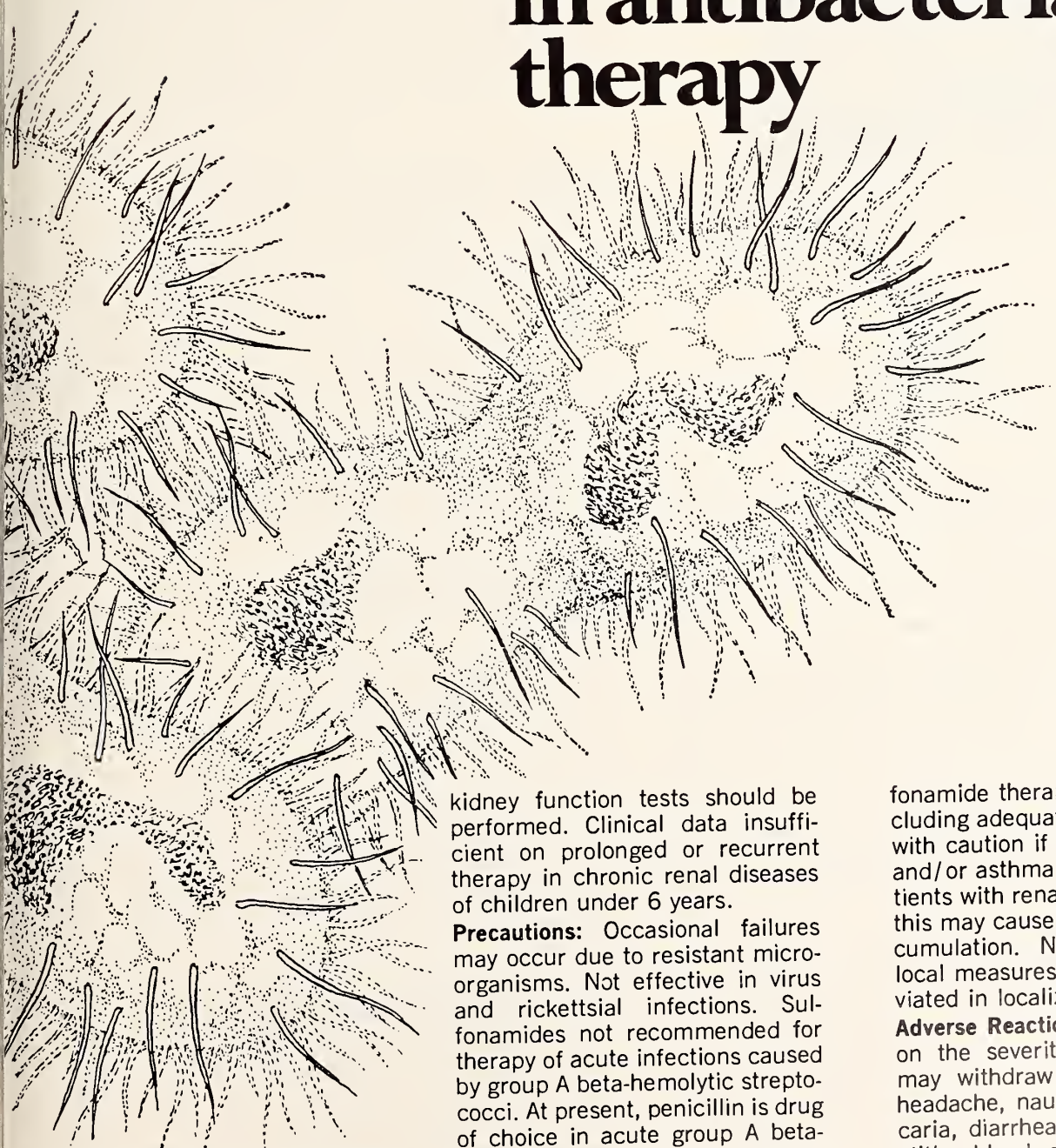
Before prescribing, please consult complete product information, a summary of which follows:

Indications: Acute and chronic urinary tract, respiratory and soft tissue infections due to susceptible microorganisms; prophylactically following diagnostic instrumental procedures on genitourinary tract.

Contraindicated in sulfonamide-sensitive patients, pregnant females at term, premature infants, or newborn infants during first 3 months of life.

Warnings: Use only after critical appraisal in patients with liver or renal damage, urinary obstruction or blood dyscrasias. Deaths reported from hypersensitivity reactions, Stevens-Johnson syndrome, agranulocytosis, aplastic anemia and other blood dyscrasias. In closely intermittent or prolonged therapy, blood counts and liver and

For a high index of confidence... Gantanol® (sulfamethoxazole) in antibacterial therapy



Artist's rendition of E. coli. As with most strains of E. coli, these have flagella and are motile.

kidney function tests should be performed. Clinical data insufficient on prolonged or recurrent therapy in chronic renal diseases of children under 6 years.

Precautions: Occasional failures may occur due to resistant microorganisms. Not effective in virus and rickettsial infections. Sulfonamides not recommended for therapy of acute infections caused by group A beta-hemolytic streptococci. At present, penicillin is drug of choice in acute group A beta-hemolytic streptococcal infections; although Gantanol has produced favorable bacteriologic conversion rates in this infection, data insufficient on long-term follow-up studies as to its effect on sequelae of rheumatic fever or acute glomerulonephritis. If other treatment cannot be used and Gantanol is employed in such infections, *important that therapy be continued in usual recommended dosage for at least 10 days*. Observe usual sulfonamide therapy precautions, including adequate fluid intake. Use with caution if history of allergies and/or asthma. Follow closely patients with renal impairment since this may cause excessive drug accumulation. Need for indicated local measures or surgery not obviated in localized infections.

Adverse Reactions: Depending upon the severity of the reaction, may withdraw drug in event of headache, nausea, vomiting, urticaria, diarrhea, hepatitis, pancreatitis, blood dyscrasias, neuropathy, drug fever, Stevens-Johnson syndrome, skin rash, injection of the conjunctiva and sclera, petechiae, purpura, hematuria and crystalluria.

ROCHE
Roche
LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

FUTURE MEETINGS, SEMINARS, COURSES

The University of Chicago Course on "Acute Abdomen" Listed

A postgraduate course on "The Acute Abdomen" is being offered by the University of Chicago Hospitals and Clinics on March 12.

If you would like additional information, write: Frontiers of Medicine, The University of Chicago, 950 E. 59th St., Chicago 60637.

Eighth Annual Congress of Gerontology to Meet in Washington

The 8th International Congress of Gerontology will meet in Washington, D. C. on August 24 to 29. Full details may be obtained by writing the Congress at 9650 Rockville Pike, Bethesda, Maryland 20014.

Symposium on Public Health Aspects of Nuclear Explosives

A Symposium on Public Health Aspects of Peaceful Uses of Nuclear Explosives will be sponsored by the Public Health Service at the Frontier Hotel in Las Vegas on April 7 through 11. The registration fee is $10.

For details write Symposium Committee, P. O. Box 15027, Las Vegas, Nevada 89114.

Four Postgraduate Courses Listed by Cleveland Clinic

Four postgraduate courses are listed in the month of March by the Cleveland Clinic Educational Foundation.

First will be a course on "Advances in Urology and Nephrology" on March 5 and 6; "Newer Concepts of Surgical Treatment of Colon and Rectal Disease" will be given March 12 and 13; "Medical Microbiology" on March 19 and 20 and "Medical Progress and its Relation to Dentistry" will be given on March 26 and 27.

Further information and programs may be obtained by writing to the Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106.

University of Colorado Offers Postgraduate "Ultrasound" Course

The University of Colorado will conduct a postgraduate course in "Diagnostic Ultrasound" on March 10-12, at Denver.

The program will be presented by both the Colorado faculty and guest speakers. Registration and tuition fees and further information on the course may be obtained by writing Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220.

"Diagnosis and Care of the Battered Child" Topic of Meeting

"Diagnosis and Care of the Battered Child" will be the subject of a two-day symposium at Denver, Colorado, on May 22 and 23.

For details write the Office of Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. Ninth Ave Denver 80220.

National Conference on Breast Cancer Set for May in Washington

The National Conference on Breast Cancer will be conducte at the Shoreham Hotel in Washington, D.C. on May 8 to 10.

A multidisciplinary review of the problem will be presented There is no registration fee. Preregistration is requested. Writ Roald Grant, M.D., American Cancer Society, 219 E. 42nd St. New York City 10017.

Eighth Colloquium for Postgraduate Teaching of Psychiatry March 22-23

The Eighth Colloquium for Postgraduate Teaching of Psychiatry will be held at the Hilton Hotel, Pittsburgh, on March 22 and 23.

The registration fee of $30.00 will cover all sessions, one lunch and one cocktail party. Inquire from the American Psychiatric Association, 1700 Eighteenth St., N. W., Washington, D.C. 20009.

World Conference on Cancer Of the Uterus is Scheduled

A World Conference on Cancer of the Uterus will be conducted at the Hotel Jung in New Orleans on March 2 to 5. All interested physicians are invited to attend.

Tuberculosis Courses Set By the Public Health Service

Courses on "Clinical Management and Control of Tuberculosis" will be conducted by the Public Health Service at the Battey State Hospital, Rome, Georgia, on several occasions in the future. The course will provide the latest knowledge available concerning the diagnosis, treatment and control of tuberculosis. It is acceptable for 77 elective hours credit with AAGP.

The course runs for about two weeks and will start on May 5, July 21, October 6 and December 1 this year. There is no tuition fee. Applications must be received for processing at least six weeks in advance of a particular course. Write the Tuberculosis Program, National Communicable Disease Center, Atlanta, Georgia 30333.

New Orleans Graduate Medical Assembly 31st Annual Meeting

The New Orleans Graduate Medical Assembly will hold its 31st annual meeting at the Roosevelt Hotel in New Orleans on March 10 to 13. The program is acceptable for 3½ prescribed hours and 28 elective hours by the American Academy of General Practice.

Fifty informative discussions on many topics will be presented. There will be a CPC, roundtable luncheons, medical motion pictures and technical exhibits. The registration fee of $30 covers all activities. Address the Assembly at 1432 Tulane Ave., New Orleans 70112.

ostgraduate Course in aryngology, Bronchoesophagology

The Department of Otolaryngology of the Illinois Eye and Ear nfirmary and the College of Medicine of the University of Illinois t the Medical Center, will conduct a postgraduate course in aryngology and Bronchoesophagology from April 14 through pril 25. This course is limited to 15 physicians and will be under he direction of Paul H. Holinger, M.D. It will be held largely at he new Illinois Eye and Ear Infirmary, 1855 West Taylor Street, hicago, and will include visits to a number of Chicago hospitals. nstruction will be provided by means of animal demonstrations nd practice in bronchoscopy and esophagoscopy, diagnostic and urgical clinics, as well as didactic lectures.

Interested registrants please write directly to the Department of tolaryngology, College of Medicine, University of Illinois at the Medical Center, Postoffice Box#6998, Chicago, Illinois 60680.

Obstetrician-Gynecologists to Meet in Florida April 28-May 1

The 17th Annual Clinical Meeting of the American College of Obstetricians and Gynecologists will be held at the Americana Hotel in Bal Harbour, Florida, April 28 to May 1.

Twelve postgraduate courses will be conducted on April 26 and 27. All physicians, regardless of specialty, are invited to attend.

Registration fee for non-members of the College is $50 for the clinical meeting and $45 for the postgraduate courses. For more information write Meeting Services Department of the College, 79 W. Monroe, Chicago 60503. ◄

To fight TB- find it first!

Make tuberculin testing routine with every physical examination.



TUBERCULIN, TINE TEST (Rosenthal)

Side effects are possible but rare: vesiculation, ulceration, or necrosis at test site. Contraindications: none, but use with caution in active tuberculosis. Available in 5's and 25's.

Lederle

330—8/6135

HIGHLAND HOSPITAL

ASHEVILLE, NORTH CAROLINA

Founded 1904

A DIVISION OF THE DEPARTMENT OF PSYCHIATRY OF DUKE UNIVERSITY

Accredited by the Joint Commission on Accreditation and Certified for Medicare

Complete facilities for evaluation and intensive treatment of psychiatric patients, including individual psychotherapy, group therapy, psychodrama, electro-convulsive therapy, Indoklon convulsive therapy, drugs, social service work with families, family therapy, and an extensive and well organized activities program, including occupational therapy, art therapy, athletic activities and games, recreational activities and outings. The treatment program of each patient is carefully supervised in order that the therapeutic needs of each patient may be realized.

High school facilities for a limited number of appropriate patients are now available on grounds. The School Program is fully integrated into the hospital treatment program and is accredited through the Asheville School System.

Complete modern facilities with 85 acres of landscaped and wooded grounds in the City of Asheville.

Brochures and information on financial arrangements available

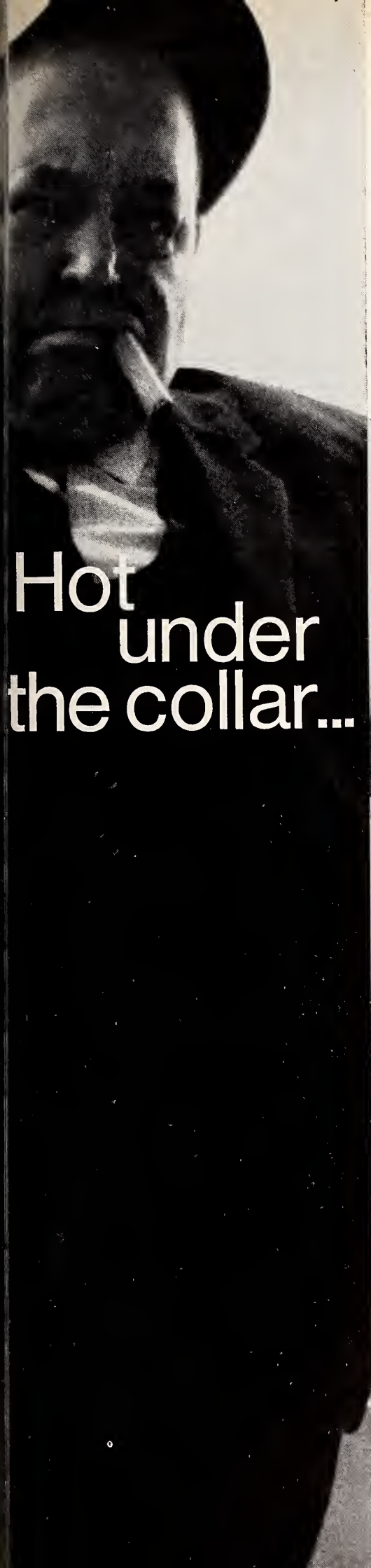
Contact: Mrs. Elizabeth Harkins, ACSW, Coordinator of Admissions

or

Charles W. Neville, Jr., M.D.

Assistant Professor of Psychiatry and Medical Director

Area Code 704-253-2761



Hot under the collar...

high under the cuff.

Sometimes
he forgets he has hypertension, gets hot under the collar...high under the cuff.

For such
patients, consider **Regroton®**

chlorthalidone	50 mg.
reserpine U.S.P.	0.25 mg.

To lower blood pressure
and allay anxiety in hypertension.

For brief summary of prescribing information, see next page.

RE-6392

Regroton®

Geigy

chlorthalidone 50 mg.
reserpine U.S.P. 0.25 mg.

the once-a-day tablet for anxious hypertensives

Regroton is a combination of two basic antihypertensives designed to lower blood pressure and allay anxiety in hypertension. With Regroton he can keep his shirt on and you can keep his blood pressure down.

Before prescribing, please review carefully the indications, contraindications, warning, precautions, adverse reactions and dosage information below.

Regroton®
Each tablet contains:
chlorthalidone 50 mg.
reserpine U.S.P. 0.25 mg.

Indications: Hypertension.
Contraindications: History of mental depression, hypersensitivity, and most cases of severe renal or hepatic diseases.
Warning: With the administration of enteric-coated potassium supplements, which should be used only when adequate dietary supplementation is not practical, the possibility of small-bowel lesions (obstruction, hemorrhage, and perforation) should be kept in mind. Surgery for these lesions has frequently been required and deaths have occurred. Discontinue coated potassium-containing formulations immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Discontinue one week before electroshock therapy, and if depression or peptic ulcer occurs.
Use in pregnancy: Because chlorthalidone may cross the placental barrier and appear in cord blood and thiazides may appear in breast milk, this drug should be used with care in pregnant patients and nursing mothers. When used in women of childbearing age, the potential benefits of the drug should be weighed against the possible hazards to the fetus. Use of chlorthalidone may result in fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers.
Precautions: Antihypertensive therapy with this drug should always be initiated cautiously in postsympathectomy patients and in patients receiving ganglionic blocking agents, other potent antihypertensive drugs, or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half. To avoid hypotension during surgery, discontinue therapy with this agent two weeks prior to elective surgical procedures. In emergency surgery, use, if needed, anticholinergic or adrenergic drugs or other supportive measures as indicated. Because of the possibility of progression of renal damage, periodic kidney function tests are indicated. Discontinue if the BUN rises or liver dysfunction is aggravated. Hepatic coma may be precipitated. Electrolyte imbalance, sodium and/or potassium depletion may occur. If potassium depletion should occur during therapy, the drug should be discontinued and potassium supplements given, provided the patient does not have marked oliguria.
Take particular care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Severe salt restriction is not recommended. Use cautiously in patients with ulcerative colitis or gallstones (biliary colic may be precipitated). Bronchial asthma may occur in susceptible patients.
Adverse Reactions: The drug is generally well tolerated. The most frequent side effects are nausea, gastric irritation, vomiting, diarrhea, constipation, muscle cramps, headache, dizziness and acute gout. Other potential side effects include angina pectoris, anxiety, depression, bradycardia and ectopic cardiac rhythms (especially when used with digitalis), drowsiness, dull sensorium, hyperglycemia and glycosuria, hyperuricemia, lassitude, restlessness, transient myopia, impotence or dysuria, orthostatic hypotension which may be potentiated when chlorthalidone is combined with alcohol, barbiturates or narcotics, leukopenia, aplastic anemia, skin rashes, thrombocytopenia, agranulocytosis, nasal stuffiness, increased gastric secretions, nightmare, purpura, urticaria, ecchymosis, weakness, uveitis, optic atrophy and glaucoma, and pruritus. Eruptions and/or flushing of the skin, a reversible paralysis agitans-like syndrome, blurred vision, conjunctival injection, increased susceptibility to colds, dyspnea, weight gain, decreased libido, dryness of the mouth, deafness, anorexia, and pancreatitis when epigastric pain or unexplained G.I. symptoms develop after prolonged administration. Jaundice, xanthopsia, paresthesia, photosensitization and necrotizing angiitis are possible.
Average Dosage: One tablet daily with breakfast.
Availability: Pink, single-scored tablets in bottles of 100 and 1000.
(B)46-600-C
For details, please see complete prescribing information.

Geigy Pharmaceuticals
Division of
Geigy Chemical Corporation
Ardsley, New York 10502

RE-6392

Deaths

Caryle B. Bohner, M.D.

Dr. Caryle B. Bohner, 70 years old, for 22 years the official physician for the 500-Mile Race at Indianapolis, died Nov. 9 in Husca, Mexico, where he had lived the last 10 years.

Dr. Bohner, graduated from the University of Illinois School of Medicine in 1927, practiced in Indianapolis for 30 years. He continued to act as Speedway physician for four years after retirement from regular practice and spent two months in Indianapolis each year for "500" activities. He was a member of the Marion County Medical Society.

Benjamin L. Harrison, M.D.

Dr. Benjamin L. Harrison, New Castle physician who delivered 5,000 babies and served four generations of families in a 40-year practice, died Nov. 27 after a year's illness. He was 71.

Dr. Harrison was graduated from the I.U. School of Medicine in 1924, was a native of Danville and was named New Castle's Citizen of the Year in 1967. He was a former president and long-time member of the Henry County Medical Society.

Joseph T. C. McCallum, M.D.

Dr. Joseph T. C. McCallum, 78-year-old retired Indianapolis physician, died Nov. 10 in his home.

Born in Australia, Dr. McCallum was graduated from the I.U. School of Medicine in 1926. He served as research physician for the Lilly Clinic at City Hospital and was one of the first physicians here to use intravenous anesthesia for surgery. Retired in 1963, Dr. McCallum was a member of the Marion County Medical Society.

Albert L. Marshall, Jr., M.D.

Dr. Albert L. Marshall, Jr., director of the division of communicable disease control for the Indiana State Board of Health the last 16 years, died January 1 at the age of 59.

Dr. Marshall, graduated from the I.U. School of Medicine in 1935, was in Honolulu, Hawaii on a tour sponsored by the Murat Shrine when he died. After serving in the Army during World War II, Dr. Marshall entered private practice and at the same time began teaching at the I.U. School of Nursing, Methodist Hospital School of Nursing and the Indiana College of Mortuary Science. He joined the board of health in 1952. He was a member of the Marion County Medical Society.

Henry Nenneker, M.D.

Dr. Henry Nenneker, 95, believed to be the oldest practicing physician in Indiana and a Gibson county native, died Dec. 10 in Evansville.

Graduated from the University of Louisville School of Medicine in 1895, Dr. Nenneker started practice in 1897. He was still active, practicing medicine in an office in his home. He spent all of his years in Indiana, 62 years of it in Evansville. Dr. Nenneker was a Senior Member of ISMA, a member of the 50-Year Club and was listed in the Vanderburgh County Medical Society records as having been the city's oldest practicing physician, both in age and seniority.

Perry C. Traver, M.D.

Dr. Perry C. Traver, 82, retired South Bend urologist, died Dec. 17 in St. Joseph's Hospital after a short illness.

Graduated from the University of Michigan School of Medicine in 1911, Dr. Traver was a member of the St. Joseph County Medical Society. He served in the Army Medical Corps in World War I and II and was a member of the Reserve Officers Association. He retired from practice in 1946.

Omer Wooldridge, M.D.

Dr. Omer Wooldridge, 84, former resident of Columbus and physician and surgeon there during the 1920's and 1930's, died Nov. 30 at Grand Prairie, Texas, where he had been living the past several years.

Born in Tipton county, Dr. Wooldridge was graduated from the I.U. School of Medicine in 1920. He practiced medicine in Columbus from 1923 to 1939 and was a former president of the Howard County Medical Society. ◄

"Current Concepts in Antibiotic Therapy" Course Set for March 19-20

"Current Concepts in Antibiotic Therapy" will be the subject of a two-day symposium at St. Joseph's Hospital in South Bend on March 19 and 20. The program is certified for 20 hours of specially accredited training by the A.A.G.P.

Registration fee is $20 for practicing physicians and $10 for physicians-in-training who should have credentials from their training director. Lunches for both days and a cocktail hour and dinner on the first day will be covered by the registration fee. Dr. Robert L. Devetski, of St. Joseph's Hospital, is the director. His address is 811 E. Madison, South Bend 46622.

County, District News

Officers of the various county medical societies for the year 1969 have been announced as follows:

Adams

Drs. Arthur H. Girod, Decatur, president; Robert L. Boze, Berne, vice-president; Harold E. Zwick, Decatur, secretary-treasurer.

Bartholomew-Brown

Drs. H. Wayne Richmond, Columbus, president; Thomas P. Dugan, Columbus, vice-president; C. David Ryan, Columbus, secretary-treasurer.

Cass

Drs. Bernard R. Hall, Logansport, president; Jay M. King, Logansport, vice-president; Edward L. TerBush, Logansport, secretary-treasurer.

Clinton

Drs. Lee F. Dupler, Frankfort, president; Charles E. Bush, Kirklin, vice-president; Francis E. Carrell, Frankfort, secretary-treasurer.

Dearborn-Ohio

Drs. Fred D. Houston, Lawrenceburg, president; Gary E. Scudder, Lawrenceburg, vice-president; Leslie M. Baker, Aurora, secretary-treasurer.

Elkhart

Drs. James R. Miller, Wakarusa, president; Herbert L. Cormican, Elkhart, vice-president; Page E. Spray, Elkhart, secretary-treasurer.

Fayette-Franklin

Drs. R. Grant Janes, Connersville, president; George M. Ellis, Connersville, vice-president; Joseph L. Steinem, Connersville, secretary-treasurer.

Fountain-Warren

Drs. Jack D. Furr, Kingman, president; William A. Ringer, Williamsport, vice-president; Theodore C. Person, Veedersburg, secretary-treasurer.

Gibson

Drs. Roland E. Weitzel, Princeton, president; David Lindauer, Princeton, vice-president; Richard Noveroske, Princeton, secretary-treasurer.

Hamilton

Drs. Claude M. Donahue, Carmel, president; Haldon C. Kraft, Noblesville, vice president; John G. Haywood, Noblesville, secretary-treasurer.

Hancock

Drs. Bob R. Cagle, New Palestine, president; Joseph A. Miller, Oaklandon, vice president; Ralph L. Rea, Greenfield, secretary-treasurer.

Hendricks

Drs. Joseph Kerlin, Danville, president; M. O. Scamahorn, Pittsboro, secretary-treasurer.

Jefferson-Switzerland

Drs. Theodore C. C. Fong, Madison, president; Robert Johnson, Madison, vice president; Ott B. McAtee, Madison, secretary-treasurer.

LaGrange

Drs. Dean L. Mattox, Howe, president; Allen S. Martin, Shipshewana, vice president; K. M. Lehman, Topeka, secretary-treasurer.

HARDING HOSPITAL

WORTHINGTON, OHIO

A fully accredited private psychiatric hospital situated on 45 acres of beautiful, wooded grounds just ten miles north of the state capitol.

THE HARDING HOSPITAL PROVIDES:

* 125 In-patient beds —
* Day Hospital program —
* Full time attending staff of psychiatrists —
* Professionally trained Adjunctive Therapy staff with programs in occupational, recreational and vocational therapy. (Crafts, Fine Arts, Greenhouse, etc.)
* Qualified staff of psychologists —
* Social Service department —
* Consultation and evaluation for out-patients.

For particulars on rates and terms or on specific patients write or call —

Harding Hospital - Worthington, Ohio
Area Code 614 - 885-5381

George T. Harding, M.D.
Medical Director

Donald L. Hanson
Administrator

Madison

Drs. D. L. Buckles, Anderson, president; Charles King, Anderson, vice-president; William M. Stinson, Anderson, secretary-treasurer.

Orange

Drs. C. X. McCalla, Paoli, president; J. K. Spears, Paoli, vice-president; P. T. Hodgin, Orleans, secretary-treasurer.

Pike

Drs. Milton H. Omstead, Petersburg, president and secretary-treasurer; Donald L. Hall, Petersburg, vice-president.

Pulaski

Drs. William R. Thompson, Winamac, president; Charles E. Heinsin, Winamac, secretary-treasurer.

Putnam

Drs. Fred Haggerty, Greencastle, president; Robert Marvel, Greencastle, vice-president; Anne S. Nichols, secretary-treasurer.

Tipton

Drs. Harold Erickson, Windfall, president; Albert E. Stouder, Jr., Kempton, vice-president; Jean V. Carter, Tipton, secretary-treasurer.

Vanderburgh

Drs. Ralph F. Carlson, Evansville, president; Raymond W. Nicholson, Jr., Evansville, vice-president; Bernard B. Rosenblatt, Evansville, secretary-treasurer.

Vigo

Drs. Fred Dierdorf, Terre Haute, president; Paul Siebenmorgen, Terre Haute, vice-president; Edward Johnson, Terre Haute, secretary-treasurer.

Other news from the county socicties includes speakers at recent meetings:

Bartholomew-Brown

Speaker at the December 11 meeting of the Bartholomew-Brown County Medical Society was Mr. Henry Abts, vice-president of personnel, Cummins Engine Co. He spoke on "Motivation in Industry."

Cass

Dr. E. L. Hedde, of Logansport, gave a talk and showed slides on his recent trip to Australia and New Zealand at the December 13 meeting of the Cass County Medical Society.

Dearborn-Ohio

"Duties of a Coroner" was the topic chosen by Austin Moon when he spoke at the December 5 meeting of the Dearborn-Ohio County Medical Society.

Fort Wayne

Drs. Robert F. Bradley, Boston, and Max Miller, Cleveland, spoke on the various aspects of diabetes in conjunction with an I.A.G.P. Road Show at the December 3 meeting of the Fort Wayne (Allen County) Medical Society.

Jefferson-Switzerland

The Jefferson-Switzerland County Medical Society December 3 meeting was highlighted by the appearance of Mr. Ritz, an architect, who discussed the expansion plans for Kings Daughters Hospital.

Vanderburgh

Dr. James H. Kellar, director of the Department of Anthropology at Indiana University, spoke on "What was the Pre-Historic Hoosier Really Like" at the December 10 meeting of the Vanderburgh County Medical Society.

Wayne-Union

Mr. Roy Ferguson, administrator, gave a current appraisal of the Reid Memorial Hospital expansion plan and new construction at the December 27 meeting of the Wayne-Union County Medical Society. ◄



Association News

EXECUTIVE COMMITTEE

January 11, 1969

Meeting called to order at 9:00 a.m. by the chairman, Dr. Ralph V. Everly, in the headquarters office.

Present: Ralph V. Everly, M.D., chairman; Burton E. Kintner, M.D., Patrick J. V. Corcoran, M.D., Lowell H. Steen, M.D., Donald R. Taylor, M.D., Lester H. Hoyt, M.D., Frank Ramsey, M.D., and James A. Waggener.

MINUTES OF THE MEETINGS held November 16, December 2, 3, and 4, 1968 were approved on motion of Drs. Kintner and Taylor.

Membership Report

Number of members as of December 31, 1968	4,444
1968 members as of December 31, 1968:	
Full dues paying members	3,908
Residents and interns	111
Council remitted	60
Senior	304
Honorary	3
Military	58
Total 1968 members as of December 31, 1968	4,444
Number of members as of December 31, 1967	4,422
Gain over last year	22
Number of AMA members as of December 31, 1968	4,289
Total 1967 AMA members as of December 31, 1967	4,237
Gain over last year	52
1968 AMA members:	
Dues paying	3,762
Exempt, but active	527
	4,289
Number who have paid state dues but not AMA dues as of December 31, 1968	155

Headquarters Office

TELEPHONE RECORDING SYSTEM: The secretary reported that the telephone recording system was scheduled for installation in the office by the first of February.

AUTO LEASING: Renewal of the auto leasing contracts were approved for signature by the executive secretary on motion of Drs. Taylor and Kintner.

WATTS LINE: The secretary gave a report on the cost of the Watts line and no action was taken.

REQUEST OF AUTOMATED MANAGEMENT: The request of Automated Management for a list of 3x5 cards on new members and address changes was discussed and on motion of Drs. Taylor and Steen, the furnishing of this information to this firm was approved at a cost of 10¢ per card.

Treasurer's Report

The treasurer's report was approved on motion of Drs. Hoyt and Kintner.

On motion of Drs. Steen and Taylor, the secretary was instructed to obtain prices on additional tables and chairs; drapes and replacement of plants in the Board Room.

Organization Matters

SAMA MEMBERS ON I.U. CAMPUS: The secretary called to the attention of the committee a letter addressed to Dr. Corcoran showing that a total of 58% of the students in the I.U. School of Medicine are members of the Student American Medical Association.

LETTER FROM JACK W. HICKMAN, M.D.: A letter of request was received from Dr. Jack W. Hickman for a contribution of $250 for the purpose of sending two students from the I.U. School of Medicine to the First National Student Conference on Medical Education which is to be held in Chicago February 6-8. On a poll of the committee, the request was approved.

BACKLOG OF PAYMENTS TO PHYSICIANS: The subject was then brought up of the backlog of payments to physicians under welfare and township trustee programs. On motion of Drs. Taylor and Corcoran, this matter is to be referred to the Board of Trustees with the recommendation that the association conduct a survey of all members to determine the number and amount of unpaid bills by the County Departments of Public Welfare and the Township Trustees.

SURVEY FROM DR. BOWEN'S COMMITTEE: The question was raised regarding the results of the survey of Dr. Bowen's committee. The secretary reported that they were now in the hands of the university where they are being placed on the computer. The question was asked about specific counties and the secretary reported that Mr. Loftin had contacted this office within the last two weeks informing us they were not going to distribute these forms and asked whether or not they were to be returned to this office.

Following a lengthy discussion of Marion County's refusal, on motion of Drs. Taylor and Corcoran, the matter is to be referred to Dr. Bowen's board committee.

REPORT FROM DR. HOYT: Dr. Hoyt gave a report on his meeting as a representative of the association with the embalmers and others to discuss several complaints. He said the matter was resolved in the embalmers being unable to pinpoint any specific problems.

FOREIGN MEDICAL GROUP MEETING: A letter addressed to Dr. Taylor from Dr. Hoyt concerning a meeting with the Foreign Medical Group in Ft. Wayne was reviewed for the information of the committee.

FLOYD COUNTY MEDICAL SOCIETY LETTER: A letter from the Floyd County Medical Society concerning problems they were having in obtaining their usual and customary fees from the County Department of Welfare was read. On motion of Drs. Kintner and Taylor, this matter is to be referred to the Board of Trustees.

NEWS CLIPS: Clippings from *The Indianapolis News* under date of January 6 and 7 were called to the attention of the committee for their information.

DR. SCHUSTER'S REPORT: Dr. Schuster's report to the president concerning the Vanderburgh County matter was reviewed and on motion of Drs. Steen and Kintner, the president is to make disposition of this matter.

REPRESENTATIVES TO OTHER ORGANIZATIONS: The secretary was instructed to prepare a list of representatives of the state medical association to other organizations to determine how they were named and the tenure of their office.

BLUE CROSS MATTERS: Several matters dealing with Blue Cross were discussed for the information of the committee.

LETTER FROM DR. SAPPENFIELD: A letter from Dr. Sappenfield concerning paramedical personnel was reviewed and on motion of Drs. Taylor and Steen, this matter is to be referred to the Commission on Medical Education and Licensure and a copy of the letter is to be forwarded to Dr. Petrich, a member of the Board of Trustees of ISMA.

INSTRUCTIONS FOR HEALTH PLANNING BODIES: A memo concerning instructions for Health Planning Bodies seeking state recognition was reviewed and by

nsent the questions were approved by e Executive Committee and the secretary instructed to send a copy of this to Dr. cIntosh and to Mr. Gary Miller.

AFNB LETTER: A letter from the merican Fletcher National Bank concern- g the growth of the Indiana Medical oundation account was reviewed for the formation of the committee.

YOUTHPOWER CONFERENCE: A tter from the Indiana Youthpower Confer- nce requesting a $50.00 contribution was pproved for payment on motion of Drs. teen and Taylor.

INDIANA HEALTH CAREERS: A emorandum from the Indiana Health areers, Inc., was accepted for information n motion of Drs. Steen and Corcoran. Dr. loyt urged that the committee continue upport of the activities of this organi- ation.

BLUE SHIELD "J" PLAN: A historical ummary of the Blue Shield "J" Plan of Northern Minnesota was reviewed for the nformation of the committee.

AUTO LEASING FOR MEMBERS: Proposals for auto leasing for the members f the association was deferred until the ext meeting.

CHICAGO MEETING: Plans for the Chicago meeting of the Executive Com- nittee and the Board in March were dis- cussed and by consent it was agreed that he Executive Committee would meet at 5:00 p.m. the night of March 25th and the Board would meet at 9:00 a.m. March 26th n the Board Room of the American Medi- al Association.

JCAH MEETING: Dr. Corcoran dis- cussed the memo from the AMA concern- ing the meeting of the JCAH and by consent it was agreed that he and the president-elect would represent the association at this meeting and on motion of Drs. Taylor and Kintner, this matter is to be referred to the Commission on Inter-Professional Relations.

CANDIDATES FOR THE AMA BOARD OF TRUSTEES: Letters from the Nevada, Illinois and Pennsylvania State Medical Societies concerning candidates which they propose to nominate at the annual meeting of the AMA in July were reviewed for the information of the committee.

PROPOSED JOINT RESOLUTION: A copy of the proposed joint resolution to be presented to the State Legislature calling for a study committee on the medical examiner program was approved and referred to the Board with favorable recommendation on motion of Drs. Corcoran and Kintner.

LETTER ON TITLE XIX: A letter from Dr. Steen to Dr. Corcoran concerning Title XIX was reviewed for the information of the committee.

RESOLUTION ON DR. OFFUTT: The resolution on Dr. Offutt to be sent to the Governor was referred to the Board on motion of Drs. Hoyt and Steen.

CONTRIBUTION TO INDIANA HEALTH CAREERS: The request for a contribution to Indiana Health Careers was referred to the Committee on Inter-Professional Relations for their opinion and report, on motion of Drs. Taylor and Kintner.

LETTER FROM AMPAC: A letter from AMPAC concerning a scholarship program was reviewed and the secretary is instructed to send a copy of this letter to Drs. Corcoran, Taylor and Steen.

LETTER FROM DR. LLOYD HILL: A letter to Dr. Corcoran from Dr. Lloyd Hill was reviewed for information of the committee.

ENTRANCE FEE FOR NEW MEMBERS: On motion of Drs. Steen and Corcoran, the idea of charging an entrance fee of $50.00 for all new members, said money to be used for the building fund and upkeep of the building, is to be referred to the Board Committee on Fiscal Matters.

Future Meetings

The Conference on Mental Health Representatives to be held in Chicago March 14-15, on motion of Drs. Kintner and Steen, the chairman of the Commission on Governmental Medical Services shall be authorized to attend.

22nd National Conference on Rural Health to be held in Philadelphia March 21-22. On motion of Drs. Steen and Corcoran, no representative will be sent.

3rd National Congress-Socio Economics Health Care to be held in Chicago March 28-29. On motion of Drs. Corcoran and Steen, the trustees and the Executive Committee, plus staff members, are authorized to attend this meeting.

National Research Council, on motion of Drs. Steen and Kintner, no one will be sent to this meeting.

There being no further business, the committee adjourned to meet again at 12:00 Noon, February 12, in joint session with the Commission on Legislation at the Columbia Club, Indianapolis, Indiana.

BOARD OF TRUSTEES

November 17, 1968

The Board of Trustees convened at 9:00 a.m., Sunday, November 17, in the headquarters office of the Indiana State Medical Association, 3935 North Meridian Street, Indianapolis, with Dr. Donald R. Taylor, chairman, presiding. Roll call showed the following attendance:

District Trustee:

1	Gilbert M. Wilhelmus, Evansville	Present
2	Joe Dukes, Dugger	Present
3	Donald M. Kerr, Bedford	Present
4	Robert M. Reid, Columbus	Absent
5	Wilbert McIntosh, Riley	Present
6	Stephen D. Smith, Knightstown	Present
7	James H. Gosman, Indianapolis	Absent
8	Donald R. Taylor, Muncie	Present
9	Peter R. Petrich, Attica	Present
10	Vincent J. Santare, Munster	Present
11	Lowell J. Hillis, Logansport	Present
12	William R. Clark, Fort Wayne	Present
13	Otis R. Bowen, Bremen	Present

District Alternate:

1	Eugene W. Austin, Evansville	Present
2	Betty Dukes, Dugger	Absent
3	E. L. Wallace, New Albany	Absent
4	Jack E. Shields, Brownstown	Absent
5	C. M. Schauwecker, Greencastle	Present
6	Frank H. Green, Rushville	Present
7	John O. Butler, Indianapolis	Present
8	Paul W. Sparks, Winchester	Present
9	Lindley H. Wagner, Lafayette	Present
10	C. T. Disney, Gary	Absent
11	James A. Harshman, Kokomo	Present
12	Frederic L. Schoen, Fort Wayne	Present
13	G. Beach Gattman, Elkhart	Present

Officers:

Patrick J. V. Corcoran, Evansville, president — Present
Lowell H. Steen, Hammond, president-elect — Present
Donald R. Taylor, Muncie, chairman of the board — Present
Lester H. Hoyt, Indianapolis, treasurer — Absent
Malcolm O. Scamahorn, Pittsboro, assistant treasurer — Present

Journal:

Frank B. Ramsey, Indianapolis, editor, *The Journal* — Present

Executive Committee:

Ralph V. Everly, Indianapolis, chairman — Present
Burton E. Kintner, Elkhart, member — Present

Delegates and Alternate Delegates to AMA:

Harold C. Ochsner, Indianapolis	Present
Eugene F. Senseny, Fort Wayne	Present
Frank H. Green, Rushville	Present
Guy A. Owsley, Hartford City	Present
Jack E. Shields, Brownstown	Absent
Don E. Wood, Indianapolis	Present
Robert M. Brown, Marion	Present
Kenneth O. Neumann, Lafayette	Present
Maurice E. Glock, Fort Wayne	Present
Dwight W. Schuster, Indianapolis	Present

Guests:

Merritt O. Alcorn, president, State Board of Medical Registration and Examination of Indiana
Donald E. Wood, chairman, Indiana Medical Political Action Committee
Richard Fairchild, attorney

Staff:

Robert J. Amick, field secretary	Present
Howard Grindstaff, field secretary	Present
Kenneth W. Bush, administrative assistant	Present
J. A. Waggener, executive secretary	Present

Minutes of Meetings Held October 14 and 18, 1968

Consideration of the minutes of these two meetings was deferred.

Report of Merritt O. Alcorn, M.D., President, State Board of Medical Registration and Examination

Dr. Taylor pointed out to the board that Dr. Alcorn desired to discuss some problems relative to the State Board of Medical Registration and Resolution 68-1 which was introduced at the annual convention in Fort Wayne.

Dr. Alcorn pointed out that he wanted to discuss the philosophy of two examinations a year and secondly, the interpretation of the Act of 1965 concerning endorsement of foreign graduates. He pointed out that two examinations a year is an excellent means of evaluating foreign graduates. These graduates who come from all over the world, he said, do not perform consistently in the examinations. Some of them do very poorly and some of them do excellently. He expressed the opinion that two examinations would satisfy the substance of the resolution which had been introduced to the House at the 1968 annual convention. He referred to the FLEX exam and stated that the licensing board would want to adopt the two examinations a year if the FLEX exam could be utilized.

The advantage here, he said, would be that both the Indiana University graduate and foreign graduates would be taking examinations of which every question utilized has a predetermined percentage of grading. This, he said, would give the board an opportunity to establish a base line on which to rate foreign graduates on a more relative basis.

Dr. Alcorn then discussed licensing by endorsement of foreign graduates. He pointed out that the board has spent some time in writing a rule pertaining to this policy. This rule provides that the board may endorse a foreign graduate who has practiced three years in the state in which he is licensed.

Although, he said, the board had no part in the passing of this law which became effective in 1967, the board has interpreted this to mean that such a policy establishes not only the foreign graduates medical capability but constitutes substantial evidence of his performance in the medical community and his morality. He said in endorsing any foreign graduate, the board always obtains the recommendation of the local medical society.

In discussing licensure by endorsement he said, the board's policy consists of involving two years postgraduate training by all foreign graduates to take the medical examination. Beyond that, he said, if they have three years of practice with a license of any type, for example, in a residency or on a teaching staff, and then are licensed in another state, the board will accept this.

Dr. Alcorn was then questioned as to whether there is more than one kind of license to meet unusual circumstances in the state of Indiana. He replied that some states have a special license for foreign graduates but Indiana has only a temporary license.

Dr. Alcorn was then asked by the board the length of time during which a temporary license was valid. He replied that a temporary license is valid during the interim period prior to an examination so the physician could practice up to the time of his examination. This is especially important in areas where physicians within a community desire an additional physician or physicians. He said that the board was endeavoring to establish a policy on anesthesiologists. This, he said, was

cause anesthesiologists, even though they ve passed their specialty boards, have nited knowledge of other medical spe- ılties, thus placing them in a position being unable to pass the licensing ex- nination. In response to a plea for easing e examination for anesthesiologists, the oard of Licensure has established a policy providing three examination attempts anesthesiologists. Normally, he said, they uld take the examination five times but e Indiana Board will give them tem- rary licenses only three times.

A situation was cited to Dr. Alcorn con- rning the chief of staff of a veteran's spital in Indiana who would like to be- me active in his county medical society d also the Indiana State Medical As- ciation, but he does not have a license to actice medicine in the state of Indiana.

A letter was quoted which stated there is need for better ". . . professional com- unication between the VA physician and ose physicians in private practice." n additional quote was also cited as llows, "A special category of member- ip for VA physicians could [accomplish is], and I urge you to request enabling gislation from Indiana State Medical As- ciation." Dr. Alcorn was asked if the hysician was an American graduate. Ad- sed that he was, Dr. Alcorn said the nly requirement for a VA physician is to e of good moral character. The principle f full endorsement applies here.

Dr. Alcorn pointed out that there are ome problems which need individual con- ideration, citing specifically an area, a roup practice or a clinic which has the pportunity to acquire an outstanding hysician who applies to the medical board week after the examination is given. As result, the physician is delayed in taking he exam. Therefore, he said, this phy- ician usually will not settle in Indiana. He moves to another state or area to prac- ice. Dr. Alcorn repeated the fact that the FLEX examination given twice a year would help resolve these situations. Estab- ishing the FLEX examination is contingent on raising the fee for the examination from $25.00 to $75.00. This would have to be accomplished, he said, through the state egislature, and would entail opening the Medical Practice Act for amendment.

Dr. Alcorn was then asked the difference between reciprocity and endorsement. He replied that with endorsement, the board *may* accept a physician from another state. Reciprocity *requires* a state to accept a physician. Dr. Alcorn pointed out again that under endorsement the only additional requirement was that the individual be of good moral character.

A member of the board voiced the opinion that many times in the past the board has discussed altering the Medical Practice Act. The fear has been of other groups attempting to insert something into the act. The result has been no action. Another opinion was voiced by a board member that it would be wise for the board to take action immediately as to yes or no concerning the adoption of the two examinations a year plan and the opening of the Medical Practice Act. This opinion was expressed in view of the point that the consensus during the board meeting seemed to indicate that a different type of testing was in order.

A motion was made by Dr. Bowen that if this could be accomplished without jeopardizing the Medical Practice Act that he would so move. The motion was seconded and passed.

Report by Dr. Donald E. Wood on IMPAC

Dr. Wood reported to the board that through the new building efforts established by ISMA that participation in IMPAC had grown from 15% to 53%. He labeled this a wonderful advance. Dr. Wood expressed the feeling that the next board would be dedicated to improving the membership in IMPAC because, he said, it is through these hard dollars that the medical association is able to support candidates.

Concerning the election, Dr. Wood reported that the IMPAC board participated in 14 races throughout the state and was successful in nine of the 14, constituting a 63% winning percentage.

IMPAC activity, he said, is directed toward the individual's basic political philosophy and not toward his party label. He further stated that IMPAC had received $3.00 for every $4.00 which had been contributed to AMPAC. At the national level, he said, a few seats in the Senate were won. He reported that AMPAC did not support any candidate for president. Dr. Wood pointed out that he felt that the effectiveness of the IMPAC and AMPAC operation was adequately recognized by these accomplishments.

Dr. Wood then said, "I think the coalition in Congress will be much more receptive to the attitudes of the medical profession than it has been in the past, and I want to emphasize, the coalition, not one political party."

Report by Dr. Wood on Department of HEW

Dr. Wood stated that the Council on Legislative Activities of the American Medical Association had met with the Department of Health, Education and Welfare in Washington for a week-end meeting in which the problems of legislation were discussed, both as they exist at the present and in the future.

Dr. Wood named a number of high officials in the administration who were present for the meeting, including Secretary Cohen.

Subjects covered included Medicare, rising costs and the extension of Medicare to the disabled; coverage of prescription drugs under Medicare; child health services; environmental health and planning services; comprehensive health planning services and the Community Health Centers Act of 1969.

Also in attendance were several members of the AMA Council on Legislation, members of the AMA Washington staff and other members of the AMA Chicago staff.

Dr. Wood said that he would like to emphasize some of Mr. Cohen's remarks. Mr. Cohen pointed out that, although he will not be reappointed under the Nixon administration, that the Department of Health, Education and Welfare is administered by civil service employees and that under these circumstances, his programs will be ongoing. He further pointed out that continual enactment of additional programs was needed with changes being made as experience was gathered.

Among the planned activities, Mr. Cohen pointed out, is a review of the Medicaid program and development of special reports to Congress which would include such reports as coverage of the disabled, the inclusion of other professional services, such as chiropractic care, and the inclusion of prescription drugs under Medicare. There will be a review of drug pricing by brand name or generic name and generic equivalencies as well as reorganization of health services, organization of neighborhood health services, better family planning services and assistance to Congress for careful review of ongoing programs.

On prescription drugs, it is Mr. Cohen's personal opinion that coverage should be included, but as to the details and to the best mechanism for lessening the Medicare patient's burden of the cost for outpatient drugs, he advised further discussion and thought about this. Finally, on the reorganization of health services, Mr. Cohen said the object was to put the Federal Government structure in better shape to do business and to utilize the physicians in the Armed Forces more effectively.

Dr. Wood pointed out that Mr. Ball of the Social Security Administration admitted that the adminstration had not yet completed its evaluation of the $4.00 premium

for the part B participant. He said that health care costs had required a 10% increase in deductibles and informed the group that by December he would make a decision as to whether the $4.00 premium be maintained or if an increase would be necessary. Ball further stated that the cost of all health services had increased and that he had noted for some time that physicians' fees had also increased at about the same general rate as wages, that is three — four percent a year.

In Medicare, however, he noted that physicians' increases had risen seven percent to eight percent per year. His comment was that no other problem is so fraught with Congressional and public concern as the increase in physicians' fees. He hoped for the voluntary approach in resolving the problem. Dr. Wood pointed out that he meant that utilizing contributory premiums with the cost to the program reflecting the reasonable charges of doctors. However, Mr. Ball stated, if this cost cannot be controlled, the only alternative would be through legislation by way of the negotiated fee schedule. He further stated that he did not like this approach.

Dr. Wood stated that the reason Mr. Ball was not in favor of legislation was because he knows that if he has to go to a negotiation table, that doctors will not participate. He outlined the following points:

1. If fee schedules become law, only a small percentage of the physicians will cooperate in the plan.
2. If the negotiated fee schedule does not include extra charges, beneficiaries may receive less than the 80% coverage they now get. He said both HEW and the Social Security Administration are seeking ways in the present structure to avoid runaway costs, and he listed the following possible approaches:

A. Asking carriers not to immediately recognize new physicians' charges as the customary charge, but to wait a reasonable period of time, 90 days or so, to determine if a charge is consistent.

B. Request carriers to standardize their methods of determining the prevailing and customary fees in the area.

C. Make more uniform the description of the procedures used by physicians.

D. Inquire into the large number of visits made to many beneficiaries and nursing homes.

E. Increase and improve the relationship between the carrier and the local medical society to work out differences and strengthen public confidences.

Review and Discussion of Reports and Resolutions to be Presented to the AMA House of Delegates

The Board of Trustees then discussed in detail all of the reports of the AMA Board of Trustees, reports to various councils of the AMA and resolutions being submitted by the various delegations.

During Dr. Owsley's report on resolutions, he advised the board that as a member of the American Medical Association Council on Medical Service, he too had recently been involved in a Washington meeting. He pointed out that the council is concerned with all the beneficiary programs of the Federal Government including the Veterans Administration, the Indian health services and disability programs under Social Security. He pointed out that the purposes of the council in being present in these meetings is to gather information from these services, explain to these services the attitudes and philosophies of the American Medical Association and to aid in the formulation of policies in these particular areas which could then be forwarded to these special services in the government and to the Congress of the United States.

Dr. Owsley pointed out that during his last visitation in Washington he noted that the term "creative federalism" is used constantly. Other terms such as "innovation", "imagination" and "creativity" fit the current thinking that medicine is the last bulwark for institutionalization. He said that Paul Peterson, former Deputy Surgeon General of the United States Public Health Service, has stated many times that our society is too complex to deal with the individual. Everyone must be institutionalized.

He learned at this meeting that the Federal Government had funded partially a Kaiser-Permanente project in Cleveland. Dr. Owsley further pointed out that it is apparent that the Social Security Administration is interested in changing the Corporate Practice Act in all 50 states because there are some states in which corporate practice is not allowed. This, he related, is part of the scheme of the Federal Government directed to ultimately establish greater numbers of federal health groups.

During the discussion on resolutions and reports, admission of doctors of osteopathy to membership in the AMA was reviewed extensively by the Board of Trustees. After considerable discussion on the matter, the board instructed the Indiana delegates to make their own determinati on this matter after they had consider the facts and heard debate on the issue Miami.

Another important issue which was d cussed by the board and the delegates w the bill before Congress to establish medical school for the Armed Forces. supporting resolution would also be i troduced at the Clinical Meeting of t AMA.

The Board of Trustees of th ISMA moved to oppose this particul resolution and proposed legislation

The board moved to support the resol tion that promoted the establishment of Board of Family Practice. The board al discussed at length Resolution 10 intr duced by the Indiana delegation whic "resolves that the AMA urge all its mer bers to combat actively attempts of ce tain hospital boards and certain hospit administrators to assign to themselves medical staff function of delineating sta privileges. They also discussed Resolutio 11, also from the Indiana delegation, whic resolved that the House of Delegates the AMA remind all physicians that free men and women, they have no obl gation to accept employment or remune ation under any conditions other tha those arrived at between a physician an a recipient of his services. The board als gave lengthy consideration to the portio of individual members' dues which ar being allocated to the Biomedieal Researc Institute.

General tenor of the conversation of th board and the delegates seemed to sug gest opposition to participation in thi research program.

They further discussed the short perio of time in which they as delegates hav an opportunity to study resolutions in ad vance and there was a general expressio of opposition to the continuing problem o arriving at the AMA convention only t have 50 to 100 additional resolutions place before them.

It was moved that a resolution b drawn to put a limitation on the time period for submission of such reports. The motion was passed favoring the introduction of such a resoluton at the AMA meeting.

Reports were also presented by individual members of the board and delegates on the activities of the various departments of the AMA as outlined in the advanced material sent to the association.

Motion on Certification of Delegates to the AMA

Dr. Wilhelmus moved that in those

istances, henceforth, where there is eed for a last minute replacement for delegate or an alternate delegate, iat one or more of the officers of he association be certified to serve and hat the officers themselves make this election. The motion was seconded y Dr. Clark and passed unopposed.

Reports of Members of the Board of Trustees

First District—Dr. Wilhelmus: Dr. Wilhelmus reported and introdueed Dr. Austin, Alternate trustee from the district. He reported that May 15 was the district meeting date in Evansville, Indiana.

Dr. Wilhelmus also reported on the recent earthquake which had its epieenter at a central point 30 miles from Evansville. He said that communieations were nonexistent for one to two hours, ineluding telephones which were jammed beeause of mass usage at one time. He said that he was emphasizing this to illustrate what could really happen in a major disaster.

Dr. Wilhelmus also praised the Fort Wayne Medical Society for its outstanding handling of the ISMA eonvention and said that Evansville was looking forward to an equally fine convention in 1970. Dates of the convention will be the week of October 11, 1970.

Dr. Wilhelmus also reported that Dr. Sheeley, the State Commissioner for Mental Health, had dismissed Dr. Anderson as superintendent of the state hospital in the Evansville area. He pointed out that bold headlines in the Friday afternoon papers had announced this faet and that the medical and lay people of the community were incensed about it.

The board discussed this matter at great length.

Dr. Wilhelmus then requested that the Board of Trustees of the ISMA sanction the Vanderburgh County Medical Society's investigation of the particular circumstances of the dismissal. His recommendation was taken by consent.

Second District—Dr. Dukes: Dr. Dukes pointed out that the details of his district meeting would be revealed to him Monday.

Third District—Dr. Kerr: No report.

Fifth District—Dr. McIntosh: He said that his district meeting would be held in Clinton. He also suggested that the board give consideration to meeting dates of other major medical groups, such as general practitioners, surgeons, internists, to avoid conflicting dates with these groups for the annual meeting.

Sixth District—Dr. Smith: Dr. Smith reported that the distriet meeting would be held in Richmond.

Dr. Taylor urged members of the board to make efforts to avoid duplieating dates for these meetings to faeilitate officer visits.

Seventh District—Dr. Butler: The district meeting will be held in Indianapolis. Date has not yet been established.

Eighth District—Dr. Taylor: Dr. Taylor reported that the eighth district meeting will be held on June 11.

Ninth District—Dr. Petrich: The district meeting will be held May 22 in Lafayette.

Tenth District—Dr. Santare: No meeting date has been established. **Dr. Santare moved that a member of his society be excused from dues. It was seconded and the motion was passed.** Dr. Santare then discussed the appointment and attendance of ISMA eommission members from his distriet. There was mueh discussion on action which should be taken against members of these eommissions who were delinquent in their attendance. **A motion was made that if the commission member has been delinquent, that the president of the state medical association be empowered by the Board of Trustees to replace the delinquent member with another appointment. The motion was seconded and passed unanimously.**

Eleventh District—Dr. Hillis: Dr. Hillis reported briefly on the problem of a foreign medieal graduate who was practicing under a temporary license in Cass County and advised the Board of Trustees that, at present, this was for their information and asked for no action on the matter.

Twelfth District—Dr. Clark: Dr. Clark reported that he had a matter of length to report and was asked by Dr. Taylor to defer this matter until after luneh.

Thirteenth District—Dr. Bowen: The thirteenth district meeting will be in September, probably on the third Wednesday. There is not, as yet, a definite date or a program or a place set. Dr. Bowen also reported on the particular eireumstances involving a foreign medical graduate.

He also reported that Congressman Brademas from his district had obtained $80,000 to eonduct a health facility survey, and Dr. Bowen expressed the opinion that another $80,000 would probably be forthcoming to eontinue this survey. He expressed concern about so many individuals becoming involved with health planning without physieian representation. In this particular instance, there is not a single doctor on the committee whieh is doing the planning.

Dr. Bowen also praised Dr. Smith, trustee from the sixth distriet, for the excellent story on his preceptorship of a University of Cincinnati medical student. A full page was devoted to his particular experienee in *The Indianapolis Star.*

Report of Board Committee on Economics and Fiscal Matters

Dr. Wilhelmus reported that it was his understanding that his committee was to be the overseer of fiscal matters of the assoeiation and requested that all income and expenses of the organization be provided his eommittee. He further stated that he would like this material sent to him by registered mail so that he would have ample time to review it before meetings.

Board Committee for Orientation of New Members

Dr. Clark reported that 45 new members of the 234 eligible attended the first orientation eourse meeting in Fort Wayne during the annual convention. He observed that it was a highly successful first attempt.

Dr. Clark asked for the board's consideration of inviting all delegates and county society officers to attend the next course, since he, personally, found the eourse extremely enlightening.

He reported that those members of the board who had sent personal letters to the younger men had the best attendanee at the orientation program.

Dr. Clark then reported on a letter whieh he received whieh expressed the opinion that the media in the Fort Wayne area had not been properly treated; that the amount of advanee information on the eonvention had been inadequate and that during the convention they were not sufficiently assisted in gathering data for their newspapers. Dr. Clark said that he was not presenting this in eondemnation of the eonduet of the publieity program at the eonvention but that some of the criticisms in the letter eould be taken as construetive.

Board Committee to Study Membership Matters

Dr. Bowen reported that his eommittee was eontinuing to colleet survey sheets whieh had been circulated to the entire membership. He explained that there were problems in attempting to eomputerize the data for easier interpretation. He reported further that Mr. Waggener is attempting to plan, with the State Board of Health and Indiana University, to utilize their eomputers in survey analysis.

Board Committee on Medical Education and Liaison with the Indiana University School of Medicine

Dr. Taylor pointed out that it had been reported to him by the chairman of this board committee that policy had previously been established to the effect that the officers of the society would be active members of this board committee. Dr. Petrich them reported on the American Medical Association conference on continuing medical education, November 12 through 14, 1968. He said that he, Dr. Corooran and Dr. Steen attended the meeting. Among some of the subjects discussed was how to encourage M.D.'s to participate in continuing medical education. He said that some physicians will participate, but there is a hard core of physicians who will absolutely not participate in continuing medical education programs. He pointed out that motivations cited might come first from persuasion, secondly through a reward system and thirdly, by offering them methods of improving health care to their patients.

He pointed out that some of the medical schools seem to influence doctors' attitudes toward continuing medical education as evidenced by the relative success in some states as opposed to the programs in others. There was considerable discussion on the matter of subsidies, the use of tax monies, for example, foundation monies, etc., for doctors to participate. The general consensus was that doctors could well afford their own education after establishing practices. A deterrent to participation in continuing medical education programs was being able to leave their practices for any length of time.

Dr. Petrich went on to outline, in detail, additional concepts in graduate medical education which were outlined in the meeting. He concluded by stating that the role of the state medical association is relative in these continuing programs since the quality of patient care is intrinsic to them.

Board Liaison Committee with Blue Shield

Dr. Donald M. Kerr reported on this committee's activities. He said that he had been directed to investigate the state medical association's group plan with Blue Shield. Mr. Kilborn, in a letter to Dr. Kerr, had pointed out that the Indiana State Medical Association has a separate account for both Blue Cross and Blue Shield. He further pointed out that the accounts' actuarial experience is reviewed and analyzed by the actuaries of Blue Shield-Blue Cross in the early part of January, and the enrollment people normally appear before the board during their January meeting to advise upon rates or any recommended changes in benefits. He pointed out that the state medical association's account will warrant a substantial rate increase again this year. In this letter he listed several statistical facts which substantiated this point and recommended that, "Due to the fact that there will be a substantial rate increase this coming April, I would highly recommend that the benefit structure be left alone at this time." Dr. Kerr recommended to the board that the board appraise what is presented to them and if they desire to change the group program, make a decision at that time.

Dr. Kerr then reported on the concern with the six month limitation on the filing of welfare claims. He pointed out that Mr. Kilborn had arranged for some relaxation on this limitation. He urged physicians to submit their claims as early as possible however. Dr. Kerr also reported that he received a letter from the Hamilton County Medical Society which stated that schedules of most insurance companies had risen and that they felt that the Blue Shield's indemnity for inhospital care should likewise be increased. Dr. Kerr said that this was for the information of the board only, and felt that there was no need for any action.

Board Committee on Governmental Medical Programs

Dr. McIntosh reported on a meeting a month ago of public health officers held in Indianapolis, and said that, according to reports which he had received, there was a lack of knowledge and interest all over the state in comprehensive health planning.

Dr. McIntosh discussed the offer of Blue Shield to provide two members of their staff to assist in organizing the state of Indiana concerning comprehensive health planning. He said that he would like to offer a motion that the board accept Blue Shield's offer for full-time fieldmen to work with ISMA in organizing for comprehensive health planning.

There followed a great deal of discussion by the board on this matter. Following a second and put to a vote, the board adopted Dr. McIntosh's motion unanimously. The motion was then made that since the comprehensive health planning program was a responsibility of a subcommittee of the Board of Trustees, that the two men made available by Blue Shield for assistance in comprehensive health be placed directly under the jurisdictio of the subcommittee of the Board Trustees. The motion was seconde and much discussion followed. Put a vote, the motion was adopted u animously.

Report of the President-Elect

Dr. Steen pointed out to the trustee that it was his feeling that the statistica successes concerning the last electio which could be attributed to the partia influence of IMPAC, must be brough forcefully to all the members of the Indian State Medical Association if such successe were to be guaranteed in the future. H further expressed the thought that i every individual who is a member of th Indiana State Medical Association under stood how IMPAC contributions had af fected the election, that a sizeable ches of funds could be collected in this off election year. Dr. Steen further pointed ou that he would like to discuss with the boar at a later date some concepts which he per sonally had been developing on the sub ject of continuing medical education.

Treasurer's Report

Dr. Scamahorn, assistant treasurer, reported that the October 30th report showed a general fund of $258,000.00. This is rounded out into even thousands of dollars with a net cash and investments total of $201,000.00.

Income over expenses for the month of October was $5,466.10. Dr. Scamahorn noted that all members of the Board of Trustees had received copies of the audit. He went on to review additional details of the financial condition of ISMA.

The motion was then made to accept the treasurer's report. The motion was seconded and adopted.

The President's Report

Dr. Corcoran stated that he had been in a conference in Chicago on continuing medical education and that Dr. Petrich would give a more detailed report on this meeting later. He said that during the course of the meeting in Chicago that he personally was reassured by how well Indiana compares with other states in this particular area of endeavor.

Dr. Corcoran said that officers of the association are planning a meeting in Miami on Saturday evening, preceding the AMA meeting on November 30, with officers from several other midwestern states to work out an agreement for more cooperative organizational acitvity.

He said that one of the most important features of an effective association is the

ntinuing and enthusiastic productive nctioning of the commissions and the mmittees. He said that he had reported the Executive Committee yesterday and lt that as a matter of practicality, the oard had been depending more and more board committees to delineate and ork out areas of planning. He said he felt ore responsibility should be given to the mmissions. Dr. Corcoran pointed out at he had been disappointed in the num- er of rejections and refusals for commis- on assignments.

He discussed at some length the annual rocedure of having an all-commission rganizational meeting. He pointed out that e had deviated somewhat from this plan is year since it was obvious that some ommissions were not organized and were ot yet ready to begin their year's activity. Dr. Corcoran went on further to discuss in reat detail his reasons for not holding ne full commission organizational session nd asked the board to give consideration several points of view in this area.

He also pointed out the value of having ertain men appointed to commissions who ere useful to the activities of the Indiana tate Medical Association for one reason r another, some by virtue of their offices hich they hold, for example, the Dean of he Indiana University School of Medicine. Many times, he said, these men cannot e appointed as official commission mem- ers since they are permitted by the Con- titution only to hold so many terms as fficial members.

He then spoke of his desire to institute he establishment of a Commission on Emergency Medical Services. He said e felt that it would be proper for the oard to establish this commisssion, and hat each of the board members nominate member from his district and two at arge, and that by lot determination, their taggered terms could be determined. He rged the board to consider this.

He further pointed out that several oard members were urging him to or- ganize a Committee on Medicine and Re- igion. He said he had been informed hat Indiana is one of two state associations who do not yet have such a committee.

Dr. Corcoran also stated that a serious proposal had been forwarded to him hrough Dr. Wood from Dr. Brady, an ndianapolis orthopedist, to establish a Committee on Sports and Medicine.

Dr. Corcoran also stated that a Confer- nce for Medical Society Officers will be eld early in the coming year. Among the opics which he had in mind for serious consideration at this particular session would be Medicaid, continuing medical education, emergency medical care, and perhaps discussions from some of the newly elected officials.

It was moved and seconded that the president's report be accepted and it was so passed.

Terms for Commission Members

There followed a considerable amount of discussion emanating from Dr. Corcoran's remarks about commission member activity and changing the terms of the commission members. Discussions revolved around commission members who were appointed specific terms and who never attended meetings, the continuing appointment of members to commissions who were loyal, faithful and interested, the problem of replacement of commission members and the problem of instilling within the commission framework new ideas and encouraging participation by the younger generation of physicians. Dr. Taylor referred the problem to the Board Committee on Membership Matters for study.

Report of the Commission on Voluntary Health Agencies

Dr. Scamahorn, reporting for this commission, submitted its usual budget request of $500.00. He pointed out that the commissoin, however, would host the American Medieal Association's Council on Voluntary Health Agencies at a seetional meeting here in Indianapolis in October of 1969, and requested an additional expenditure of $300.00 to provide a dinner for a meeting of this counеil, eommission members, and the state offieers for the night of October 11. It was moved that this report be aeeepted and it was passed.

Commission on Emergency Medical Services

A motion was made to establish this commission. It was seconded and passed unanimously.

Committee on Medicine and Religion

It was moved that the functions of the Committee on Medicine and Religion be assigned to an existing commission rather than designated a subcommittee. The motion was seconded. After long discussion on the matter, the motion was put to a vote and lost.

A motion was then made that Ad Hoc Committees on Medicine and Religion and Sports and Medieine be appointed by the president of the association to serve until such time as approval for their establishment as permanent committees be made by the House of Delegates. Dr. Taylor pointed out that the Commission on Constitution and Bylaws would be instrueted to prepare appropriate recommendations to carry out this motion and suggested that this be made a part of the motion being voted upon. The motion was seconded and passed unanimously.

Report of Journal Editor

Dr. Frank Ramsey, editor of *The Journal*, stated that *The Journal* had received a tax consultant's opinion as to *The Journal's* status and interpretation of the federal tax on advertising.

Dr. Ramsey said that he had been informed by the tax consultant that it was his interpretation that the net income received from advertising in *The Journal* would be subject to the federal income tax. Dr. Ramsey further pointed out that the tax consultant advised him that when *The Journal* deducts expenses for a page of advertising, that an additional proportion of heat, light, rent, salaries and everything that goes into publishing that part of *The Journal* be added to the deductible amount. He said that although under this plan *The Journal* would start with a higher gross amount of income, that following deductions on this scale, the taxable portion would be less.

He said the government with this tax proposition makes more money on the magazine than *The Journal* itself does. He further pointed out that *The Journal* has a "rule of thumb" of carrying no more scientific pages in *The Journal* than advertising pages. This, he said, will make it a 50/50 proposition as far as expenditures for publishing *The Journal* are concerned. He said *The Journal* was not cutting back on the scientific portion allocation in *The Journal* which would give *The Journal* some idea in about three months as to whether it will be able to operate on the present income. He estimated that in all probability total cost in taxes for the association for *The Journal* will run between $2,500.00 and $4,000.00.

Matters Referred by the Executive Committee

Dr. Ralph Everly, chairman of the Executive Committee, reported that the committee recommends approval by the board of an installation of a 24-hour recording system. He said the system would be available for members of the board primarily to call in to dictate reports, memoranda, or letters which then could be transcribed in the headquarters office, thereby saving the physician's office girl time and expense.

Dr. Everly said the Executive Committee recommends approval of this recording system subject to satisfactory arrangements for the termination of the lease if the use of the equipment proves impractical. The motion was seconded and passed.

The next item presented by the Executive Committee was the provision for paying the AMA delegates' expenses. Dr. Everly pointed out that in Fort Wayne a report of Dr. Reid's committee was adopted which provided for a lump sum to the delegates and alternates in the amount of $500 per meeting and providing for payment of $250 to those delegates or alternates serving on any AMA councils or committees. This latter amount constitutes one-half of the expenses allowed by the AMA. Dr. Everly requested clarification if it was the intent for this plan to become effective for the Miami meeting and if so, the checks would be issued promptly in accordance with the provisions of this report. **Dr. Wilhelmus pointed out that his committee would like to see these funds to the delegates and alternate delegates made available immediately and suggested that the expense funds for the officers also be immediately instituted, and he so moved. The motion was seconded and passed unanimously.**

The Executive Committee recommended to the board that the Jenn-Air charcoal broiling equipment be installed in the basement for the purpose of preparing food for small groups. **A motion was made that this equipment be purchased. The motion was seconded, and following considerable discussion, was passed.**

Dr. Everly then reported on the public speaking course offered by the American Medical Association. He said the Executive Committee recommends that the association take advantage of this course offer.

The Executive Committee also recommended that AMA delegates and alternates, in addition to the members of the Board of Trustees, take this course and further recommended that it be done in Chicago on March 26th and 27th in combination with a Board of Trustees meeting. **It was moved that this be accomplished. The motion was seconded and passed.**

Dr. Everly then reported on the availability of the legislative reports which are published and circulated by the Indiana Chamber of Commerce. The Executive Committee recommended that this service be purchased for the members of the Commission on Legislation and provided to those members of the Board of Trustees who desire to receive this service. **It was moved that the legislative bulletin be sent to all members of the Legislative Commission and to those officers of the Indiana State Medical Association who desire the bulletin. It was seconded and passed.**

Resolution on Biomedical Research Foundation

The Board of Trustees then heard a resolution which resolved that the Board of Trustees of the American Medical Association at the final session of the House of Delegates, or immediately thereafter, publish the figures showing the amount of money spent by the treasury of the American Medical Association and how much of each member's dues are being used for this purpose. There was considerable discussion on this matter but no specific action was taken at this time on the resolution.

Then the Board of Trustees reconsidered a resolution on the Biomedical Research Institute. Dr. Steen introduced the revised resolution which read as follows:

WHEREAS, there is considerable misunderstanding on the part of the members of the AMA concerning the facts with respect to the participation and expenses of the AMA support of the Biomedical Research Foundation, and,

WHEREAS, many members are demanding to know what portion of their dues is being spent for support of this foundation,

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees report to this meeting of the House of Delegates and publish the figures of the amount of money being expended by the treasury of this foundation and how much of each member's dues are being used for this purpose.

The Board of Trustees passed this resolution unanimously.

Next Meeting Date of the Board of Trustees

Sunday, January 12, was selected for a meeting with the Indiana University Medical School Alumni Council and members of the Indiana University faculty.

The council meeting was set for 3:00 p.m., Saturday, January 11, in the headquarters office.

The motion was then made that the Board of Trustees go into executive session ten minutes prior to every noon adjournment. There was a second to the motion and it passed unanimously. Dr. Taylor explained that this does not necessarily mean that the board would have an executive session at every meeting but that in the event they wanted one, a time slot would be set aside.

There being no further business, the Board of Trustees adjourned to meet again on January 11 at 3:00 p.m., in the headquarters office of the association. ◄

COMMERCIAL ANNOUNCEMENTS

FOR SALE: G. E. x-ray, good condition; all office equipment; surgical instruments; white steel cabinets; electric knives; desks ond filing cabinets; examining tables ond Medcolator. Contoct A. P. Warman, M.D., 1363 E. 38th St., Indianapolis or call 924-2684.

PLANNING STAFF: Director and Research Director to plan for ten county area now organizing for comprehensive health plonning. Agency is in organizotional stage with Federol and United Fund funding approved. Master's degree or equivolent in health or related field required for Executive Director position. Research Director's qualifications more flexible. Director's storting salary ronge from $12,600 to $16,800. Research Director from $9,000 to $11,500. Write Corole Rust, Health Planning Council, 210 Locust Street, Evansville, Indiono 47708.

WANTED: G. P. for New Castle; replacement in four-man group. Starting guarantee at least $35,000 first yeor; then partnership with increase. Rotating schedule; on duty less than 50% of the time. Call (317) 529-6250, Henry County Clinic.

OPENING for psychiotrist, urologist and general practitioner (psychiatric or geriatric experience desirable but not essential). 1,611 bed general medical-surgical ond psychiatric hospitol with excellent facilities and progressive staff; an equol opportunity employer. Salary: $14,409.00 through $25,711.00 according to training and experience. Write to Director, VAH, Danville, Illinois 61832.

BUY AND TRY: Wye Plantation Aberdeen-Angus frozen semen from Advanced Register P.R.I. sires afficially gaining over four pounds per day or whose 365-day weights are above 1,200 pounds. (Perfarmance tested sires alwoys for sole.) WYE PLANTATION, Queenstawn, Maryland 21658. Telephanes: 301-827-7166 or 301-827-7160.

AVAILABLE: Medical suite. Established practice in professianal building, 6049 E. Washington St., Indionapolis. All services furnished. Phone Modern Phormacy, 359-5569.

WANTED: GP for associotion with a surgeon and a well-established generol practitioner at Standish, Mich. New ond progressive 80-bed hospital with CCU Unit. Office spoce ovailable. Please coll collect, M. K. Dolbee, M.D., 1-517-846-6122.

PSYCHIATRIC RESIDENCIES: Starting July 1969. Appraved training in a mentol institution with State af Michigan, Department of Mental Health. Three and five year programs available. Salary $9,876-$11,233 and $11,254-$21,381. NIMH-GP stipends $12,000. Located in Michigan's serene, scenic recreotian area on Grand Traverse Bay. For additional information, contact Dr. Paul Kauffman, Training Director, Traverse City State Hospital, Traverse City, Michigon 49684. An equal opportunity employer.

FERRIS STATE COLLEGE needs two odditional full-time staff doctors for Student Health Center. New modern focilities including 31 bed infirmary. Excellent opportunity for quolified persons in small quiet college town. Regulor hours with rotating night and weekend call. Salary to $18,000 and excellent fringe benefits. Please contact Roy A. Davis, M.D., Area (616) 796-8463 or write in care of Ferris State College, Health Center, Big Rapids, Michigan 49307.

NINETEEN-MAN Wisconsin group locoted in college community of 40,000 with excellent hospital facilities is seeking odditional associates in the following areos:

1. Internal Medicine
2. Orthopedics
3. Generol Practice
4. Pediatrics

For further information, please contact D. R. Griffith, M.D., Midelfort Clinic, Eou Cloire, Wis. 54701.

$27,000.00 to $36,000.00 NET guoranteed first year plus fringe benefits depending upon experience & qualifications. Total of two MDs needed in any of the following 3 categories: either general surgeon or internist who would also do some generol practice & 10-15 minutes of industrial medicine per day or GP interested or experienced in surgery. These openings ore avoilable immediately or would sign contract if finishing residency in June. Partnership availoble 2nd year or sooner with obsolutely no investment needed for eventuol full portnership. Excellent net clinic income because of high collection rate & exceedingly low overhead. Over 95% of patients are fully insured for ony & all services rendered. All of the above is possible because of unique association between clinic & 3 large industries in town employing 2,100. Town of 3,500 economicolly unsurpassed in many aspects locoted in NE Minnesota's Superior National Forest. Large unopposed clinic fully equipped in all aspects. Stoff consists of 5 x-roy lab techs, RN, & 3 secretaries. Good housing for rent or purchose. Rotating night & long weekend call & 6 weeks vacation. Fifteen minutes from modern hospital with pathology & radiology consultation. Excellent school system & most churches represented. Unexcelled hunting-fishing-camping-snowmobiling-golfing-baating-skiing-fresh air. All replies kept confidential. Call collect after 6 p.m. for further information. T. C. Leach, M.D., Bobbitt, Minnesota, 55706, (218)-827-6830.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

ADVERTISERS IN THIS ISSUE

February 1969 Volume 62 No. 2

Associated Credit Bureaus of Indiana 3rd Cover
Brown Pharmaceutical Co. 206
Burroughs-Wellcome & Co., Inc. 160
Chicago Medical Society 194
Geigy Pharmaceuticals 154-55, 214-16
Hanger, J. E., Inc. 207
Harding Hospital 218
Heid's Shoe Store 201
Highland Hospital 213
Hook's Drugs 209
Hynson, Westcott & Dunning, Inc. 139
Indiana Medical Bureau 156
N. B. Knapke Co. Realtor 200
Lederle Laboratories 141, 157-58, 202-03, 208, 213
Lilly, Eli & Company 164
McNeil Laboratories, Inc. 185
Medical Protective Co. of Ft. Wayne 21
Mutual Medical Insurance, Inc. 15
National Drug Company 175, 18
Parke, Davis & Company 15
Pitman-Moore Company 198-9
Poythress, Wm. P. & Co., Inc. 16
Robins, A. H. Company, Inc. 143, 169-17
Roche Laboratories 4th Cover, 210-1
Sandoz Pharmaceuticals 14
Searle, G. D. & Co. 186-8
Smith Kline & French Laboratories 2nd Cove
Stuart Company, The 18
Wabash Valley Hospital 20
Warner-Chilcott Laboratories 147-4
Winthrop Laboratories 19
Wyeth Laboratories 196-9

In accepting advertising for publication, *The Journal* has exercised reasonable precaution to insure that only reputable factual advertisements are included. However, we do not have facilities to make any comprehensive or complete investigation, and the claims made by advertisers in behalf of goods, services, and medicinal preparations, apparatus or physical appliances are to be regarded as those of the advertiser only. Neither sanction nor endorsement of such is warranted, stated, or implied by the association.

The JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

Indianapolis, Indiana
Vol. 62 • No. 3
March, 1969



U.C. MEDICAL CENTER LIBRARY
APR 7 1969
San Francisco 22,

The AMBAR SCRAPBOOK of Obesity Oddities

FACT & LEGEND



CONTROL FOOD AND MOOD ALL DAY LONG WITH A SINGLE MORNING DOSE

AMBAR #2 EXTENTABS®

methamphetamine HCl 15 mg., phenobarbital 64.8 mg. (1 gr.) (Warning: may be habit forming).

One Ambar Extentab before breakfast can help control most patients' appetite for up to 12 hours. Methamphetamine, the appetite suppressant, gently elevates mood and helps overcome dieting frustrations. Phenobarbital, the sedative in Ambar, controls irritability and anxiety...helps maintain a state of mental calm and equanimity. Both work together to ease the tensions that erode the willpower during periods of dieting.

Also available: Ambar #1 Extentabs®—methamphetamine hydrochloride 10 mg., phenobarbital 64.8 mg. (1 gr.) (Warning: may be habit forming).

BRIEF SUMMARY/**Indications:** Amba suppresses appetite and helps offset emo tional reactions to dieting. **Contraindica tions:** Hypersensitivity to barbiturates o sympathomimetics; patients with advance renal or hepatic disease. **Precautions:** Administer with cau tion in the presence of cardiovascular disease or hypertension **Side Effects:** Nervousness or excitement occasionally noted but usually infrequent at recommended dosages. Slight drows iness has been reported rarely. See package insert for further details.

A. H. ROBINS COMPANY, RICHMOND, VA. 23220 A·H·ROBINS

LACTINEX®

TABLETS & GRANULES

■ **to help restore and stabilize the intestinal flora**

■ **for fever blisters and canker sores of herpetic origin**

Lactinex contains both *Lactobacillus acidophilus* and *L. bulgaricus* in a standardized viable culture, with the naturally occurring metabolic products produced by these organisms.

Lactinex has been shown to be useful in the treatment of gastrointestinal disturbances, and for relieving the painful oral lesions of fever blisters and canker sores of herpetic origin.[1,2,3,4,5,6,7,8]

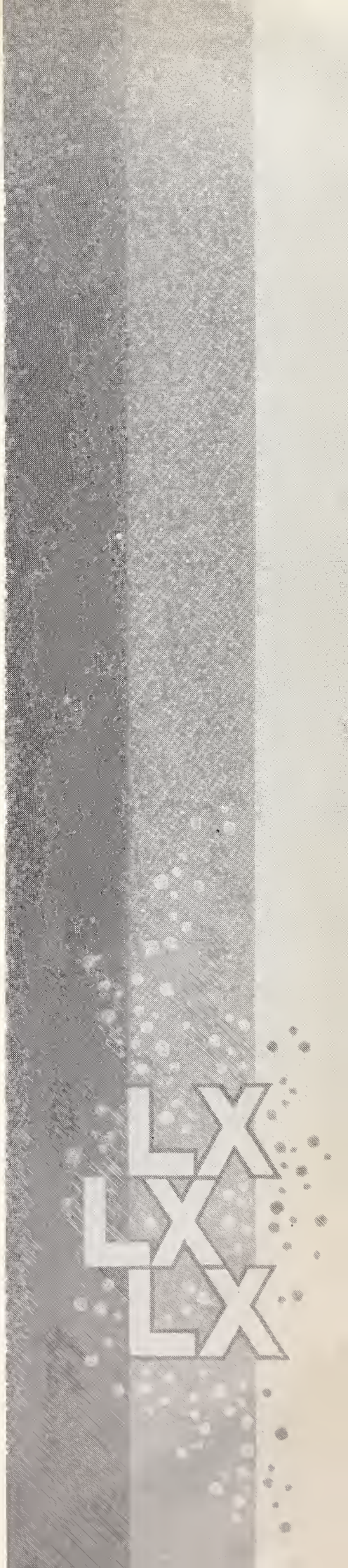
No untoward side effects have been reported to date.

Literature on indications and dosage available on request.

HYNSON, WESTCOTT & DUNNING, INC.

Baltimore, Maryland 21201

(LX-05)



eferences:
1) Siver, R. H.: CMD, *21*:109, September 1954. (2) Frykman, H. H.: Minn. Med., 8:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., *51*:16-18, January 955. (4) Quehl, T. M.: Jour. of Florida Acad. Gen. Prac., *15*:15-16, October 1965. 5) Weekes, D. J.: N.Y. State Jour. Med., *58*:2672-2673, August 1958. (6) Weekes,). J.: EENT Digest, *25*:47-59, December 1963. (7) Abbott, P. L.: Jour. Oral Surg., nes., & Hosp. Dental Serv., 310-312, July 1961. (8) Rapoport, L. and Levine, W. I.: ral Surg., Oral Med. & Oral Path., *20*:591-593, November 1965.

MARCH 1969

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication
3935 N. Meridian, Indianapolis, Indiana 46208

Contents

SCIENTIFIC

The Postoperative Use of Negative Suction in Urology, Rodney A. Mannion, M.D., Frederick A. Lloyd, M.D., LaPorte and Michigan City 255

Court-Ordered Contraception, Honorable Don J. Young, Toledo, Ohio; Patricia Young Alverson, A.C.S.W., Lorain, Ohio; Don J. Young, M.D., Indianapolis 264

The Inotropic Effects of Digitalis: A Review, Robert E. Edmands, M.D., Kalman Greenspan, Ph.D., Indianapolis 268

X-Ray Conference: Aneurysms and Arteriovenous Fistulae in a Hypernephroma, Erich K. Lang, M.D., Shreveport, La. 276

EDITORIALS

Facts for the "Fickle Finger" 283

Progress in Auto Safety 283

The "AMA Annual" (Guest) 284

Editorial Notes 284

REGULAR FEATURES

President's Page 241

Month in Washington 242

Letters to the Editor 246

What's New? 251

Fourth Estate 252

From The Journal 50 Years Ago 278

The Woman's Auxiliary Reports to ISMA 286

Medicine At Law 290

News from the I.U. School of Medicine 294

Moderating Costs (One of a Series) 296

Annual Meeting Dates of Professional Medical and Allied Organizations 297

Wanted: Physicians, Locations 298

Abstracts, Book Reviews 305

Day by Day With the FDA 310

News Notes 311

Board of Health Report 319

Future Meetings, Seminars, Courses 323

County, District News 328

EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritte double-spaced with margins of or inch.

Photographs should be printe on glossy paper. Negatives conn be used.

Illustrations are desirable. Sele tion of illustrations submitted discretion of editor and editori board members.

Contributors are responsible f all statements made in their o ticles. The editors and editori board members may not be i agreement with all views expresse by authors, but it is desired t give all authors as great latitud as possible.

Articles are accepted for publica tion with the understanding th they are submitted for exclusiv publication.

Communications dealing wit editorial matter should be sent t Frank B. Ramsey, M.D., Editor, 180 North Illinois Street, Indianapol 46202. All other communica tions should be sent to THE JOUR NAL of the Indiana State Medica Association, 3935 N. Meridia Indianapolis 46208.

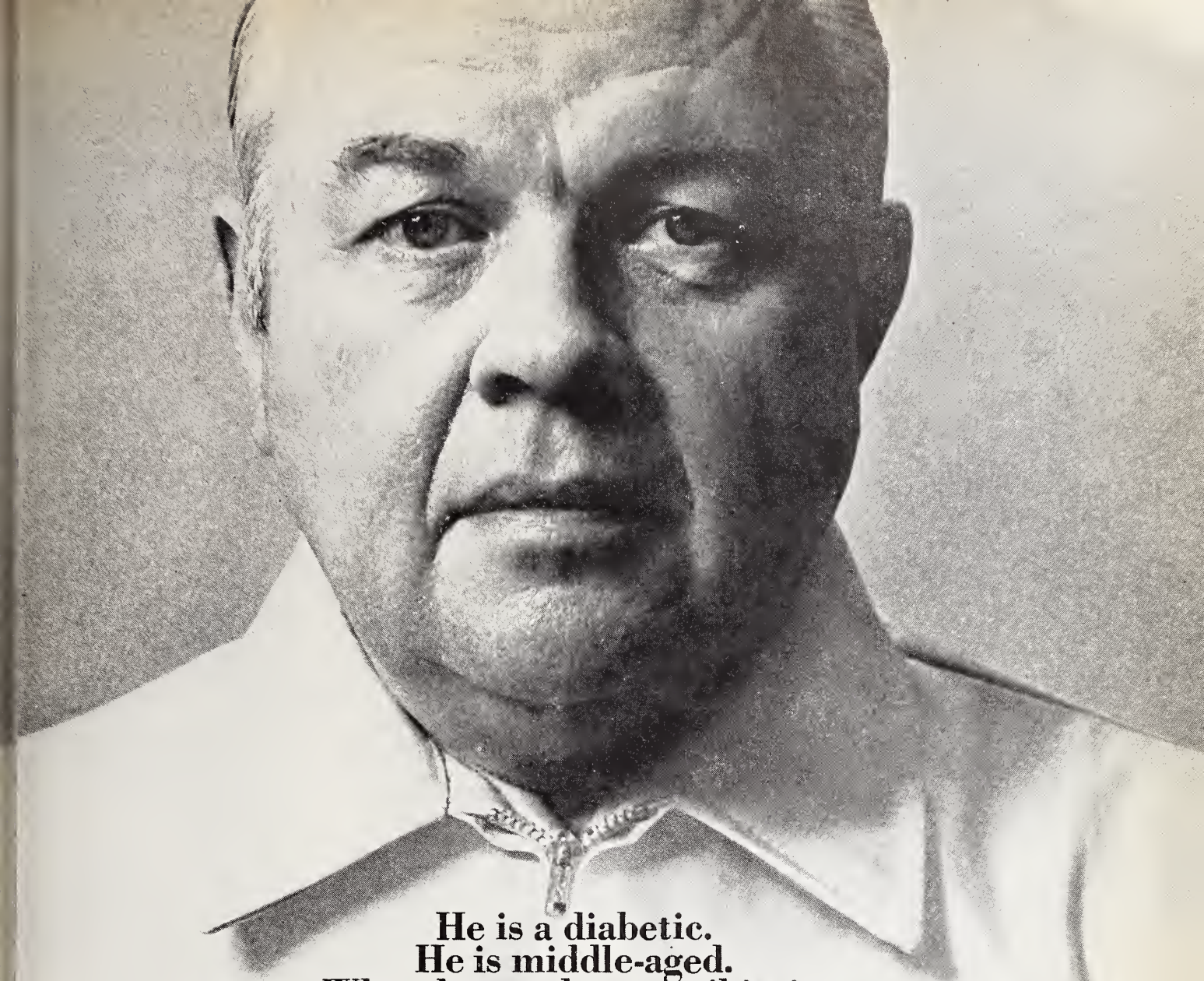
Advertising rates will be fu nished on request. Copy must b received by the 5th of the mont preceding month of issue. (Scien tific manuscripts must be receive at least two weeks earlier i geared for a specific issue.)

Representative for national ad vertising is the State Medica Journal Advertising Bureau, 51 N. Dearborn St., Chicago, Il

Entered as second class matte January 25, 1933, at the Postoffic at Indianapolis, Indiana. Copyrigh 1969 by the Indiana State Medica Association. Published monthly a 3935 N. Meridian, Indianapoli 46208.

Second-class postage paid a Indianapolis, Indiana and a additional mailing office.

All issues of 1967 and subse quently may be obtained on micro film. Address The Journal fo details.



He is a diabetic.
He is middle-aged.
When he needs an antibiotic he may be a candidate for

DECLOSTATIN® 300

Demethylchlortetracycline HCl 300 mg and Nystatin 500,000 units CAPSULE-SHAPED TABLETS Lederle

b.i.d.

guard susceptible patients against intestinal monilial overgrowth during broad-spectrum therapy—the protection of nystatin is combined with demethylchlortetracycline in ECLOSTATIN.

For your susceptible candidates, prescribe DECLOSTATIN he broad-spectrum therapy that prevents monilial ergrowth.

ectiveness: Because its antibacterial component is DECLOMYCIN methylchlortetracycline, DECLOSTATIN should be equally or more ective therapeutically than other tetracyclines in infections caused by racycline-sensitive organisms. The antifungal component, Nystatin, tects against superinfection by antibiotic-resistant fungal overgrowth rticularly monilia) in the intestinal tract.

ntraindication: History of hypersensitivity to demethylchlortetracye or nystatin.

rning: In renal impairment, usual doses may lead to excessive accumtion and liver toxicity. Under such conditions, lower than usual doses indicated, and, if therapy is prolonged, serum level determinations y be advisable. A photodynamic reaction to natural or artificial sunht has been observed. Small amounts of drug and short exposure may oduce an exaggerated sunburn reaction which may range from erytma to severe skin manifestations. In a smaller proportion, photoergic reactions have been reported. Patients should avoid direct posure to sunlight and discontinue drug at the first evidence of skin comfort. Necessary subsequent courses of treatment with tetracynes should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. Skin—maculopapular and erythematous rashes; a rare case of exfoliative dermatitis has been reported. Photosensitivity; onycholysis and discoloration of the nails (rare). Kidney—rise in BUN, apparently dose related. Transient increase in urinary output, sometimes accompanied by thirst (rare). Hypersensitivity reactions—urticaria, angioneurotic edema, anaphylaxis. Teeth—dental staining (yellow-brown) in children of mothers given this drug during the latter half of pregnancy, and in children given the drug during the neonatal period, infancy and early childhood. Enamel hypoplasia has been seen in a few children. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Demethylchlortetracycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Should be given 1 hour before or 2 hours after meals, since absorption is impaired by the concomitant administration of high calcium content drugs, foods and some dairy products. Treatment of streptococcal infections should continue for 10 days, even though symptoms have subsided.

Lederle

LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, New York

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

ANNUAL CONVENTION—OCTOBER 13-16, 1969—INDIANAPOLIS

OFFICERS FOR 1968-69

President—Patrick J. V. Corcoran, 3700 Bellemeade, Evansville 47715.

President-Elect—Lowell H. Steen, 2450 169th St., Hammond 46323.

Treasurer—Lester H. Hoyt, M.D., Methodist Hospital, Indianapolis 46202.

Assistant Treasurer—Malcolm O. Scamahorn, Pittsboro 4616

Executive Secretary—Mr. James A. Waggener, 3935 Meridian, Indianapolis 46208.

TRUSTEES

District	Term Expires
1—Gilbert M. Wilhelmus, Evansville	Oct. 1971
2—Joe Dukes, Dugger	Oct. 1969
3—Donald M. Kerr, Bedford	Oct. 1970
4—Robert M. Reid, Columbus	Oct. 1971
5—Wilbert McIntosh, Riley	Oct. 1969
6—Stephen D. Smith, Knightstown	Oct. 1970
7—James H. Gosman, Indianapolis	Oct. 1971
8—Donald R. Taylor, Muncie (Chairman)	Oct. 1969
9—Peter R. Petrich, Attica	Oct. 1970
10—Vincent J. Santare, Munster	Oct. 1971
11—Lowell Hillis, Logansport	Oct. 1969
12—William R. Clark, Fort Wayne	Oct. 1970
13—Otis R. Bowen, Bremen	Oct. 1971

ALTERNATES

District	Term Expir
1—Eugene Austin, Evansville	197
2—Betty Dukes, Dugger	197
3—Elmer L. Wallace, New Albany	197
4—Jack E. Shields, Brownstown	197
5—Cleon M. Schauwecker, Greencastle	197
6—Frank Green, Rushville	196
7—John O. Butler, Indianapolis	196
8—Paul Sparks, Winchester	197
9—Lindley Wagner, Lafayette	197
10—Charles T. Disney, Gary	196
11—James A. Harshman, Kokomo	197
12—Frederic L. Schoen, Fort Wayne	197
13—G. Beach Gattman, Elkhart	197

SECTION OFFICERS 1968-69

Section on Surgery:
Chairman—Henry Larzelere, Marion
Vice-chairman—Austin Gardner, Indianapolis
Secretary—Robert Rang, Washington

Section on Internal Medicine:
Chairman—Louis Sandock, South Bend
Vice-chairman—Evart M. Beck, Indianapolis
Secretary—Robert L. Rudesill, Indianapolis

Section on Ophthalmology and Otolaryngology:
Chairman—David E. Brown, Indianapolis
Vice-chairman—Kenneth F. Isenogle, Fort Wayne
Secretary—George A. Clark, Indianapolis

Section on Anesthesiology:
Chairman—Robert W. Vermilya, Lafayette
Vice-chairman—William M. Sholty, Lafayette
Secretary—Adolph P. Walker, East Chicago

Section on General Practice:
Chairman—Robert W. Mouser, Indianapolis
Vice-chairman—Richard Juergens, Fort Wayne
Secretary—Robert Acher, Greensburg

Section on Obstetrics and Gynecology:
Chairman—Tom W. Wachob, Jr., Kokomo
Vice-chairman—Charles R. Echt, Indianapolis
Secretary—Barton T. Smith, Marion

Section on Public Health and Preventive Medicine:
Chairman—Bertram F. Duckwall, Terre Haute
Vice-chairman—
Secretary—Louis E. How, South Bend

Section on Radiology:
Chairman—John A. Robb, Indianapolis
Vice-chairman—Robert E. Beck, Evansville
Secretary—Dale B. Parshall, Elkhart

Section on Nervous and Mental Diseases:
Chairman—Robert O. Bill, Indianapolis
Vice-chairman—Richard L. Shriner, South Bend
Secretary—Wesley A. Kissel, Indianapolis

Section on Pathology and Forensic Medicine:
Chairman—Robert J. Frost, Michigan City
Vice-chairman—Harley P. Palmer, Franklin
Secretary—Robert L. Costin, Indianapolis

Section on Pediatrics:
Chairman—Roland E. Miller, Lafayette
Vice-chairman—Gustaf W. Erickson, South Bend
Secretary—Morris Green, Indianapolis

Section on Directors of Medical Education:
Chairman—Donald T. Olson, South Bend
Vice-chairman and Secretary—Franklin A. Bryan, Fort Wayne

DELEGATES TO THE AMA

Terms expire December 31, 1969:

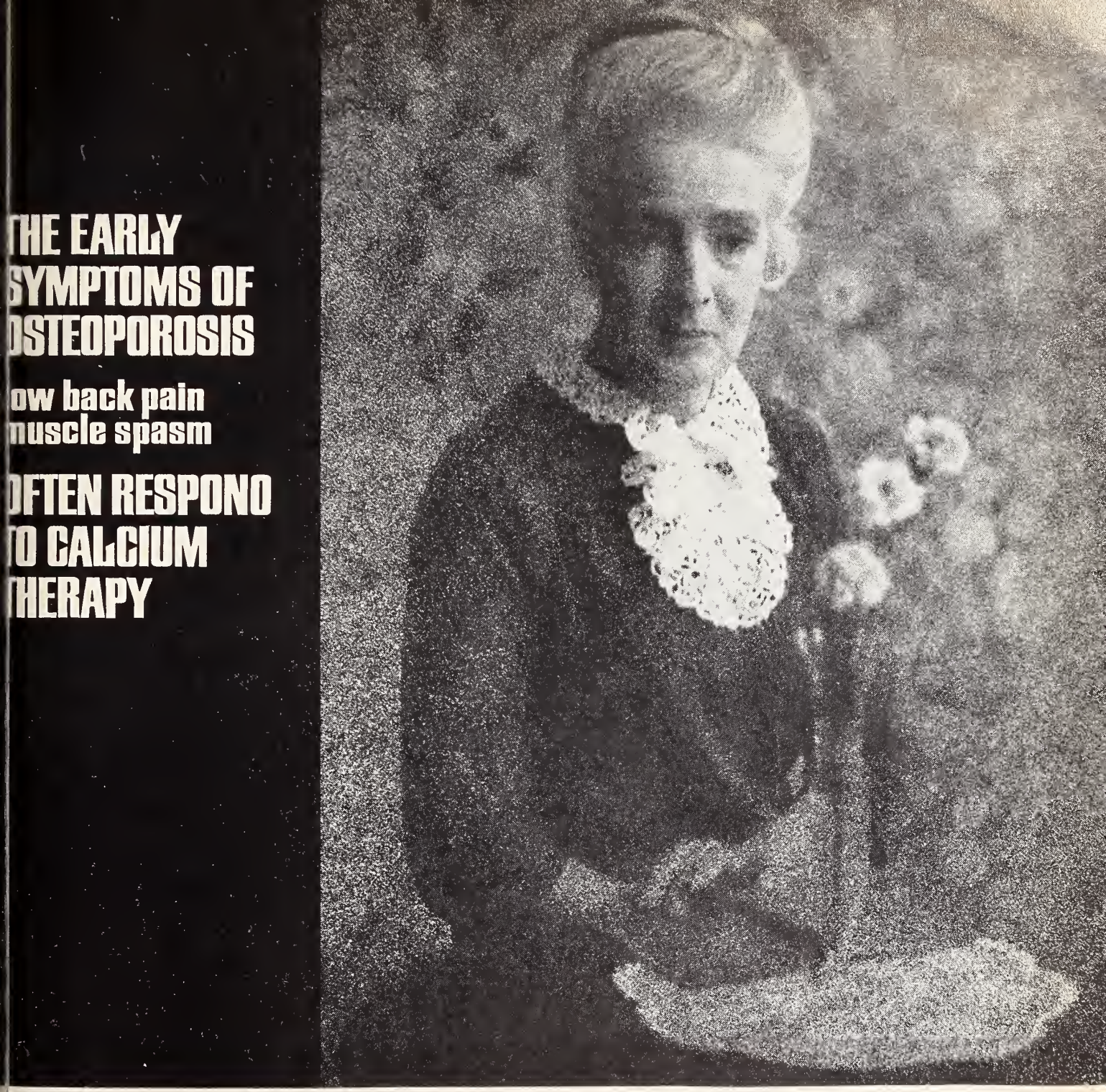
Delegates	Alternates
Guy A. Owsley Hartford City	Maurice E. Glock Fort Wayne
Jack E. Shields Brownstown	Dwight W. Schuster Indianapolis

Terms expire December 31, 1970:

Delegates	Alternates
Don E. Wood Indianapolis	James A. Harshman Kokomo
Eugene F. Senseny Fort Wayne	Eugene S. Rifner Van Buren
Frank H. Green Rushville	Kenneth O. Neumann Lafayette

1967-68 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	R. E. Weitzel, Princeton	Fred Smith, Tell City	
2.	Brad Bomba, Bloomington	J. S. Brown, Carlisle	
3.	Daniel H. Cannon, New Albany	Elmer L. Wallace, New Albany	April 2, 1969, New Albany
4.	Lloyd Hisrich, Batesville	William J. Warn, Milan	May 14, 1969
5.	Jack Somerville, Clinton	Milton Herzberg, Clinton	April 30, 1969, Terre Haute
6.	Stephen Smith, Knightstown	David Wynegar, Richmond	
7.	John O. Butler, Indianapolis	Donald E. Stephens, Indianapolis	April 26, 1969, Indianapolis
8.	F. E. Stout, Muncie	Richard N. Philbert, Muncie	June 4, 1969, Muncie
9.	Hugh Steele, Lafayette	Anson F. Hughes, Lafayette	May 22, 1969, Lafayette
10.	R. J. Doherty, Crown Point	Lambro Dimitroff, Calumet City, Ill.	April 9, 1969, Gary
11.	John D. Pattison, Marion	Fred Poehler, La Fontaine	Sept., 17, 1969, Marion
12.	Kenneth F. Isenogle, Fort Wayne	John J. Hartman, Angola	May 21, 1969, Fort Wayne
13.	John Kerrigan, Michigan City	John Hildebrand, South Bend	Sept. 17, 1969, South Bend



THE EARLY SYMPTOMS OF OSTEOPOROSIS

ow back pain
nuscle spasm

OFTEN RESPONO TO CALCIUM THERAPY

n postmenopausal and geriatric patients, low back ain of unspecified origin may be symptomatic of the arly stages of osteoporosis and calcium depletion. reatment with Calcium-Forte, a form of calcium eadily available for absorption, may help to restore a ositive calcium balance. In doing so, often it can lleviate the symptoms and help to arrest the progress f osteoporosis by preventing further skeletal damage.

)ne packet of Calcium-Forte contains the equivalent of 00 mg. elemental calcium, the same amount found in ne-half quart of milk.

] pleasant tasting ☐ highly concentrated
] readily soluble

ndications: As an adjunctive measure for major calcium epletion states, which require elemental intakes higher than ormal dietary supplements can provide, such as the initial tages of postmenopausal and senile osteoporosis and advanced steoporosis; also adjunctively with Vitamin D for the treatment f mild or latent hypocalcemic tetany.

Contraindications: Lithiasis, hypercalcemia, cardiac or renal failure.
Precautions: If the patient has a history of renal disease, administration of Effervescent Calcium Granules should be accompanied by abundant intake of acidulous liquids such as fruit juices to avoid hypercalciuria. Should hypercalciuria occur, dosage should be reduced accordingly. Due consideration should be given to the sodium content of Effervescent Calcium Granules when treating patients requiring low sodium diets.
Side Effects: In high doses may cause indigestion or diarrhea. Constipation may occur occasionally.
Composition: Each packet of orange-flavored Effervescent Calcium Granules contains 2.94 grams of the double salt calcium lactate-gluconate and 0.30 grams of calcium carbonate (also contains 325 milligrams of sodium per packet).

New
CALCIUM-FORTE
(Effervescent Calcium) Granules

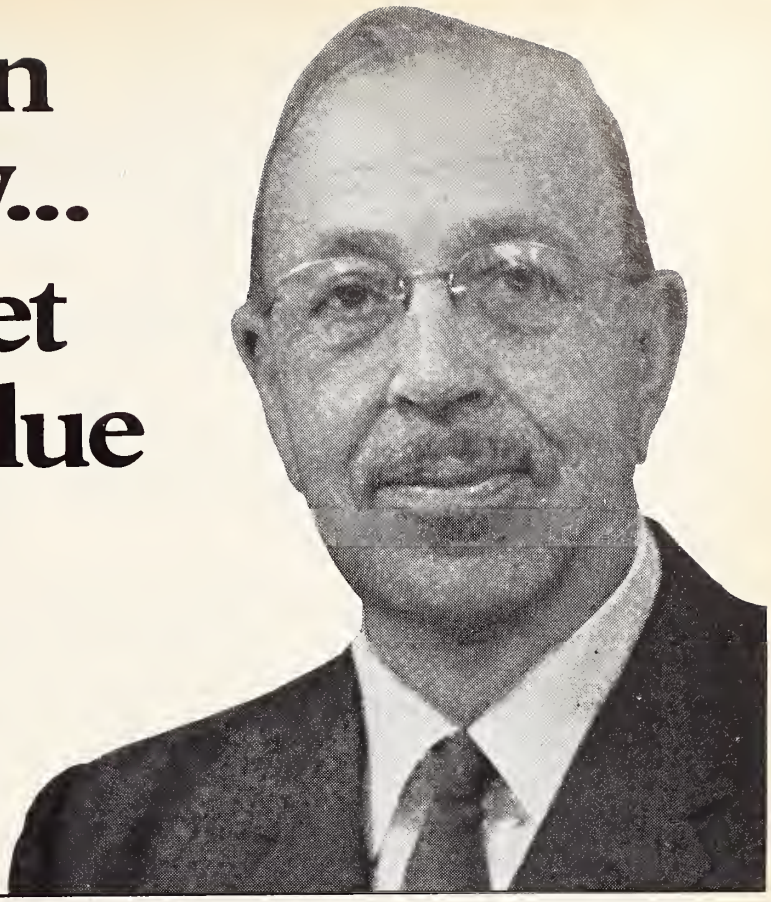
SANDOZ PHARMACEUTICALS, HANOVER, N.J. SANDOZ

68-207

COUNTY MEDICAL SOCIETY DIRECTORY

COUNTY	PRESIDENT	SECRETARY
Adams	Arthur H. Girod, Decatur	Harold F. Zwick, 227 S. Second St., Decatur
Allen (Fort Wayne)	Frederic L. Schoen, Fort Wayne	Eugene E. Schmidt, Suite 725, Indiana Bank Bldg., Fort Wayne
		Mr. Larry L. Pickering, Exec. Secy., 212 Med. Ctr. Bldg., Fort Wa
Bartholomew-Brown	Harold W. Richmond, Columbus	C. David Ryan, 2600 Sandcrest Blvd., Columbus
Benton	A. L. Coddens, Earl Park	D. L. McKinney, Box 398, Otterbein
Boone	James R. McAfee, Lebanon	Kathryn A. Jackson, 95 E. Oak St., Zionsville
Carroll	Marilyn L. Wagoner, Burlington	Robert Seese, 101 W. North St., Delphi
Cass	B. R. Hall, Logansport	Edward L. TerBush, 216 Ninth Street, Logansport
Clark	Robert Witt, Jeffersonville	Claude Meyer, 119 S. Indiana, Sellersburg
Clay	Stanley Froderman, Brazil	Forrest R. Buell, 314 Lankford St., Clay City
Clinton	Lee F. Dupler, Frankfort	Francis E. Carrel, 209 S. Columbia St., Frankfort
Daviess-Martin	A. G. Blazey, Washington	Hamlin B. Lindsay, 511 E. Main St., Washington
Dearborn-Ohio	Fred D. Houston, Lawrenceburg	Leslie M. Baker, 501 Fourth St., Aurora
Decatur	Dale D. Dickson, Greensburg	Arnold D. Ducanes, 215 N. Franklin St., Greensburg
DeKalb	John C. Harvey, Auburn	C. Bishop Hathaway, 209 N. Jackson St., Auburn
Delaware-Blackford	Jack M. Walker, Muncie	Richard N. Philbert, 2810 Ethel Ave., Muncie
Dubois	H. G. Backer, Ferdinand	John Bretz, 302 Fourth St., Huntingburg
Elkhart	James R. Miller, Elkhart	Page E. Spray, 320 W. High St., Elkhart
Fayette-Franklin	R. G. Janes, Connersville	J. L. Steinem, 818 Grand Ave., Connersville
Floyd	William F. Ruoff, New Albany	Daniel H. Cannon, 1201 E. Spring St., New Albany
Fountain-Warren	Jack D. Furr, Kingman	Theodore Person, 601 N. Mill St., Veedersburg
Fulton	Wayne L. Knochel, Rochester	F. Richard Walton, 116 W. 9th St., Rochester
Gibson	Roland E. Weitzel, Princeton	Richard Noveroske, Gibson County Hospital, Princeton
Grant	Robert D. Cunningham, Marion	Robert G. Young, 1207 Northwood Ct., Marion
Greene	Robert Moses, Worthington	Harry Rotman, Jasonville
Hamilton	Claude M. Donahue, Carmel	John G. Haywood, 110 Lakeview Dr., Noblesville
Hancock	Bob R. Cagle, New Palestine	Ralph L. Rea, 120 W. McKenzie Rd., Greenfield
Harrison-Crawford	Carl Dillman, Corydon	Richard A. Jordan, Corydon
Hendricks	Joseph Kerlin, Danville	Malcolm O. Scamahorn, Pittsboro
Henry	Guido P. Wilhelm, New Castle	Paul T. KinKade, 1015 Broad St., New Castle
Howard	John L. Frazier, Kokomo	John H. Elleman, 416 W. Mulberry St., Kokomo
Huntington	Wayne S. Miller, Huntington	Stanton E. Cope, 1022 N. Jefferson St., Huntington
Jackson-Jennings	Kenneth E. Bobb, Seymour	William F. Blaisdell, 207 N. Pine, Seymour
Jasper	Francis E. O'Brien, Rensselaer	Ernest R. Beaver, Rensselaer
Jay	Ralph Steffy, Portland	Eugene Gillum, 522 W. Arch St., Portland
Jefferson-Switzerland	Theodore C. C. Fong, Madison	Ott B. McAtee, Madison State Hospital, Madison
Johnson	Jack L. Walters, Franklin	Mac C. Roller, 1551 N. Main, Franklin
Knox	Charles L. Miller, Vincennes	Daniel J. Combs, 1325 McDowell Rd., Vincennes
Kosciusko	Wymond B. Wilson, Mentone	Arthur L. Moser, 600 Winona, Warsaw
LaGrange	Dean L. Mattox, Howe	Kenneth M. Lehman, Topeka
Lake	Joseph E. Kopcha, Gary	Reginald R. Barton, 427 S. Lake St., Gary
		Mr. John B. Twyman, Ex. Dir., 4640 W. 5th Ave., Gary
LaPorte	Charles K. Liddell, Michigan City	Frank McGue, 801 Washington St., Michigan City
		Mrs. Polly Dent, Exec. Dir., 903 Indiana Ave., LaPorte
Lawrence	Reid C. Crosby, Bedford	L. E. Benham, 301 Stone City Bank, Bedford
Madison	D. L. Buckles, Anderson	William M. Stinson, 333 Jackson St., Anderson
Marion	Hugh K. Thatcher, Indianapolis	A. Alan Fischer, 3500 Lafayette Rd., Suite 203, Indianapolis
		Mr. Arthur G. Loftin, Exec. Secy., 211 N. Delaware St., Indianapolis
Marshall	James Hampton, Argos	Harry Stoller, 109 N. Walnut St., Plymouth
Miami	Parker W. Snyder, Peru	Gordon S. Crates, Denver
Montgomery	V. G. Viray, Crawfordsville	W. E. Shannon, 408 W. Market St., Crawfordsville
Morgan	George Ostheimer, Martinsville	Maurice A. Turner, 10½ N. Main St., Martinsville
Newton	John Parker, Goodland	Arthur Schoonveld, Brook
Noble	O. Thomas Slough, Kendallville	Joseph Greenlee, Avilla
Orange	Charles X. McCalla, Paoli	Phillip T. Hodgin, Orleans
Owen-Monroe	Richard J. Schilling, Bloomington	Robert D. Robinson, P. O. Box 1149, Bloomington
Parke-Vermillion	John Somerville, Clinton	J. Franklin Swaim, 111 N. Market St., Rockville
Perry	Robert Gilbert, Tell City	Gene E. Ress, 507 Main St., Tell City
Pike	M. H. Omstead, Petersburg	M. H. Omstead, Petersburg
Porter	Thomas J. Covey, Valparaiso	John R. Crise, Portage Clinic, Portage
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
Pulaski	William R. Thompson, Winamac	Charles Heinsin, Winamac
Putnam	Fred Haggerty, Greencastle	Anne S. Nichols, 707 E. Seminary, Greencastle
Randolph	Lowell W. Painter, Winchester	Hector S. Quiambao, Ridgeville
Ripley	Lloyd W. Hisrich, Batesville	William J. Warn, Milan
Rush	Donald I. Dean, Rushville	Charles E. Sheets, Manilla
St. Joseph	Jacob Rosenwasser, Mishawaka	L. F. Sandock, 503 Sherland Bldg., South Bend
		Mr. Harry Davis, Exec. Secy., 106 W. Monroe, South Bend
Scott	Ignacio B. Castro, Scottsburg	Jesus C. Bacala, 69 Wardell St., Scottsburg
Shelby	P. M. Inlow, Shelbyville	R. P. Inlow, 103 W. Washington St., Shelbyville
Spencer	John C. Glackman, Jr., Rockport	Michael O. Monar, Rockport
Starke	Howard J. Henry, Knox	W. Allen Palmer, Knox
Steuben	Mary H. Cameron, Angola	Richard W. Artz, 416 E. Maumee St., Angola
Sullivan	M. H. Bedwell, Sullivan	J. S. Brown, Carlisle
Tippecanoe	Hugh Steele, Lafayette	Anson F. Hughes, 2424 Ferry St., Lafayette
Tipton	Harold Ericson, Windfall	Jean V. Carter, 130 N. Main St., Tipton
Vanderburgh	Ralph Carlson, Evansville	Mr. Arthur P. Tiernan, Exec. Secy., 109½ S. E. 3rd., Evansville
Vigo	Fred Dierdorf, Terre Haute	Edward M. Johnson, 221 S. Sixth St., Terre Haute
Wabash	Fred C. Poehler, LaFontaine	Frank Smyrniotis, 645 Spring St., Wabash
Warrick	Peter B. Hoover, Boonville	Robert C. Colvin, Newburgh
Washington	Roy L. Fultz, Salem	Charles B. Carty, Pekin
Wayne-Union	John H. Mader, Richmond	John Dehner, Reid Memorial Hospital, Richmond
Wells	D. W. Meier, Bluffton	Louis F. Bradley, 303 S. Main St., Bluffton
White	M. Ali Jehanyar, Monticello	Kingdon Brady, White Co. Memorial Hospital, Monticello
Whitley	Verlin P. Huffman, S. Whitley	Thomas Hamilton, 115 S. Main St., Columbia City

Dr. Hamilton knows why... physicians get full dollar value from their PLC Plan!



Edwin S. Hamilton, M.D.

Dr. Hamilton was recently honored at a special luncheon of PLC policyholders and shareholders at Olympia Fields Country Club. The luncheon was held in recognition of Dr. Hamilton's 10 Years of distinguished leadership as Chairman of the Board.

Te Professional Life & Casualty Company specialis in serving the insurance needs of doctors and ıer professionals. Our seven-man Board of Directs is made up entirely of physicians.

Because we limit our coverage to professionals ie yourself, the rates we are able to charge for life insurance are substantially below those charged by many ıer companies. They reflect the stability and favorable mortality rates of professionals as well as an anormally low rate of policy lapses.

The Ledger Statement Chart below shows the comparative cost of a policy issued by Professional Life & Casualty Co. and similar policies issued by other representative companies.

Comparative Savings of the PLC Plan.

$10,000 Participating Whole Life Policy Issued At Age 35 (Figures rounded to nearest dollar)	Professional Life (Participating)	Northwestern Mutual Life (Participating)	Allstate Life (Non-Par)
ÜR ANNUAL PREMIUM	$ 188	$ 234	$ 182
10 Years			
ıu will have paid in	1,875	2,348	1,820
ıu will have received dividends	221	525	0
t Payments	1,654	1,823	1,820
ss Cash Value of licy after 10 years	1,587	1,733	1,350
t Cost To You for Years Insurance	67	90	470
20 Years			
ur Net Payments remiums Less Dividends)	$3,002	$3,153	$3,640
ash Value After 20 Years	3,525	3,751	3,250
t Gain (Cost) ter 20 Years	**GAIN** 523	**GAIN** 598	**COST** (390)

DIRECTORS

CHAIRMAN—Edwin S. Hamilton, M.D.

PRESIDENT—Edward L. Compere, M.D.

Nicholas Egnatz, M.D. — Robert F. Purtell, M.D.

Stanley K. Nord, M.D. — William H. Walton, M.D.

William B. Hildebrand, M.D.

Why not send for a Ledger Statement Report for your particular age? Just fill in this coupon and mail. This Information will be provided to you by mail and no representative will call on you unless specifically requested.

NAME_____

ADDRESS_____

CITY_____

DATE OF BIRTH_____

STATE_____ ZIP_____

I am interested in__

☐ Whole Life *(as illustrated)* ☐ Term Life Insurance

PLC *Professional Life & Casualty Company*

HOME OFFICE: 720 N. Michigan Ave., Chicago, Illinois 60611

GENERAL MANAGER, ACTUARY—Norman R. B. King

ISMA Committees and Commissions for 1968-1969

COMMITTEES

Executive

Ralph V. Everly, Indianapolis, chairman; Burton E. Kintner, Elkhart; P. J. V. Corcoran, Evansville, President; Lowell H. Steen, Hammond, President-Elect; Donald Taylor, Muncie, Chairman of the Board of Trustees; Lester H. Hoyt, Indianapolis, Treasurer; Malcolm O. Scamahorn, Pittsboro, Assistant Treasurer.

Grievance

Edgar C. Stuntz, West Lafayette; Kenneth L. Olson, South Bend; Earl W. Mericle, Indianapolis; Eugene S. Rifner, Van Buren; Richard Bloomer, Rockville; Robert G. Young, Marion; John M. Paris, New Albany; Wilson L. Dalton, Shelbyville; William R. Noe, Bedford.

Student Loan

Lester D. Bibler, Indianapolis, chairman; James O. Ritchey, Indianapolis, vice-chairman; Patrick J. V. Corcoran, Evansville; Lester H. Hoyt, Indianapolis; Glenn W. Irwin, Indianapolis; Joe Dukes, Dugger.

Medical-Legal Review

Raymond L. Newnum, Evansville, chairman; Walter Able, Columbus, vice-chairman; Joseph G. S. Weber, Terre Haute, secretary.

COMMISSIONS

Aging

A. W. Cavins, Terre Haute, chairman; Wallace R. Van Den Bosch, Lafayette, vice-chairman; Raymond Duncan, Bedford, secretary; Bernard B. Rosenblatt, Evansville; R. E. Buckingham, Bloomington; John O. Butler, Indianapolis; R. D. Williams, Anderson; George M. Young, Gary; George W. Wagoner, Delphi; Nathan Salon, Fort Wayne; Thomas A. Elliott, Elkhart; Andrew C. Offutt, Indianapolis; Wendell C. Anderson, Indianapolis; James R. Guthrie, Richmond.

Constitution and Bylaws

George W. Willison, Evansville; Paul B. Arbogast, Vincennes; Eli Goodman, Charlestown; Gordon S. Fessler, Rising Sun; Donald B. Garvin, Brazil; Joseph F. Ferrara, Franklin; B. D. Wagoner, Union City; Chester L. Waits, Lafayette; Thomas Tyrrell, Calumet City, Ill.; Richard L. Glendening, Logansport; Jerome C. Schubert, Fort Wayne; Edwin C. Mueller, LaPorte; William M. Sholty, Lafayette; Eugene W. Austin, Evansville.

Convention Arrangements

Richard B. Hovda, Evansville, chairman; John L. Ferry, Whiting, vice-chairman; Charles H. Aust, Fort Wayne, secretary; William F. Howard, Bloomington; Harold W. Richmond, Columbus; John E. Freed, Jr., Terre Haute; John Mader, Richmond; William M. Kendrick, Mooresville; Francis E. Stout, Muncie; Howard R. Marvel, Lafayette; Tom W. Wachob, Jr., Kokomo; Samuel E. Bechtold, South Bend; Charles Fisch, Indianapolis.

Governmental Medical Services

Jerome E. Holman, Jr., Indianapolis, chairman; Glen V. Ryan, Indianapolis, vice-chairman; Roman B. Dubois, Lafayette, secretary; Cola K. Newsome, Evansville; Francis H. Gootee, Jasper; Herman Echsner, Columbus; Dick J. Steele, Greencastle; Tom S. Shields, Richmond; Robert P. Scott, Indianapolis; J. F. Hinchman, Parker; Edward J. Dierolf, Gary; Donald K. Winter, Logansport; Michael J. Mastrangelo, Fort Wayne; D. D. Swihart, Elkhart.

Inter-Professional Relations

A. Alan Fischer, Indianapolis, chairman; William E. Dye, Oakland City, vice-chairman; Richard L. Veach, Bainbridge, secretary; A. Wayne Ratcliffe, Evansville; Charles X. McCalla, Paoli; John W. Ripley, Seymour; William S. Robertson, Spiceland; Willis W. Stogsdill, Indianapolis; Richard N. Philbert, Muncie; Paul E. Ludwig, Crawfordsville; John J. Reed, Hobart; H. H. Dunham, Wabash; Pierre C. Talbert, Bluffton; Richard W. Holdeman, South Bend.

Legislation

Don E. Wood, Indianapolis, chairman; Eugene F. Senseny, Fort Wayne, vice-chairman; Joseph C. Finneran, Indianapolis, secretary; Robert E. Arendell, Evansville; Harold Manifold, Bloomington; Joseph D. McPike, Bedford; Leslie M. Baker, Aurora; Fred W. Dierdorf, Terre Haute; John Davis, Flat Rock; Jack L. Alexander, Muncie; Max N. Hoffman, Covington; Daniel Ramker, Hammond; Lester Renbarger, Marion; Otis R. Bowen, Bremen; Jack W. Hickman, Indianapolis.

Medical Economics and Insurance

Thomas J. Conway, Terre Haute, chairman; Kenneth O. Neumann, Lafayette, vice-chairman; Paul M. Inlow, Shelbyville, secretary; Charles M. Sinn, Evansville; Paul W. Holtzman, Bloomington; Edward J. Ploetner, Jasper; William Scharbrough, Ewing; Morris E. Thomas, Indianapolis; Charles E. Geckler, Muncie; A. S. Kobak, Valparaiso; Lloyd H. Smith, North Manchester; Thomas G. Hamilton, Columbia City; Jack W. Hannah, Elkhart; Chester A. Stayton, Jr., Indianapolis; Willard Barnhart, Evansville.

Medical Education and Licensure

John L. Cullison, Muncie, chairman; Franklin Bryan, Fort Wayne, vice-chairman; Betty Dukes, Dugger, secretary; Gilbert J. Himebaugh, Evansville; John M. Paris, New Albany; George G. Morrison, Jr., Lawrenceburg; Wayne Crockett, Terre Haute; Frank Coble. Richmond; George T. Lukemeyer, Indianapolis; William Ringer, Williamsport; Leo Radigan, Gary; Lowell J. Hillis, Logansport; Jene R. Bennett, South Bend; Merritt O. Alcorn, Madison; Peter J. Pilecki, Michigan City; Glenn W. Irwin, Jr., Indianapolis, Ex-Officio.

Public Health

Roy L. Fultz, Salem, chairman; Henry G. Nester, Indianapolis, vice-chairman; James S. Robertson, Plymouth, secretary; Daniel Hare, Evansville; William B. Sigmund, Columbus; Cleon M. Schauwecker, Greencastle; Wilson L. Dalton, Shelbyville; Stanley W. Burwell, Muncie; Theodore C. Person, Veedersburg; Philip J. Rosenbloom, Gary; Paul Sparks, Winchester; Wyant J. Shively, Evansville.

Public Information

William B. Challman, Mt. Vernon; Thomas O. Middleton, Bloomington; Louis H. Blessinger, Corydon; Kenneth D. Schneider, Columbus; Richard S. Bloomer, Rockville; Robert D. Spindler, Shelbyville; Robert W. Harger, Indianapolis; Don W. Boyer, Lebanon; Seymour W. Shapiro, Gary; Reeve Peare, Huntington; Fred Dahling, New Haven; William G. Moore, LaPorte; Victor Johnson, Evansville.

Special Activities

Marvin E. Priddy, Fort Wayne, chairman; Ray H. Burnikel, Evansville, vice-chairman; William H. Garner, Jr., New Albany, secretary; John C. Linson, Seymour; Harold C. Ochsner, Indianapolis; Henry Bibler, Muncie; Adolph Walker, East Chicago; Everett F. Donnelly, South Bend; K. G. Hill, New Castle; Robert P. Acher, Greensburg.

Voluntary Health Agencies

Norman R. Booher, Indianapolis, chairman; M. O. Scamahorn, Pittsboro, vice-chairman; Wayne Endicott, Greenfield, secretary; Albert Ritz, Evansville; Robert H. Rang, Washington; T. A. Neathamer, Scottsburg; Harry R. Baxter, Seymour; William G. Bannon, Terre Haute; Lowell W. Painter, Winchester; Albert E. Applegate, Frankfort; Walfred A. Nelson, Gary; Lloyd L. Hill, Peru; Richard Willard, Bluffton; Frank J. McCue, Michigan City; Charles Rushmore, Indianapolis.

Future Planning Committee

G. O. Larson, LaPorte, chairman; A. W. Ratcliffe, Evansville, vice-chairman; Ed Tyler, Indianapolis, secretary; Maurice E. Glock, Fort Wayne; James Fitzpatrick, Portland; Paul A. F. Walter, III, Evansville; Charles F. Gillespie, Indianapolis; Leslie Baker, Aurora; (Ex-Officio Members)—Patrick J. V. Corcoran, Evansville; Lowell H. Steen, Whiting; Donald R. Taylor, Muncie; Ralph V. Everly, Indianapolis; Frank B. Ramsey, Indianapolis.

Emergency Medical Services

John S. Farquhar, Jr., Fort Wayne, chairman; Raymond W. Nicholson, Evansville, vice-chairman; Robert M. Brown, Marion, secretary; William F. Kerrigan, Connersville; Rolla D. Burghard, Indianapolis; R. James Bills, Gary; James D. Finfrock, Elkhart; Charles A. Rau, Columbus; Larry W. Sims, Evansville; James W. Kress, Muncie; William W. Drummy, Terre Haute; Frederic L. Schoen, Fort Wayne.

Committee on Sports and Medicine

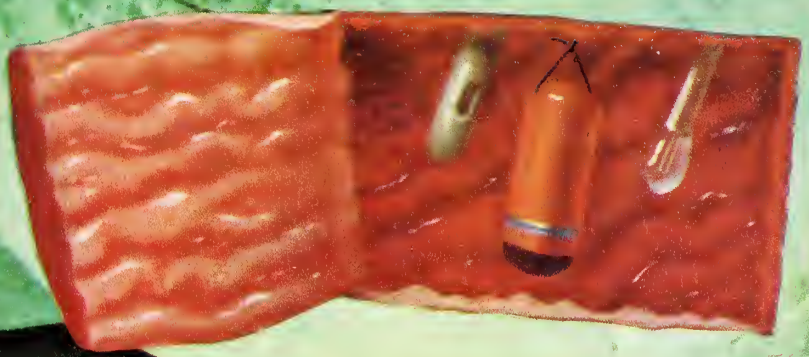
Brad J. Bomba, Bloomington; James H. Belt, Indianapolis; James B. Wray, Indianapolis; Thomas A. Brady, Indianapolis; Gilbert M. Wilhelmus, Evansville; Arthur L. Moser, Warsaw; Leland G. Brown, Muncie.

Committee on Medicine and Religion

Helen M. Calvin, South Bend; Burton E. Kintner, Elkhart; John C. Slaughter, Jr., Evansville; Donald E. Wood, Indianapolis; John E. Read, Chesterton; Edwin B. Bailey, Linton; Richard M. Nay, Indianapolis.

the inside story of a new antacid formulation...

with consistent buffering you can measure



:onsistently scored high in degree and duration of intragastric buffering

:mploying aspiration of gastric juice, indwelling electrode, and/or Heidelberg telemetering capsule techniques,* studies nvolving 79 subjects with or without proven peptic ulcer dis-ease compared intragastric buffering capacity of Gelusil-M and 1 or the other or both of 2 leading ethical antacids, using comparable doses.*

All three antacids raised the pH above 3.5, an accepted cri-erion for antacids. The amount of time above this pH helps o characterize the buffering activity of an antacid. While it s not implied that a direct therapeutic correlation exists, hese techniques do, however, objectively demonstrate the buffering characteristics of this new antacid in terms of onset of action, peak pH, duration of buffering action.

Mean peak pH*

Gelusil-M, mean peak pH 6.6 (range: 5.6-7.8).
Antacid A, mean peak pH 5.5 (range: 4.2-7.5).
Antacid B, mean peak pH 5.5 (range: 4.4-6.3).

Mean duration of buffering action above pH 3.5*

Gelusil-M, 29.8 mean minutes (range: 18.0-51.8 minutes).
Antacid A, 24.6 mean minutes (range: 6.3-48.0 minutes).
Antacid B, 23.3 mean minutes (range: 5.9-50.0 minutes).

Mean duration of buffering action above pH 5.0*

Gelusil-M, 23.2 mean minutes (range: 14.3-43.9 minutes).
Antacid A, 10.1 mean minutes (range: 6.7-12.2 minutes).
Antacid B, 16.3 mean minutes (range: 8.0-24.2 minutes).

Onset of action*

In speed of intragastric buffering action, Gelusil-M, Antacid A, and Antacid B were consistently rapid and not measurably different.

*References: Antacid studies, data on file, Warner-Chilcott Laboratories Division.

introducing new GELUSIL®-M

each 5 ml. teaspoonful contains:
500 mg. magnesium trisilicate, 250 mg. aluminum hydroxide (Warner-Chilcott), 200 mg. magnesium hydroxide
U.S. Patent No. 3,326,755

a consistent buffering anticostive† antacid

† Avoids constipation.

See next page for prescribing information ►

GELUSIL–one name to remember...and a dosage form for every patien



Gelusil®-M Liquid

especially for the constipation-prone patient

Indications: Gelusil-M is indicated for prompt and dependable symptomatic relief of peptic ulcer, gastritis, heartburn, hiatal hernia, esophagitis, and other conditions for which control of gastric hyperacidity is required.

Precaution: Prolonged or intensive therapy in patients with severe renal insufficiency may lead to hypermagnesemia.

Dosage: One to two teaspoonfuls (5 ml. to 10 ml.) between meals and at bedtime or whenever symptoms occur. Certain conditions, such as acute peptic ulcer, may require individualized dosage. If diarrhea occurs, reduce dosage or discontinue use.

Supplied: Gelusil-M (spearmint-flavored)—light green bottles of 12 fl. oz.; and a **special hospital pack.** Keep tightly closed—shake vigorously.

Gelusil® Tablets

the universal take-along antacid

Easy to take along / easy to take / pleasantly mint-flavored. An antacid with adsorbent and demulcent properties which contains in one tablet: 0.25 Gm. aluminum hydroxide (Warner-Chilcott) and 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 tablets—or more—between meals and at bedtime, or whenever symptoms occur. Tablets should be chewed.

Regular Gelusil® Liquid

when constipation is not a problem

Pleasant mint flavor...ideal for hospital or home. Available in 12 fl. oz. and 6 fl. oz. bottles and a special hospital pack. An antacid which contains adsorbent and demulcent agents in each 4 ml. teaspoonful: 0.25 Gm. aluminum hydroxide (Warner-Chilcott), 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 teaspoonfuls (4 ml. each)—or more—between meals and at bedtime, or whenever symptoms occur.

Also Available: Gelusil® Flavor-Pack, Gelusil-Lac®.

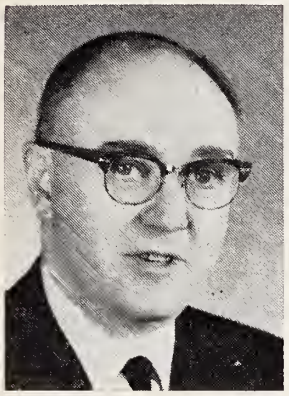
WARNER-CHILCOTT
Morris Plains, New Jersey
GM-IN-93-4C

President's Page

The Conference of Medical Society Officers will open at 1:30 P.M. Saturday, April 12th and conclude early Sunday afternoon, April 13th at the Holiday Inn-Airport, Indianapolis.

Dr. Gerald D. Dorman, president-elect of the AMA, will speak at the dinner Saturday evening.

This meeting promises to be rich in stimulating ideas. Continuing Medical Education, Emergency Medical Services, new government programs including Medicaid, and the future of organized medicine will be discussed in depth. Seminars and dialogue are scheduled. The trustees and the appropriate commissions and committees of ISMA will participate. These subjects are of contemporary significance and practical value; every local society should send its officers. It is hoped that the material presented will then be acted upon by county societies and, in turn, come before the annual meeting in October for further development and implementation.



Members of local societies who have an interest in any of the subjects will be most welcome. Please come for any of the sessions. You may make an overnight reservation directly with the Holiday Inn. A program may be obtained from ISMA headquarters.

Come if you can!

J.C.A.H. Proposals

New standards for hospital accreditation have been proposed by the Joint Commission on Accreditation of Hospitals. A two-day conference sponsored by the AMA and the commission was held in Chicago, February 10-11, for consideration of the proposed standards and suggestions for possible modifications.

Because of the extensive and intensive discussions evoked, the full range of the standards could not be covered. A second session to complete these discussions was scheduled for March 20-21. President-elect Steen and I have attended and actively participated in order to represent the interests of ISMA.

Continuing attention to this subject will have a high priority. We plan to offer proposals for practical measures to help keep the functions and influence of the J.C.A.H. appropriately consonant with its proper objectives.

The commission has in a relatively few years generated an enormous impact on hospitals and medical practice. The scope and penetration of this involvement have been rapidly increasing, so that much de facto control of medical practice is steadily shifting to this agency.

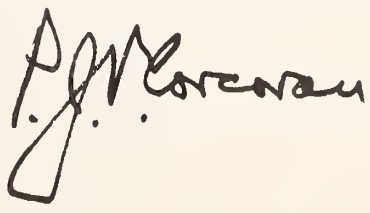
Accreditation was designed to: a) insure quality of hospital health care and facilities, b) monitor compliance with reasonable safeguards, c) stimulate maintaining progress and contemporary patterns of health care, and d) provide an impartial agency to assure third parties of the qualifications and operation of health facilities.

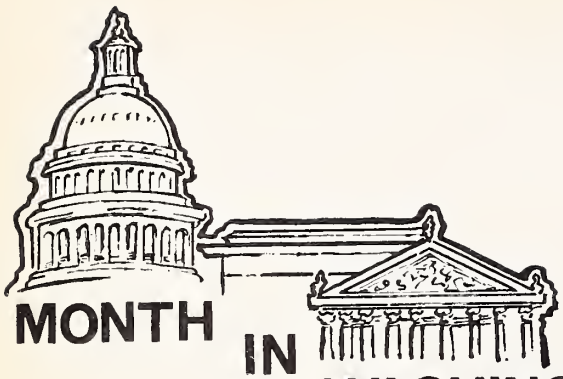
The commission and its staff should be knowledgeable with experience not exclusively theoretical or academic.

The standards and their enforcement should not be arbitrary and should take into consideration the differences between localities, with appropriate reference to cost factors and effective utilization of available health manpower.

Compliance with ideal, optimal standards will vary depending on the type of medical staff and the house officers, if any. Variations between a medical center teaching hospital and a small community hospital staffed by busy practitioners with no full-time staff make evident the need for wide latitude in interpreting and applying these ideal standards. A rigid single pattern of conformity, with across-the-board enforcement, will not achieve the desired goals.

Each hospital staff should be given the opportunity to use its best judgment, with reasonable alternatives, in providing the most effective care in a particular locale.





MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

WASHINGTON, D.C.—A Federal Communications Commission proposal to ban cigarette advertising on radio and television put the issue squarely before Congress again.

IN 1965, Congress outlawed any federal or state controls on cigarette ads as a provision of the legislation that made mandatory that cigarette packages carry the warning: "Caution: Cigarette Smoking May be Hazardous to Your Health." Proponents of the electronic advertising ban contend that the package warning doesn't make enough impact.

EVEN BEFORE the FCC announcement, some members of Congress were saying that the provision outlawing federal and state controls over cigarette advertising should be allowed to expire on June 3. However, congressional reaction to the FCC ruling was mixed.

THE AMERICAN MEDICAL Association House of Delegates, at its meeting in Miami Beach last December, declined to approve a resolution condemning cigarette advertising on TV. Instead, it adopted a resolution urging that AMA members "play a major role against cigarette smoking by personal example and by advice regarding the health hazards of smoking." The adopted resolution also made it association policy that the AMA "discourage smoking by means of public pronouncements and educational programs" and "take a strong stand against smoking by every means at its command."

ANTICIPATING censorship charges—which came promptly from the tobacco and broadcasting industries, and some members of Congress, the FCC said in announcing its proposal:

"WE BELIEVE that in the case of such a threat to public health, the authority to act is really a duty to act. We stress again that our action is limited to the unique situation and product: that we are unaware of any other product commercials calling for such action, and expressly disclaim any intention to so proceed against other product commercials."

MORTALITY INCREASE DUE TO HONG KONG FLU

A NATIONWIDE increase in deaths from pneumonia was attributable to the Hong Kong flu epidemic, the federal government reported.

"PNEUMONIA-INFLUENZA deaths increased over what was expected normally over the time the flu epidemic was active," Public Health Service Surgeon General Dr. William H. Stewart said, adding the deaths included all kinds of pneumonia and that the increase was "almost universal across the country."

Continued



For the "Cheater Eater"

Formulas: Each 'Dexamyl' *Spansule* capsule No. 1 contains 10 mg. of Dexedrine® (brand of dextroamphetamine sulfate) and 1 gr. of amobarbital, derivative of barbituric acid (Warning, may be habit forming). Each 'Dexamyl' *Spansule* capsule No. 2 contains 15 mg. of Dexedrine (brand of dextroamphetamine sulfate) and 1½ gr. of amobarbital (Warning, may be habit forming).
Before prescribing, see complete prescribing information in SK&F literature or *PDR*.
Contraindications: Hyperexcitability, undue restlessness, hyperthyroidism, porphyria; in patients on MAO inhibitors.
Precautions: Use with caution in patients hypersensitive to sympathomimetics or barbiturates and in coronary or cardiovascular disease or severe hypertension. Excessive use of the amphetamines by unstable individuals may result in a psychological dependence. Rarely, symptoms of toxic psychosis (hallucinations, confusion, panic states, etc.) may occur with amphetamines, usually after prolonged high dosage. In these instances, withdraw the medication. Use cautiously in pregnant patients, especially in the first trimester.
Adverse Reactions: Overstimulation, restlessness, insomnia, g.i. disturbances, diarrhea, palpitation, tachycardia, elevated blood pressure, tremor, sweating, impotence and headache.
Supplied: In bottles of 50.

Dexamyl®

brand of dextroamphetamine sulfate and amobarbital

Spansule®

brand of sustained release capsules

curbs appetite
encourages normal activity
dispels diet discouragement

SK&F
Smith Kline & French Laboratories

Continue

THE NATIONAL Communicable Disease Center in Atlanta said pneumonia-influenza deaths are one measurement of the severity of a flu epidemic. Reports from 122 cities during the eight weeks ende February 1 show 5,270 more pneumonia-influenza deaths than the number normally predictable during that period. The epidemic then was "on a downtrend," according to the CDC.

HEALTH CARE COSTS GET HIGH PRIORITY

ROBERT H. FINCH, the new secretary of Health, Education and Welfare, is giving health care costs a high priority in tackling the department' problems.

EVEN BEFORE he was sworn in as secretary, Finch made an unannounced call on chairman Wilbur D. Mills (D., Ark.) of the House Ways and Mean Committee, which has jurisdiction over HEW's medicare and medicaid programs. Finch afterwards said his staff would confer with Mills' staff to consider legislation or regulations that could combat higher health care costs.

"HIS STAFF and my people are going into this to see what we can do about the skyrocketing costs— especially hospitalization where 70% of the costs are labor," Finch said.

THE FORMER California lieutenant governor said he was thinking about the pilot program in his native state—which he called a para-medical program—whereby long stays in the hospitals are shortened by putting people in intensive care centers. If hospital stays could be shortened, he said, "massive savings would result."

MILLS WAS REPORTED as favoring broadened medicare benefits or hospital care to cover disabled workers, who, by nature of their disabilities, receive Social Security payments—but because they are under 6 —are ineligible for medicare. He also was reported to be concerned over increases in hospital charges and doctors' fees.

SEVERAL MEMBERS of Congress have expressed concern over increases in the federal costs of medicare and medicaid. The Johnson Administration's budget for fiscal 1970, starting next July 1, allots $6.9 billion, up $636 million, for medicare and $3 billion, up $600 million, for medicaid.

A BILL, introduced by Sen. George Aiken (R., Vt.), with Senate Majority leader Mike Mansfield (Mont.) and Sen. Winston Prouty (R., Vt.), as co-authors, would do away with the present "usual and customary charge concept," place all physicians on assignment, and reimburse them through the average payment for the same service provided by the local Blue Shield. Deductibles and co-insurance would be eliminated, among many other changes.

THE LABOR DEPARTMENT reported that medical costs, including both hospitalization and physicians' fees, rose 7.3% for the calendar year 1968.

FINCH SAID the Nixon administration's HEW budget requests would be about the same size as the $17.5 billion submitted by the Johnson administration, but that there would be changes within the overall total. Estimated total federal spending in the health field will rise to $18.3 billion.

HEW SAID THAT national spending for health care, both government and private, continued to rise in fiscal 1968. The total for 1968 was $53.1 billion, $33.7 billion private and $19.4 billion government. This compared with $47.9 billion ($32.2 billion private and $15.7 government) for fiscal 1967. In fiscal 1960, it was $26.4 billion—$20 billion private and $6.4 billion government.

DOCTOR'S DRAFT LOW IN 1969

HE DEFENSE DEPARTMENT will call up 437 physicians, 23 osteopaths and 25 optometrists in 1969 in the lowest doctor's draft in seven years. The total of 485 medical men compared with 1,126 drafted in 1968, 2,329 in 1967, 2,596 in 1966 and 2,830 in 1965.

"THE STABILIZATION of the buildup of forces associated with the Vietnam war and with a large number of volunteers" made it possible to keep the doctor's draft low, the Pentagon said. All of the physicians will go into the Army. Some of the osteopaths and optometrists will go into other services. None will go into uniform until July.

EMERGENCY VEHICLES HIT AGAIN

THE NATIONAL Research Council charged that most ambulances in the U.S. are not "providing emergency care to the critically injured." It cited a lack of equipment, supplies and untrained attendants.

THE COUNCIL said that "hearses and station wagons, commonly used as emergency vehicles," do not carry the necessary equipment or provide the space for such equipment "for the carrying out of modern resuscitative procedures either at the scene of an accident or during transportation." It said "action must be taken to develop and enforce nationwide standards for ambulance service," because accidental injuries are the leading cause of death during the first half of a person's life span.

"ONLY 10 STATES have statutes prescribing the equipment to be carried by an ambulance, and the federal guidelines for motor safety do not cover the special features necessary to safe transport of the critically ill or injured," the council reported.

THE NATIONAL Research Council is a subsidiary of the National Academy of Sciences, an organization created by a congressional charter in 1863. ◄

Letters to the editor

To the Editor:

I write you in an effort to inform my colleagues through your publication of an important fact-finding mission I am currently engaged in and to alert them to expect to hear from me personally.

I have taken a year's leave of absence from my private practice in New Jersey to serve with a fact-finding agency of government known as the National Commission on Product Safety. This commission was established by Congress to develop effective means to protect Americans from unreasonable hazards related to many products commonly used in and around the home today. In addition to funding this commission, Congress has granted us adequate powers to conduct this study.

Every physician in the country—as a consumer—will benefit from the work of this commission. So will his family, his patients, and all Americans.

I plan to contact "front line" physicians—those dedicated and competent individuals who get the calls and see the victims of accident injuries—in a nationwide survey of product-related accidents. A questionnaire will be mailed to the medical profession's "front liners" during the month of March. The questionnaire will seek to elicit information on all product-related injuries treated during the first two weeks in April.

The last ten years have seen a rising tide of interest in and legislation for prolonging American lives, ranging from better automobile design to warnings against smoking. The National Commission on Product Safety's work is directed toward household product safety.

I am counting on the wholehearted cooperation of the medical profession for the priceless information that only physicians can make available to this Commission.

Sincerely,
Samuel C. Southard, M.D., FAAP
Director, Task Force I
National Commission on Product Safety
Washington, D.C. 20036

To the Editor:

Enclosed please find AP wire-service article which appeared in the January 1, 1969, *Detroit News*. If you haven't read it, please do so. I would appreciate your bringing the article as well as my letter to the attention of your Executive Board and members at large. As though they're not having enough trouble paying for our present Medicare, there is every indication that Wilbur Mills is of a mind to introduce legislation to include the handicapped of all ages in the Medicare program.

To all of you who love liberty, who abhor government controls, who are concerned about the chipping away at individual freedom and the free enterprise system, I would urge you to write to your Senators and Congressmen telling them so. Let's flood Washington D.C. with our letters and urge all our liberty-conscious friends to do the same. It's conceivable that thousands of letters from taxpaying voters would have more effect than a handful of paid lobbyists. I am sending a letter to all 50 state medical organizations.

The very essence of the free enterprise system is an individual's freedom to determine the worth of the goods or services he is selling. The consumer has the choice to price-shop if he so desires. It is common knowledge that the quality of medical care is in indirect proportion to the amount of government control. Is it possible that they haven't heard about the "brain-drain" from other socialized countries? In the interest of liberty, in the interest of excellence being maintained in your profession, please don't give in without a fight!

As regards Medicare and all other forms of our welfare state—isn't it ironic that if one man steals a loaf of bread because he needs it, it is illegal and he is put in jail, but if hundreds of government bureaucrats steal money from individuals based on the needs of other individuals, it is called social welfare. I prefer to think of it as legalized stealing.

In case you are wondering who I am. I am a 32-year-old wife and mother of four school-age children, a lay person who believes that the free enterprise system is the truly "Great Society" and who believes that if one individual loses his liberty, we all lose it.

Best of luck!

Sincerely,
Joan M. Mullan (Mrs. W. L.)
1277 Fairholme
Grosse Point Woods,
Mich. 48236

(The article to which Mrs. Mullan refers is printed below.)

Medical Fee Control Eyed

WASHINGTON — (AP) — Pressure is building in Congress for controls on rising doctor fees under the medicare program, administration sources say.

Wilbur J. Cohen, secretary of health, education and welfare, warned of possible controls yesterday in announcing he won't increase the $4-a-month premium the elderly pay to get coverage of doctor bills.

If the nation's doctors don't hold their fees to present levels, Cohen told a news conference, "I can only believe that Congress will do something more, and it may be something they do not like."

High-level HEW aides said he is convinced the "something more" would be a limitation on fees for which doctors could be reimbursed. He has said previously that Congress

Continued

COMING HOME



IS WONDERFUL

The kids "bounce back" real fast from a serious accident —a lot faster than the family can "bounce back" from the hospital and doctor bills.

That's why we say coming home is wonderful when Blue Cross–Blue Shield—and not you—has taken care of most of the financial worries. And in these days of excellent but expensive health care, that's more important than ever.

Most employers prefer Blue Cross–Blue Shield for their employees—about 10,000 Hoosier firms belong. They, too, believe in efficient health care operation—no admission or claims forms to fill out, no red tape. All paperwork is handled directly between Blue Cross–Blue Shield and hospital and doctor.

For employees with adventuresome kids and modest incomes . . . for employers who want to reduce administrative costs, the answer is Indiana's No. 1 health care plan. They agree with that popular Hoosier saying:

"I don't know what we would have done without Blue Cross–Blue Shield."

WHEN YOU HAVE

Blue Cross–Blue Shield

Mutual Hospital Insurance, Inc. Mutual Medical Insurance, Inc.
Home Office: 110 N. Illinois St., Indianapolis, Indiana 46204

(One of a series of ads being run in key Hoosier newspapers)

might instate a fee schedule.

The sources said Cohen has been receiving complaints from both liberal and conservative members of Congress to the effect that "doctors are robbing the medicare program blind."

"You'd be surprised by the anti-doctor sentiment in Congress," one source said.

But while the doctor-fee premium will not go up, patients' contributions for hospital benefits under medicare go up after today to cover the first $44 of costs instead of the first $40.

After 60 days in a hospital, patients begin paying $11 a day instead of the present $10. After 90 days; they begin paying $22 a day instead of the present $20.

And those going on to extended-care facilities and nursing homes for more than 20 days will have to pay $5.50 instead of $5 a day for the 20th through the 100th days.

The increases apply to patients who enter hospitals after today.

Cohen, who departs with the Democratic administration this month, is regarded as an expert on congressional action on social welfare. He was a key leader in the development and passage of the medicare program.

Doctor fees jumped about 7.5% in 1966-67, the first year of medicare, and rose another 6.1% in 1967-68.

Cohen said his decision against a raise in the premium was made in spite of a prediction by his top actuarial aide that doctor fees will go up another 5% in 1969. Such an increase would require a 40-cen raise in the premium to $4.40 if th program were to remain in the black he said.

But Cohen concluded that raisin the premium would invite highe doctor fees and inflation in al medical costs.

To rule out the need for premiun increases in the future, Cohen said h will recommend to Congress that th premiums be eliminated.

The elderly then would get doctor fee coverage automatically, as the now receive hospital coverage. Al costs then would come from Socia Security, to which wage earners mus contribute in their working years.

Of the 19.7 million Americans en rolled in medicare, 18.8 million als are signed up for the doctor fe coverage.

A hospital for the diagnosis and treatment of psychiatric illness

WABASH VALLEY HOSPITAL

(a not for profit corporation)

2900 North River Road (State Road 43 north)
West Lafayette, Indiana 47906 Phone 317-463-2555

Active Psychiatric Staff	(Phone)
W. R. VanDenBosch, M.D.	447-6404
David L. Evans, M.D.	447-9155
Joe M. Martin, M.D.	463-2695
Edgar C. Stuntz, M.D.	
Limited private practice	
John H. Wilms, M.D.	
F. H. Spurlock, M.D.	749-2441
Alfred R. Heasty, M.D.	

Robert K. Jones, Ph.D.
Clinical Psychologist

Mrs. Margaret Keedy, A.C.S.W.
Psychiatric Social Worker

Elizabeth J. Snyder, R.N.
Director of Nursing Service

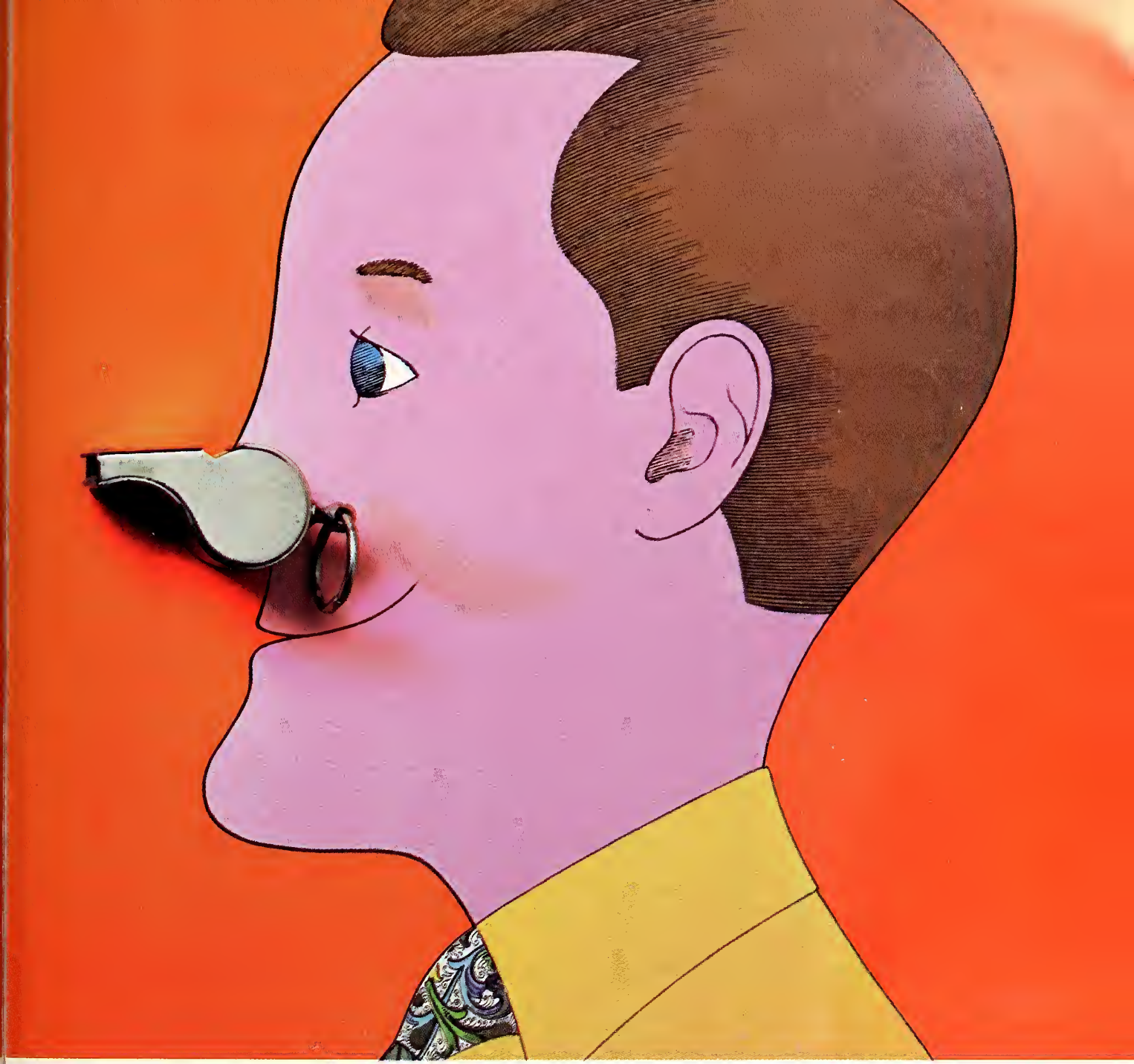
James Jones, B.P.E.
Director of Activity Therapy

Donald R. Kinzer, Hospital Administrator

John Sterzer, Business Manager

Admissions are arranged through referral to any active staff psychiatrist.

All general medical and surgical specialties in the community are available through physicians on the open consulting staff.



Nose clear as a whistle

(THANKS TO DIMETAPP®)

Dimetapp Extentabs® does an outstanding job of helping to clear up the stuffiness, drip and congestion of colds and upper respiratory allergies and infections. Each Extentab keeps working up to 12 hours. And for most patients drowsiness or overstimulation is unlikely. Try Dimetapp. It clearly works.

FOR UPPER RESPIRATORY ALLERGIES AND INFECTIONS

Dimetapp Extentabs®

Dimetane® (brompheniramine maleate), 12 mg.; phenylephrine HCl, 15 mg.; phenylpropanolamine HCl, 15 mg.

UP TO 12 HOURS CLEAR BREATHING ON ONE TABLET

Indications: Dimetapp is indicated for symptomatic relief of the allergic manifestations of respiratory illnesses, such as the common cold and bronchial asthma, seasonal allergies, sinusitis, rhinitis, conjunctivitis, and otitis.
Contraindications: Hypersensitivity to antihistamines. Not recommended for use during pregnancy.
Precautions: Until patient's response has been determined, he should be cautioned against engaging in operations requiring alertness. Administer with care to patients with cardiac or peripheral vascular diseases or hypertension.
Side Effects: Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia, have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.
Dosage: 1 Extentab morning and evening.
Supplied: Bottles of 100 and 500.

A.H. ROBINS COMPANY
RICHMOND, VA. 23220

A·H·ROBINS



Owner Breaks Arm When Yacht Runs Agroun

Schuyler, Oct. 31. Harry Waters of Covesville incurred a fractured arm [illegible] yacht [illegible] ck a large rock tially capsized. The fire depar had to rescue Waters by smal Damage to the yacht is estima 0.

Hasn't the skipper had enough excitement for one day?

For the patient who has been through an accident, the worry and anxiety following the mishap may actually heighten the perception of pain. This is why there's a classic ¼ grain *sedative* dose of phenobarbital in Phenaphen with Codeine—to take the nervous "edge" off, so the rest of the formula can control the pain more effectively.

A.H. Robins Company, Richmond, Va. 23220 A·H·ROBINS

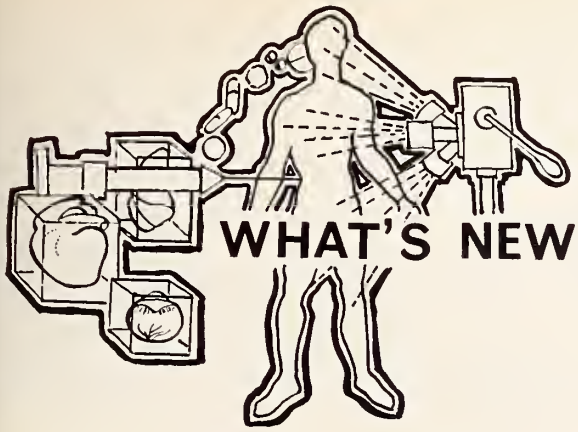
Phenaphen® with Codeine

Phenaphen with Codeine Nos. 2, 3, or 4 contains: Phenobarbital (¼ gr.), 16.2 mg. (warning: may be habit forming); Aspirin (2½ gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Hyoscyamine sulfate, 0.031 mg.; Codeine Phosphate, ¼ gr. (No. 2), ½ gr. (No. 3), or 1 gr. (No. 4) (warning: may be habit forming).

The compound analgesic that calms instead of caffeinates

Indications: Phenaphen with Codeine provides relief in severer grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics. **Contraindications:** Hypersensitivity to any of the components. **Precautions:** As with all phenacetin-containing products excessive or prolonged use should be avoided. **Side effects:** Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.





Schering has released a new topical corticosteroid for allergic and inflammatory disorders of the skin. Valisone (betamethasone 17-valerate) is dispensed as a 0.1% cream in 5 and 15-gram tubes. Specific conditions treated effectively with Valisone include psoriasis, eczema, hand eczema, seborrheic dermatitis, contact dermatitis, atopic dermatitis, neurodermatitis, lichen planus and lichen planus chronicus. (See *JISMA* 59:1184, Oct., 1966, Nierman, M.M.).

* * *

A new orally administered anti-cancer drug, the use of which is limited to the treatment of advanced melanoma and resistant chronic myelocytic leukemia, has been announced by Squibb. The drug's name is Hydrea; chemically, it is known as hydroxyurea. A new type of cytotoxic agent, it has demonstrated significant value in the two forms of cancer. Melanomas have responded objectively in about 20% of cases. Chronic myelocytic leukemia has been remitted for periods as long as two years in some patients.

* * *

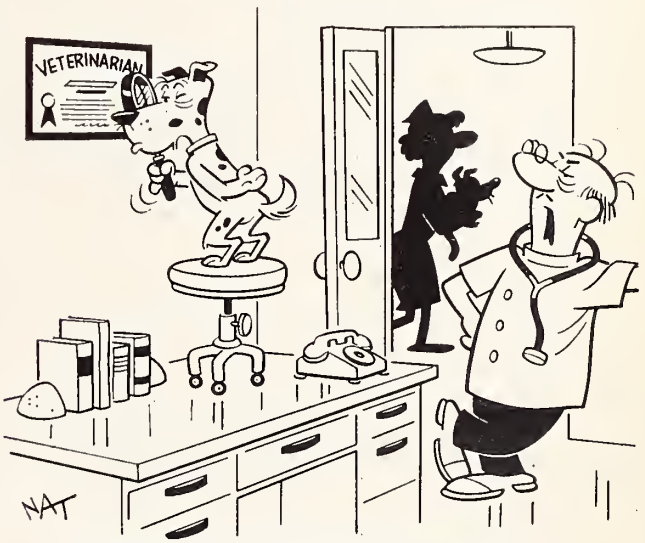
Johnson and Johnson is introducing a disposable surgical gown which will be prefolded and dispensed in sterile wrapped condition. It is provided with a sterile back and a special neck closure. Two tones of blue indicate to the circulating nurse what parts of the garment may be touched without contamination. A newly developed non-woven fabric, called KEYBAK, provides impenetrability, strength and freedom of movement.

* * *

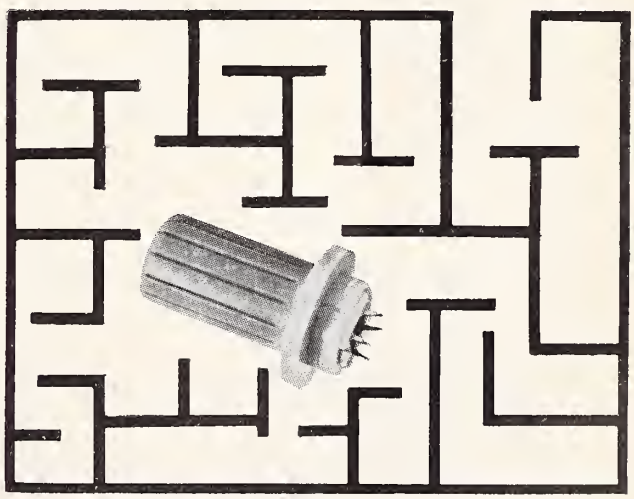
The Borden Company is marketing a new high fat milk based liquid dietary food called X-Nog which is designed for use as the fatty meal during a gallbladder x-ray visualization. It has a pleasant taste and aroma and is packed in eight-ounce cans. It is said to be more acceptable and less likely to produce nausea than other forms of the "fatty meal."

* * *

News of what is new in the medical supply industry is composed af abstracts from news releases by manufacturers—af pharmaceuticals, clinical labaratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and daes nat necessarily canstitute an indarsement af a praduct ar recammendation for its use by THE JOURNAL ar by the Indiana State Medical Assaciatian.



"PERHAPS I CAN ALSO SHOW YOU A FEW REASSURING LETTERS OF RECOMMENDATION?"



HISTO IS CONFUSING.

Histoplasmosis can mimic such unrelated diseases as TB, leukemia, pneumonia and syphilis. Use the blue Histoplasmin LEDERTINE™ Applicator as the first step in differential diagnosis and as a routine step in physical examinations for the permanent records of your patients.

HISTOPLASMIN, TINE TEST

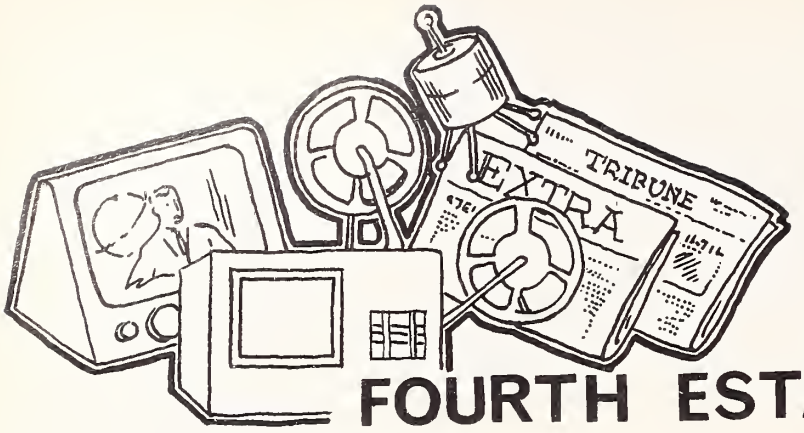
(Rosenthal)

Precautions—Nonspecific reactions are rare, but may occur. Vesiculation, ulceration or necrosis may occur at test site in highly sensitive persons. The test should be used with caution in patients known to be allergic to acacia, or to thimerosal (or other mercurial compounds).

Lederle LEDERLE LABORATORIES

A Division of American Cyanamid Company, Pearl River, New York

473-9



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

An "Epidemic" We Haven't Got

Thanks to the good offices of Dr. Herman Rinne, state epidemiologist, Indiana has no Hong Kong flu epidemic! At least Dr. Rinne reports that the State Department of Health has not been able to isolate any Hong Kong flu virus in daily samples collected from all parts of the state.

Obviously, if the State Department of Health cannot find something, it must not be there, and Dr. Rinne concludes that people have so overtalked the subject of Hong Kong flu that everybody with the sniffles thinks he has it.

Indiana's freedom from this loathsome Oriental disease is quite astounding in view of the fact that University of Chicago medical authorities — only a few miles from the Lake County border — examined 20 samples of viruses and found 20 cases of Hong Kong — an incidence, if we understand rightly, of 100%.

Although humor based on human suffering, even moderate suffering, is of a wry sort, it remains rather amusing that Chicago, while it well recognizes it harbors the Hong Kong flu, is thoroughly perplexed as to whether or not it has an epidemic of Hong Kong flu on its hands. Although 700 policemen and more than 2,000 teachers have called in sick, the Chicago Board of Health Commissioners and the board of health president are wrangling over the precise wording of releases on the subject, with the commissioner leaning to the no-epidemic view while the president insists there is one.

According to unofficial reports we have received, the West State Street merchants have had a hand in the confusion with a considered decision that Chicago cannot afford an influenza epidemic — at least before Christmas!

Even the press has added its bit to the confusion by carefully skirting the use of the fearful word with advisories such as "Avoid the Ill During Flu," and references to the city's "growing outbreak of influenza." One headwriter, caught between the facts of a situation and a letter-count, compromised his way out with quotation marks: "O'Connell Hit In Handling of Flu 'Epidemic.'"

Insofar as we can learn, the definitive symptoms of Hong Kong flu are "headache, chills, muscle ache, weakness, dry cough and an aching behind the eyeballs." These, incidentally, are pretty much the symptoms of any flu virus we've encountered in the past and the whole question becomes pretty academic to the Chicagoan suffering those symptoms. He can, with considerable reason, say "What's the difference, we've got it, ain't we?"

We are told, fortunately, that the virus of the Hong Kong strain rarely proves fatal, and the patient ultimately may make his decision on what he had by whether or not he died. This, of course, applies only in Chicago, and the Hoosier victim, lacking "one speck of evidence of Hong Kong flu in Indiana," must take solace from his suffering in the knowledge of Dr. Rinne that whatever he has is "normal for this time of year." After the great national buildup for a Hong Kong flu epidemic, this may be a little disappointing to the Hoosier hypochondriac who was sure he had it, but in the interest of a healthy and epidemic-less state, he'll have to yield the point.—*Fort Wayne News-Sentinel*, Dec. 18, 1968.

Drug Study

Somewhat belatedly, scientists with the U.S. Public Health Service are trying to find out what induces so many Americans to take psychotropic drugs. Mind-turning drugs, which are legally available with and sometimes without prescriptions, receive much less attention than harder drugs such as LSD, marijuana, heroin, morphine and cocaine.

But a four-year study undertaken by Dr. High J. Perry of George Washington University already has determined that about half the American population has taken some kind of depressant or stimulant and about one-fourth does so regularly.

Psychotropes, which include the milder forms of mood-changing drugs, are used to go to sleep, to stay awake and to develop a sense of "inner peace." While generally believed not to be habit-forming, they can become psychic crutches fo

habitual users.

While the illegal use of harder drugs does capture more attention, it is becoming apparent that it is the psychotropic drug which is having the largest impact on the population. Indiscriminate use of any mood-producing drug is not the prescription to a healthy society.—*The Erie (Pa.) Morning News.*

Hail And Farewell, Roger!

There are many measures of greatness, or superiority, in leaders, and some of these are harder to use than others, for they test human personalities and acts in the scale of subtler things than fanfares, parades, monuments, applause and the bubbles of image and popularity.

We use one here to measure Roger W. Branigin as Governor of Indiana.

His obvious qualities are his wit, his realism and a tempered conservatism born of the knowledge that much human activity is akin to that of a chicken with its head cut off. This quality might be called mature, case-hardened sanity, which may be rarer in individuals today than the slick accomplishments of our rich, technological society suggest.

Alexander the Great built a fantastic world empire and died an alcoholic. The knowledge of his failures might have served mankind better than the celebration of his triumphs.

Napoleon built an empire on power and blood. Who can be sure the world would not have profited more had he never risen above the rank of corporal and the turmoil and butchery of his imperial witchcraft had never happened?

E. M. Forster, one of the greatest of English writers, gravely distrusts the types which men generally have worshiped as heroes because they too often wade through pools of blood and walk on mountains of skulls.

We share his distrust. We prefer not to waste salutes, medals and laurel leaves on great beasts but to reserve them for men of subtler but just as active qualities. There are lots of these. Some are not in the headlines and history books. Some are.

Roger Branigin is one of them.

He is his own man. He is not an interchangeable part, like many modern officials, who can be plugged in here or there like a TV set or a toaster with identical results. He is a rough-edged and well-wrought individual. The world and Indiana can use all of them there are.

We gauge him not by any mock heroic crusades toward an illusory Utopia but by the things he had the good sense and character not to do despite wheedling and pressure and cries of havoc. These can be judged materially. He saved plain everyday Hoosiers many millions of dollars. He helped keep the government from being saddled as a steed to chase socialistic will-o-the-wisps in imaginary green pastures.

As Governor, he embodied the good, gutty, old-fashioned Hoosier, American virtues, and did so with a special flair of his own, sculpturing his own invisible monument of statesmanship out of the foolish things he did not do, for good, sound reasons, as well as of the things, with studied caution, that he did.

So for all this, we salute him as he leaves the service of the state. He served it well.—*Indianapolis Star*, Jan. 14, 1969.

Too Many Drugs

"I've had the experience — and so have many doctors — of a patient on the ward just not getting well," said Albert Sjoerdsma, M.D., Ph.D., at a press interview at the 135th annual meeting of the American Association for the Advancement of Science, in Dallas, Texas. "What's the problem? He's getting too damn many drugs. So I cut out all the drugs — and he recovers miraculously."

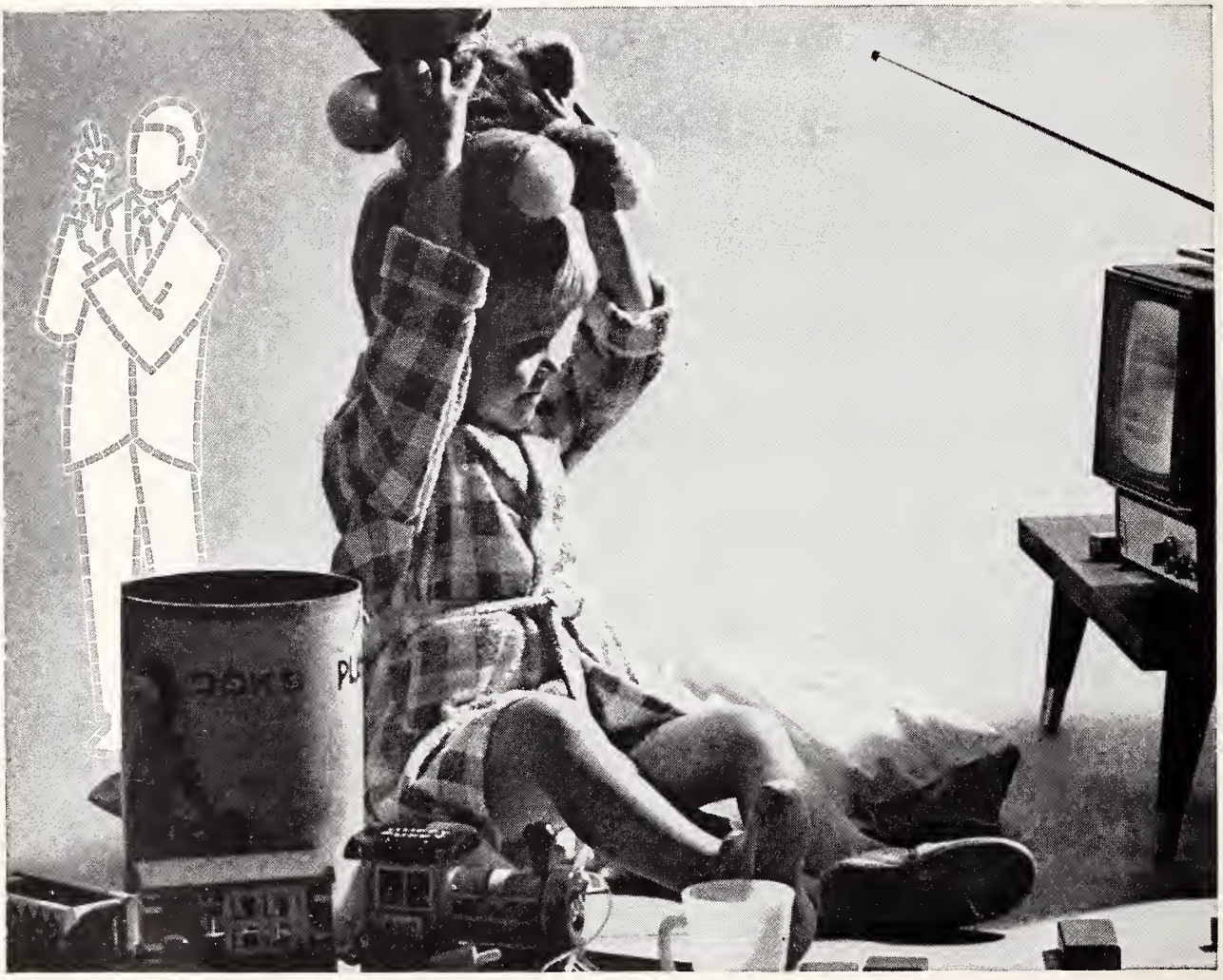
As reported in the current issue of Rodale's *Health Bulletin*, Sjoerdsma, whose paper on interactions among different drugs was one of more than 1,000 presented at the meeting, told reporters, "A patient ought not to be given any more drugs than necessary. If the patient needs the drug, all right. If not, he shouldn't be given it."

Allan H. Conney, Ph.D., of Burroughs-Wellcome labs said, "I agree with Dr. Sjoerdsma entirely." He said that many drugs interact with each other, often causing adverse effects. For example, barbiturates stimulate the metabolism rate of some anticoagulant drugs. Phenobarbital reacts with numerous drugs.

The number of potential reactions, interactions and inter-reactions is so vast that Dr. Sjoerdsma concluded, "The majority of knowledge regarding drug interactions will have to be gathered by giving the drugs to people and waiting for the results."

It seems, in boiling it all down, that what the quoted authorities are saying is that too many physicians too often are giving patients too many different drugs at the same time without really knowing what the results are likely to be.—*Shelbyville News*, Jan. 7, 1969. ◄

It's almost as if you were there to give an injection of penicillin



V-Cillin K®, Pediatric dependable oral penicillin therapy

Potassium Phenoxymethyl Penicillin

Description: V-Cillin K, the potassium salt of V-Cillin® (phenoxymethyl penicillin, Lilly), combines acid stability with immediate solubility and rapid absorption. Higher, more rapid serum levels are obtained than with equal oral doses of penicillin G.

Indications: Streptococcus, pneumococcus, and gonococcus infections; infections caused by sensitive strains of staphylococci; prophylaxis of streptococcus infections in patients with a history of rheumatic fever; and prevention of bacterial endocarditis after tonsillectomy and tooth extraction in patients with a history of rheumatic fever or congenital heart disease.

Contraindication: Penicillin hypersensitivity.

Warnings: In rare instances, penicillin may cause acute anaphylaxis which may prove fatal unless promptly controlled. This type of reaction appears more frequently in patients with a history of sensitivity reactions to penicillin or with bronchial asthma or other allergies. Resuscitative drugs should be readily available. These include epinephrine and pressor drugs (as well as oxygen for inhalation) for immediate allergic manifestations and antihistamines and corticosteroids for delayed effects.

Precautions: Use cautiously, if at all, in a patient with a strongly positive history of allergy.

In prolonged therapy with penicillin, and particularly with high parenteral dosage schedules, frequent evaluation of the renal and hematopoietic systems is recommended.

In suspected staphylococcus infections, proper laboratory studies (including sensitivity tests) should be performed.

The use of penicillin may be associated with the overgrowth of penicillin-insensitive organisms. In such cases, discontinue administration and take appropriate measures.

Adverse Reactions: Although serious allergic reactions are much less common with oral penicillin than with intramuscular forms, manifestations of penicillin allergy may occur.

Penicillin is a substance of low toxicity, but it possesses a significant index of sensitization. The following hypersensitivity reactions have been reported: skin rashes ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; and reactions resembling serum sickness, including chills, fever, edema, arthralgia, and prostration. Severe and often fatal anaphylaxis has occurred (see Warnings). Hemolytic anemia, leukopenia, thrombocytopenia, and nephropathy are rarely observed side-effects and are usually associated with high parenteral dosage.

Administration and Dosage: Usual dosage range, 125 mg. (200,000 units) three times a day to 500 mg. (800,000 units) every four hours. For infants, 50 mg. per Kg. per day divided into three doses.

See package literature for detailed dosage instructions for prophylaxis of streptococcus infections, surgery, gonorrhea, and severe infections.

How Supplied: Tablets V-Cillin K® (Potassium Phenoxymethyl Penicillin Tablets, U.S.P.), 125 mg. (200,000 units), 250 mg. (400,000 units), and 500 mg. (800,000 units).

V-Cillin K® (potassium phenoxymethyl penicillin, Lilly), Pediatric, for Oral Solution, 125 mg. (200,000 units) and 250 mg. (400,000 units) per 5 cc. of solution (approximately one teaspoonful). [042567A]

900134

Additional information available to physicians upon request.

Eli Lilly and Company, Indianapolis, Indiana 46206

Lilly

The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 62 — March 1969 — Number 3

Suction drainage following urological operations will often evacuate fluid more efficiently than will static drains and catheters.

The Postoperative Use of Negative Suction in Urology

RODNEY A. MANNION, M.D.
FREDERICK A. LLOYD, M.D.
LaPorte and Michigan City*

THIS report emphasizes the effective use of closed suction drainage in urological surgery. The surgical literature is replete with reports in which the Hemovac, (Snyder Laboratories, New Philadelphia, Ohio) or its equivalent is used in postoperative drainage. It was first used in mastectomy by Raffl in 1952.[1] Since then it has been used in virtually all types of surgical drainage problems.[2-7]

The "Hemovac" consists of a plastic tube with multiple holes. These holes, because of their small size and because the plastic tube is relatively firm, remain open when suction is applied. When one or more of these orifices becomes clogged with debris in the suctionate or possibly with the omentum when it is used intraperitoneally, there are others to effectively remain open. The tube is supplied in three sizes and the usual pack has evacuator tubing, negative suction pump, perforated wound tubing, a universal connector and an 8″ threaded trocar of the proper diameter for placing the tube (Figure 1). It is disposable. The negative pressure is created by opening the air vent and depressing the springs in the evacuator. The air vent is easily closed with a plastic plug and the system is open only to the body. A nurse can activate the system and measure and discard the evacuant. The unit is preassembled and double sterile wrapped for surgery. The retail price is under $16.00.

Three prostatectomies have been selected to show the tube's use in urology. It is noted that the Hemovac is an effective substitute for the soft rubber (Penrose) drain and is used

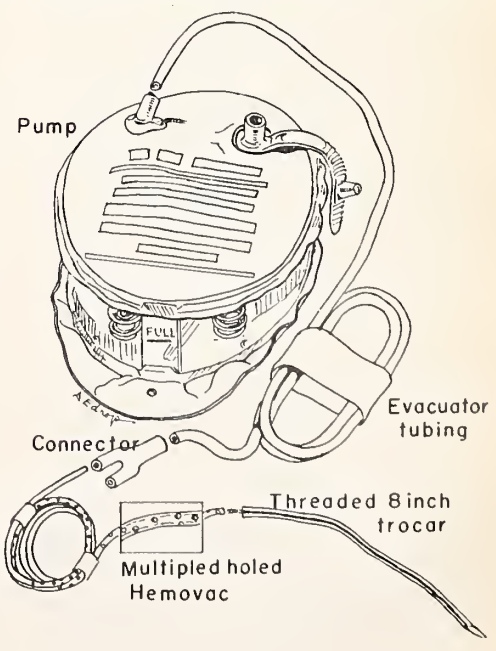


FIGURE 1
THE disposable, multiple holed Hemovac.

* From LaPorte and Michigan City, Ind., and the VA Hospital, Hines, Ill.

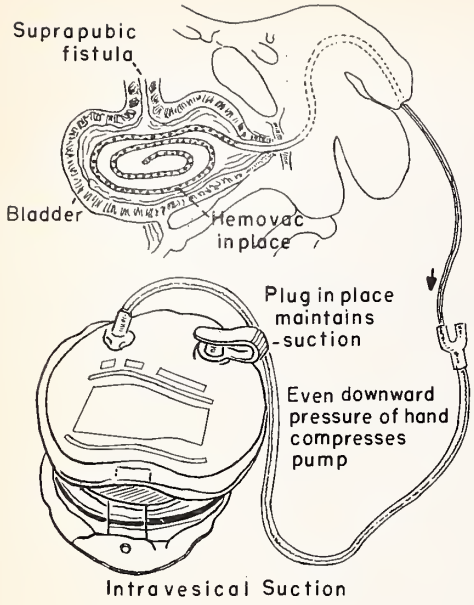


FIGURE 2

THIS illustration shows the Hemovac in use in intravesical suction.

at the surgeon's discretion in perineal or flank incisions. Except for tissue drainage, the main use is in cases of persistent vesical fistula (Figures 2, 3).

Case Reports

Case No 1: A 73-year-old white male was admitted to LaPorte Hospital on 10-8-64 with acute urinary retention. Initial physical examination showed the patient to be normotensive with moderate chronic pulmonary disease. A grade 1 to 1.5 rectal enlargement of the prostate was interpreted as benign. The right testicle was surgically absent as the result of previous herniorrhaphy.

The cardiogram was abnormal with non-specific ST and T wave changes; BUN was 26 mg%; glucose tolerance 210 mg% with positive urine sugar at two hours; hemogram and urinalysis were within normal limits. The intravenous pyelogram indicated inadequate excretion of dye with marked prostatic enlargement while chest x-ray showed fibrotic stranding in the mid-lung field.

A large adenoma with 3.5 cm. prostatic urethra was observed by cystoscopy. On 10-16-64 suprapubic prostatectomy and left vasectomy were done. The bladder incision was closed in two layers with continuous chromic catgut suture and urethral to suprapubic Glycine irrigation instituted. The pathology report showed benign prostatic hypertrophy, weighing 145 gms.

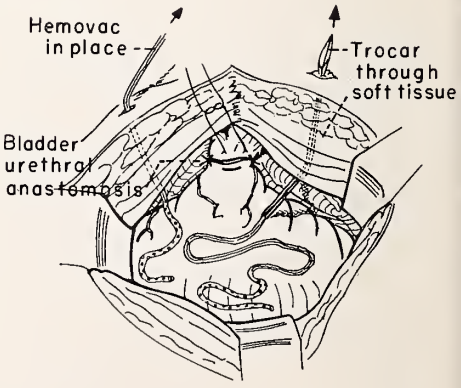
The patient's postoperative course was complicated by a productive cough. By the third postoperative day, the irrigant was light pink to clear. A purulent drainage issued from the suprapubic drain site. Culture produced gram positive cocci and gram negative rods, which proved sensitive to oral Chloromycetin. He began to appear septic, the BUN was 134 mg% and the clinical impression was pyelonephritis. Blood electrolytes were done and were mainly within normal limits. He was given intravenous saline, the urethral catheter was removed on the fifth postoperative day and a medical consultant was called. The BUN gradually decreased and was 90 mg% on 10-21-64. Leukocytosis over 20,000/cu.mm developed.

Throughout his hospital course, the temperature remained under 100° Fahrenheit. All attempts to get the suprapubic wound to heal were unsuccessful and the urethral catheter was reinserted after the suprapubic tube was removed.

On the 13th postoperative day, the BUN was down to 36 mg% and at that time a Hemovac evacuator was attached to the suprapubic catheter and urethral catheter, but the suprapubic fistula persisted. On the 17th postoperative day, a Hemovac tubing was placed in the bladder through the urethra and the nursing staff instructed to empty the evacuator, as necessary. The drainage area immediately became dry. On the 21st postoperative day, the Hemovac tube was removed from the urethra. The patient was discharged voiding with good control and apparently well healed on the 22nd postoperative day.

Case No. 2: A 46-year-old white male was admitted to LaPorte Hospital on 4-4-65 because a discrete nodule in the prostate gland was found on routine examination. A previous intravenous pyelogram and routine laboratory tests were normal. Abnormal physical findings were confined to the prostate.

By cystoscopy on 4-5-65, an early bladder neck contracture was seen. Transrectal prostatic needle biopsy showed adenocarcinoma. Bilateral retrograde pyelography was normal. He was discharged and readmitted to the hospital on 4-26-65. Preparations for radical retropubic prostatovesiculectomy were made. On 4-27-65, Dr. John Kerr, assisted by the author, (R.M.) performed the operation. After the cardinal sutures were placed in the perineum, Hemovac tubes were situated on both sides of the urethrovesical anastomosis. A Penrose drain also was brought out suprapubically.



Perivesical Suction

FIGURE 3

HEMOVAC shown in place in perivesical suction.

It was felt that all tumor was removed by the procedure and the pathology report confirmed this. Adenocarcinoma in the prostate was infiltrating the capsule. A routine bilateral vasectomy was also performed.

The postoperative course was uneventful. The abdomen was soft on the day following surgery, but the Hemovac contained more urine drainage than the urethral bottle. One Hemovac tube fell out spontaneously on the third postoperative day and on the fifth postoperative day, the urethral catheter began to drain more urine than did the Hemovac suction. The patient was taking oral fluids, eating well and his temperature was 100.2°.

The wound sutures were removed on the 11th postoperative day, but the Vest sutures remained until the 14th day. Then the urethral catheter was also removed. The patient was voiding up to 375 cc's. of urine with very slight stress incontinence when discharged on the 16th postoperative day.

Case No. 3: This 74-year-old white male was admitted to St. Anthony Hosp., Michigan City, Ind. on 7-7-65 complaining of urinary frequency, hesitancy and a decreased caliber of urinary stream for six months. He had nocturia two to three times and occasional dysuria. The initial physical examination showed the blood pressure elevated to 180/100. There was grade 1-1.5 enlargement of the prostate with rather large nodules palpable rectally. The physical examination was otherwise unremarkable. The initial diagnosis was benign prostatic hypertrophy.

Laboratory data was as follows: Hemogram within normal limits; FBS 79 mg%; BUN 16 mg%; acid phosphatase 1.0 King-Armstrong units; urinalysis showed a trace of albumin; uric acid 7.9 mg%. The electrocardiogram was non-specific with ST and T wave changes. Chest x-ray showed minimal pulmonary fibrosis while the heart size was at the upper limits of normal. An intravenous pyelogram was normal with a calcified abdominal lymph node visible.

Cystoscopy was scheduled on 7-9-65 and, under general anesthesia, attempts to pass the Brown-Buerger and the McCarthy instruments were unsuccessful, presumably due to a large median lobe. A cystogram was done which showed trabeculation of the bladder wall. Carcinoma was not suspected.

A suprapubic prostatectomy was carried out on 7-13-65. It was very difficult to enucleate the gland and there was excessive trauma to the prostatic fossa, especially on the right side. After the bladder closure, fluid continued to leak from the prostatic fossa and a Hemovac tube was placed on both sides in the perivesical area. In addition, urethral and suprapubic catheters and a Penrose drain were also used. Bilateral vasectomy was done.

The total weight of the gland was 110 grams and microscopically showed adenocarcinoma with local invasion.

Postoperative bleeding was only moderate. The Hemovac removed about 600 cc's. of irrigant every eight hours on the first postoperative day. The BUN was 46 mg%. One of the Hemovac tubes was removed on the fourth postoperative day, but there was marked suprapubic tissue drainage after the urethral catheter was removed, so another Hemovac tubing was passed intravesically through the urethra. The wound was dry after placement of this Hemovac tube and continued so for four days. The suprapubic catheter was removed on the 11th postoperative day and the urethral Hemovac was removed the following day. He was discharged on the 14th postoperative day and was given prescriptions for TACE and sulfa. He continued to have stress incontinence which subsided slowly over the next two months.

He remained on estrogenic medication and required monthly urethral dilatations. The patient died on 3-27-66 from a presumed coronary thrombosis.

Discussion

In the first case, the Hemovac was efficacious in healing a persistent post-prostatectomy fistula. Here it was used in place of the urethral catheter, as in the third case. The Hemovac tube is usually advocated for tissue drainage, but in these instances it proved effective when used inside the bladder. The walls of the bladder probably collapse and so maintain negative suction.

It is generally not possible to suture the urethrovesical junction watertight in radical prostate surgery for carcinoma. Frequently, perivesical drainage will persist in the postoperative period. Negative suction by the use of the Hemovac partially obviated this distressing complication in Case No. 2.

Case No. 3 represents a common difficulty in preoperative evaluation of carcinoma in the enlarged prostate.

Sir Eric Riches of London, England, found that the preoperative diagnosis in 76 out of 315 cases of prostatism was erroneous, that is, carcinoma was unsuspected in 24%.[8] In the present case, the prostate was found to be infiltrating the seminal vesicle area at surgery. No possibility of radical excision existed. Therefore, the prostate was enucleated in the usual manner and a large rent was inadvertently left in the prostatic capsule. All attempts to suture this were unsuccessful and so Hemovac drainage simplified a possibly complicated postoperative problem.

These three cases are representative of the employment of negative suction in postoperative prostatectomy. They are not the only cases in which the authors have used Hemovac suction. They show the value of negative suction in persistent suprapubic fistula and excessive perivesical drainage. Whenever a rent is made in the peri-

toneum and there is danger of contaminating the entire peritoneal contents with irrigating fluid, the Hemovac can be used with good effect. The Hemovac has not been used for primary vesical drainage because of excessive clotted blood which frequently follows enucleation of the prostatic adenoma.

Summary

Three cases of prostatic surgery are presented in which the postoperative course was aided by using intravesical or perivesical negative pressure suction.

Such drainage is applicable to many urological surgical procedures.

BIBLIOGRAPHY

1. Raffl, A. B.: The Use of Negative Pressure Under Skin Flaps After Radical Mastectomy, *Ann. Surg.* 136:1048, 1952.
2. Besser, E. L.: The Use of Suction Drainage, *Conn. Med. J.* 20:639, 1956.
3. McFarlane, R. M.: The Use of Continuous Suction Under Skin Flaps, *Brit. J. Plast. Surg.* 11:77, 1958.
4. MacDonald, J., Smith, G. K., Geriss, L. W., deMoss, E. V.: Exposure and Suction Drainage in the Management of Major Dissective Wounds, *Surg., Gynec., Obstet.* 107:532, 1958.
5. Barron, J.: Continuous Wound Suction, *Brit. J. Plast. Surg.* 12:183, 1959.
6. Sutton, W. T., Scanlon, E. F.: Suction For Postoperative Wounds, *Arch. Surg.* 82:569, 1961.
7. McElvenny, R. T.: A New Frontier For Surgical Wounds, *Quart. Bull. Northwestern Univ.* 35:235, 1961.
8. Riches, Sir Eric: Posterior Capsulectomy In Routine Retropubic Prostatectomy, *J. Urol.* 85:965-969, 1961. ◄

I.U. School of Medicine Postgraduate Courses

(Division of Postgraduate Medical Education)

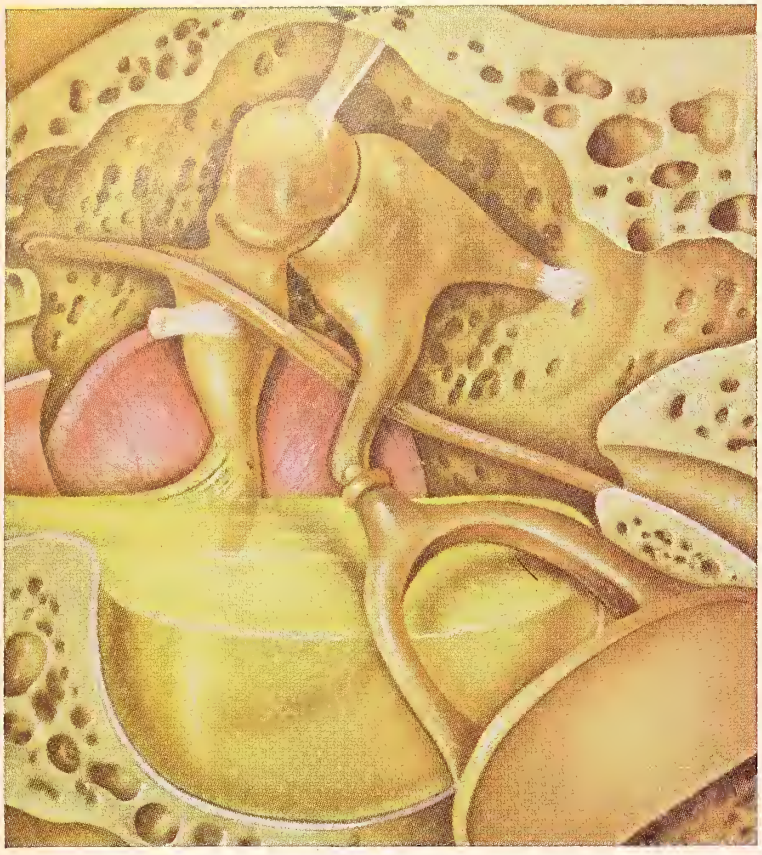
DATE	COURSE TITLE	LOCATION	COURSE DIRECTOR
Mar. 24, 25, 26	Electrocardiographic Interpretation of Arrhythmia	Marion County Generol Hospital	Charles Fisch, M.D.
Mar. 26	Ophtholmology for the General Practitioner	I. U. M. C.	Fred Wilson, M.D.
April 2	Management of Congenital Anomolies of Skin and Soft Tissue	I. U. M. C.	James Bennett, M.D.
Apr. 15, 16, 17, 18	Radiology of Traumo	I. U. M. C.	John Campbell, M.D.
Apr. 13-Apr. 27	Anatomical and Clinicol Otoloryngology	I. U. M. C.	David Brown, M.D.
April 23	Management of Common Dermatologic Conditions	Marion County General Hospital	Victor Hackney, M.D.
May 13/14	Indiana Multidisciplinary Child Core Conference	Stouffer's Inn	Morris Green, M.D.
May 22	Psychiatry in Everyday Practice	Elks Country Club, Sullivan, Ind.	Betty Dukes, M.D.

See next page for prescribing informat



You've made it one of your specifics in acute otitis media

DECLOMYCIN®
DEMETHYLCHLORTETRACYCLINE



You've made it one of your specific in acute otitis media

DECLOMYCIN acts against many strains of H. influenzae, pneumococci and streptococci, th most common invaders. In otitis media, where it is difficult to isolate the causative organism, this coverage may be important. However, some strai may be resistant and other pathogens can be involved.

You've found the high serum levels of DECLOMYCIN important, too. Its prolonged acti permits convenient 300 mg b.i.d. or 150 mg q.i.d. administration.

When specimens are obtainable, your culture studies will indicate the usefulness of DECLOMYCIN.

Effectiveness: DECLOMYCIN Demethylchlortetracycline should be equally or more effective therapeutically than other tetracyclines in infections caused by organisms sensitive to the tetracyclines.

Contraindication: History of hypersensitivity to demethylchlortetracycline.

Warning: In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, lower than usual doses are indicated, and, if therapy is prolonged, serum level determinations may be advisable. A photodynamic reaction to natural or artificial sunlight has been observed. Small amounts of drug and short exposure may produce an exaggerated sunburn reaction which may range from erythema to severe skin manifestations. In a smaller proportion, photoallergic reactions have been reported. Patients should avoid direct exposure to sunlight and discontinue drug at the first evidence of skin discomfort. Necessary subsequent courses of treatment with tetracyclines should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocoli pruritus ani. Skin—maculopapular and erythematous rashes; a r case of exfoliative dermatitis has been reported. Photosensitiv onycholysis and discoloration of the nails (rare). Kidney—rise in BU apparently dose-related. Transient increase in urinary output, sor times accompanied by thirst (rare). Hypersensitivity reactions—u caria, angioneurotic edema, anaphylaxis. Teeth—dental staining (low-brown) in children of mothers given this drug during the latter h of pregnancy, and in children given the drug during the neonatal p od, infancy and early childhood. Enamel hypoplasia has been see a few children. If adverse reaction or idiosyncrasy occurs, discontin medication and institute appropriate therapy. Demethylchlorte cycline may form a stable calcium complex in any bone-forming tis with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Sho be given 1 hour before or 2 hours after meals, since absorption impaired by the concomitant administration of high calcium cont drugs, foods and some dairy products. Treatment of streptococ infections should continue for 10 days, even though symptoms h subsided.

DECLOMYCIN®
DEMETHYLCHLORTETRACYCLINE

Capsules: 150 mg; **Tablets:** film coated, 3 mg, 150 mg and 75 mg of demethylchlorte cycline HCl.

LEDERLE LABORATORIES, A Division of
American Cyanamid Company, Pearl River, New York

Lederle

now she can cope...

thanks to

Butisol SODIUM®
(SODIUM BUTABARBITAL)

the "daytime sedative" for everyday situational stress

When stress is situational—environmental pressure, worry over illness—the treatment often calls for an anxiety-allaying agent which has a prompt and predictable calming action and is remarkably well tolerated. BUTISOL SODIUM (sodium butabarbital) meets this therapeutic need.

After 30 years of clinical use . . . still a first choice among many physicians for dependability, safety and economy in mild to moderate anxiety.

Contraindications: Porphyria or sensitivity to barbiturates.

Precautions: Exercise caution in moderate to severe hepatic disease. Elderly or debilitated patients may react with marked excitement or depression.

Adverse Reactions: Drowsiness at daytime sedative dose levels, skin rashes, "hangover" and systemic disturbances are seldom seen.

Warning: May be habit forming.

Usual Adult Dosage: As a daytime sedative, 15 mg. (¼ gr.) to 30 mg. (½ gr.) t.i.d. or q.i.d.

Available for daytime sedation: Tablets, 15 mg. (¼ gr.), 30 mg. (½ gr.); Elixir, 30 mg. per 5 cc. (alcohol 7%).

BUTICAPS® [Capsules BUTISOL SODIUM (sodium butabarbital)] 15 mg. (¼ gr.), 30 mg. (½ gr.).

McNEIL

McNeil Laboratories, Inc., Fort Washington, Pa.





If you think the pink pill for U.R.I. symptoms is built for speed and endurance you're on the right track.

Here is a tablet that begins to relieve symptoms of upper respiratory infection quickly—a tablet that works for hours to make it easy for your patient to enjoy continuous relief.

Novahistine Singlet combines effective dosage of an antipyretic-analgesic with a vasoconstrictor-antihistamine formulation to relieve not only the congestion, but also the fever and the aches and pains that almost always accompany upper respiratory infections.

A total daily dosage of 3 or 4 tablets will normally provide the continuous relief your patient expects. Use with caution in patients with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution ambulatory patients that drowsiness may result.

PITMAN-MOORE Division of The Dow Chemical Company, Indianapolis, Indiana.

Novahistine®
Singlet decongestant-analgesic

(Each tablet contains: phenylephrine hydrochloride, 40 mg.; chlorpheniramine maleate, 8 mg.; acetaminophen, 500 mg.)

DOW

Court-Ordered Contraception*

HONORABLE DON J. YOUNG**
PATRICIA YOUNG ALVERSON, ACSW***
DON J. YOUNG, M.D.†

THE teenage, illegitimate pregnancy is "a pitiful social welfare problem for which there is no easy solution."[1] Approximately 350,000 such births are predicted for 1970,[2] accounting for 40% of all illegitimacies.[3] Because illegitimacy is often a self-perpetuating problem,[4] one illegitimate pregnancy frequently begets another.[5,6] In one study, 340 illegitimate babies were born to 100 teenage girls over a five-year period, all but five having more than one child[7] (Table 1).

In general, the illegitimate pregnancy is a purposeful, symptomatic attempt to ease an unresolved conflict.[8] Thus, the vast majority of articles in the social work literature deal with casework treatment of the girl once she is pregnant. *There is little discussion of how to prevent the pregnancy in the first place.*

Prevention of illegitimacy in our society has mainly centered on exhortation. If counseling at the time of the first pregnancy and afterwards fails, the girl may again become illegitimately pregnant. Once this happens, a more realistic, less idealistic method must be employed, specifically, the use of contraceptives, ordered by the courts, if necessary.

The purpose of this paper is to set forth the rationale and some of the problems involved in proposing court-ordered contraception for prevention of multiple illegitimate pregnancies in teenage girls.

Legal Viewpoint

Regardless of a rather general popular opinion to the contrary, there is little doubt that from a purely legal standpoint for a child (as the term is defined in juvenile court statutes) to become pregnant constitutes the child delinquent. The person responsible for the pregnancy, if also a child, is delinquent, too, and if an adult, is chargeable with acting in a way tending to cause delinquency, if not with contributing to delinquency.[9]

About half of the state juvenile court acts contain a provision placing under the court's jurisdiction a child "whose behavior is injurious to his own or others' welfare,"[10] or "who so deports himself as to injure or endanger the morals or health of himself or others."[11] Practically all the other juvenile court laws, in one form of language or another, give the court jurisdiction over children whose behavior is immoral.[12]

There can be little doubt that by the standards of morality generally prevalent in this country, sexual relations outside of wedlock are looked upon as immoral, however prevalent they may in fact be,[13] nor can it be argued that it is not injurious to a child's welfare. Hence illicit pregnancy, since it can only result from sexual relation, is necessarily immoral or injurious to welfare, and subjects the pregnant child to the jurisdiction of the juvenile court in practically every state.

It is safe to assume that the greater portion of illicit pregnancies among children do not result in juvenile court referral in practice because they are concealed by subterfuge, or by hasty marriage, often with falsification of age.[14] However, those which do come to the attention of the courts present very serious problems of disposition.

In the field of mental retardation, particularly, the problem of illicit pregnancy has been around for a long time, but there also, it is gaining new attention. In that area, the problem has often been met by compulsory sterilization laws which have been enacted in 27 states, most recently from 1905 to 1913 and from 1923 to 1929.[15] The constitutionality of these laws was upheld by the Supreme Court of the United States in 1927.[16]

Recently, in one state at least, the courts have held that even in the absence of a sterilization statute, when a severely mentally retarded young woman becomes pregnant, the courts, in a proceeding for commitment to an institution for the feebleminded, may order the girl sterilized when no institutional space is available.[17]

As a technical legal proposition, the power of the juvenile court in dealing with children adjudged to be delinquent is far greater than the powers accorded generally to courts for the purposes of commitment of the mentally retarded. While there are, of course, variations in detail among the statutes of the several states, the Ohio statutes are fairly typical, and may be used for purposes of illustration.

The Ohio statute for commitment of the mentally retarded, which has been construed to empower the court to order sterilization of a feebleminded girl who has been, or will probably become pregnant, provides that the probate judge shall

* Accepted in concert and published simultaneously with the *American Bar Association Journal*. Publication in the *American Bar Association Journal* does not constitute endorsement of the proposals or of the legal propositions advanced.

** From the United States District Court, Northern District of Ohio, Western Division, Toledo, Ohio.

*** Social Worker, Family Service Association of Lorain County, Lorain, Ohio; formerly Casework Supervisor, Juvenile Court of Cuyahoga County, (Cleveland), Ohio.

†Dr. Young is chief medicine resident in the Department of Medicine, Marion County General Hospital, Indianapolis 46202.

". . . take such action and make such order as he deems necessary and advisable to provide for the detention, supervision, care and maintenance of said mentally retarded person"[18]

The Ohio juvenile court statutes provide that if the court finds that the child is delinquent, it may, "place the child on probation . . . upon such terms as the court shall determine; . . . make such further disposition as the court deems proper;"[19]

It can hardly be said that the power to make such disposition as the court deems proper is more limited or restricted than the power to make such order as it deems necessary and advisable for the supervision, care and maintenance of the child.

If there should be statutes under which the juvenile court lacks such broad powers of disposition, and even the Standard Juvenile Court Act provides that "The court may order, for any child within its jurisdiction, whatever care or treatment is authorized by law,"[20] all juvenile court acts empower the court to place a child on probation. Under the law relating to probation generally, it has been held that a court, in granting probation, has the right to require, as a condition, that the probationer submit to sterilization.[21]

It seems a safe legal conclusion that a juvenile court could, without exceeding its powers, order sterilization of a child under its jurisdiction. However, the fact that illicit pregnancy among children creates a multiplicity of heartbreaking problems for child and family (not to mention serious administrative difficulties for training institutions and extra burdens for taxpayers and social agencies) hardly justifies taking action that would permanently deprive the child of normal family activities when it reached adulthood.

Even the statutes providing for compulsory sterilization are coming in for criticism as being scientifically unsound, too drastic in their effects and based on assumptions as to the feelings of the persons involved which are in many respects false.[22]

ILLEGITIMATE BIRTHS IN MARION COUNTY, INDIANA IN 1967*

AGE of MOTHER	BIRTHS DISTRIBUTED BY PARITY (1)	(2)	(3)	(4)	(5)	(6)	(7)	TOTAL
12	1							1
13	4							4
14	47	1						48
15	99	9						108
16	142	19	1					162
17	157	30	8					195
18	152	44	11	1				208
19	157	39	13	3	1			213
20	95	37	19	5	3	1		160
21	71	20	15	5	2	2	1	116

* Of 1215 illegitimate births in Marion County, Indiana, 290 were products of a second or subsequent pregnancy.

TABLE I

On the other hand, while sterilization is coming under increasing attack, contraception, which has been hampered both by lack of knowledge and statutory inhibitions, seems to be gaining a more favorable reception.

Using as an example a girl who had, despite counseling, already produced two illegitimate pregnancies, what would happen if the court ordered insertion of the intrauterine contraceptive device (IUCD)? This particular form of contraceptive device is suggested primarily because it is inexpensive and once inserted requires no cooperative action on the part of the child, no voluntary participation in using it effectively, and cannot be readily removed by anyone except a doctor. This is a matter of some importance, for juvenile courts and other agencies do encounter cases where the child's pregnancy is not the result of ignorance or accident, but of a deliberate design on the part of the child to gain its own ends.

Germane to the proposal is the recent case of *State of Ohio v. McLaughlin*.[23] Mrs. McLaughlin was convicted in the juvenile court of contributing to the delinquency of her 16-year-old daughter. When the daughter was 13, the defendant found that the daughter was pregnant. The defendant told her she should not have sexual relations with boys, but if she did, to make sure the boys used protection, which she explained to the child meant a contraceptive device which could be purchased at a drug store. A little over a year after the birth of her first child, the daughter, then 15 years of age, had another child. Her mother, the defendant, repeated her instructions, and also filed a delinquency complaint against the child in juvenile court. The child was adjudged delinquent and placed on probation. About nine months later, the girl, then a little over 16 years old, had a third illegitimate child. Thereafter, a juvenile court hearing was held, the girl was committed to a training school and the mother was charged with contributing to her delinquency, solely upon the ground that she had instructed the girl in the use of contraceptive devices. The conviction was reversed, and the defendant discharged, on the ground that it was in violation of the defendant's right of freedom of

speech under the First and Fourteenth Amendments to the Constitution of the United States. and Article I, Section II of the Constitution of Ohio. The court stated,

> "The state does not have a substantial enough interest to restrict speech in cases where the mother, in the only way she knows how, instructs her child in ways to prevent conception before marriage. In the instant case we have the added fact that a pregnancy had already preceded the instruction.
>
> "Can anyone argue that it is wrong for parents to attempt to educate their own children in areas which are grossly neglected by our school systems? This is not only a parental right; it is a duty. . . ."

One of the fundamentals of juvenile court law is that the court shall give each child under its jurisdiction that care which should be given by its parents. In many jurisdictions language to this effect is embodied in the juvenile code.[24] This is simply an interpretation of the doctrine of *parens patriae*,[25] an ancient principle which forms the basis and constitutional justification of all juvenile court law.

If the parent has the duty to educate the child in this area, the juvenile court necessarily has the same duty. Nor is the duty to educate confined to giving lectures, which may, as did Mrs. McLaughlin's, fall on deaf ears. If there are effective means of acting to reinforce the educative words, by what reasoning can the right of action be denied, either to the parent, or to the juvenile court when it is acting *in loco parentis?*

If, as demonstrated, so drastic a preventive of pregnancy as sterilization is not beyond the powers of the juvenile court, the court must necessarily have the power to order the use of a proper contraceptive device, since the greater always includes the lesser.

As yet we have not answered all of the question, "What would happen if the court ordered insertion of the IUCD"? Thus far we have shown by law the court has the power to order it, but will any court do so? The mere possession of legal power does not necessarily justify its exercise.

Social Viewpoint

The law is not alone in the decision of who shall be the recipient of court-ordered contraception. In order to be consistent with the juvenile court ethic of considering each case in terms of the individual client involved, the judge would necessarily rely heavily on the social history information and recommendations of his probation counselors. Thus, the responsibility for recommending the use of the IUCD would frequently fall upon the social worker. Religious, social, and cultural factors, in addition to the psychological, would have to be considered carefully. Probably the greatest problem would be the strong negative emotional reaction of all parties concerned. Whether judges and social workers can really allow themselves to come to terms with their own values and conflicts in order to face objectively the reality situation is, perhaps, the major question.

Will ordering insertion of the IUCD help to rehabilitate those whose illicit sexual behavior has caused them to become pregnant, or is it merely punitive? By itself, the IUCD does nothing other than prevent pregnancy, which can hardly be called punitive in this situation. If nothing more, its use buys time for more conventional methods of social casework, which may eventually result in rehabilitation.

Medical Viewpoint

In addition to the involvement of lawyers, judges, and social workers, the role of the medical profession must not be overlooked, because insertion of the IUCD requires their skills and cooperation. Although the device is quite safe, and several million are in use, medical side effects must be weighed when the court orders forcible insertion.

Among these are failure to prevent pregnancy in 2.8 per hundred first insertions for the first year of use and 5.3 pregnancies per 100 women by the end of three years.[26] In contrast, in the complete absence of contraception, the rate is 80 per 100 after the first child.[27] These figures assume continued exposure to the risk of pregnancy and are therefore not directly applicable to teen-agers.

Expulsion of the IUCD can be expected in approximately 10% during the first year depending on the type of IUCD and another 10% will suffer abnormal bleeding and/or pain severe enough to necessitate removal. Pelvic inflammatory disease (e.g., gonorrhea) occurred in only 606 of 22,403 women studied, 60% of whom were successfully treated with the IUCD *in situ*.[28]

We do not believe these complications are of sufficient gravity to inhibit the court from ordering the IUCD.

Conclusion

In spite of our increased enlightenment in the area of birth control, society as a whole attaches considerable emotion to all legislative and legal activities involved in its practice. Those of us in the most advantageous positions for utilizing this increasing enlightenment are also, as representatives of society, the most reluctant.

Even so, insertion of the IUCD theoretically provides effective reinforcement to a court acting *in loco parentis*, by preventing pregnancy, thus granting additional time for social casework. Its use should therefore not be denied to those who need it most, as part of their rehabilitation from previously incorrigible unwed mothers into good and useful citizens.

It would seem that if we gave more thought to the deleterious results of illegitimate pregnancy, we would be less troubled by a court order for insertion of the IUCD. We find no

contraindication to such proceedings in properly selected cases, and advocate their espousal by the courts.

Summary

The foregoing sets forth a proposed solution to the problem of multiple illegitimate pregnancies in teenagers. Laws and court decisions are cited, establishing legal precedent for the use of court-ordered insertion of the intrauterine contraceptive device. In addition, the roles of the social worker and doctor are discussed as they would be involved in the decision to insert the device and the execution of the court's order.

The IUCD is a feasible solution to the problem of preventing multiple illegitimate pregnancies in teen-agers, and may prove to be a valuable adjunct in the process of rehabilitation.

Acknowledgement

Dr. Joseph Thompson kindly furnished the data used in Table 1.

REFERENCES

1. Nokes, John M., discussing Poliakoff, S. R.: Pregnancy in the Young Primigravida, *Amer. J. Obstet. Gynec.* 76:746, 1958.
2. Vincent, Clark E.: Illegitimacy in the Next Decade, *Child Welfare*, December, 1964, page 514.
3. Vincent, Clark E.: *Unwed Mothers*, Glencoe, Ill., The Free Press of Glencoe, 1962.
4. Thompson, Barbara: Social Study of Illegitimate Maternities, *Brit. J. Prev. Soc. Med.* 10:75, 1956.
5. Stine, Oscar C., Rider, Rowland V., Sweeney, Eileen: School Leaving Due to Pregnancy in an Urban Adolescent Population, *Amer. J. Public Health* 54:1-6, 1964.
6. Aznor, Ramon, Bennett, Alwyn C.: Pregnancy in the Adolescent Girl, *Amer. J. Obstet. Gynec.* 81:934, 1961.
7. Sarrel, P. M., Davis, C. D.: The Unwed Primipara, *Amer. J. Obstet. Gynec.* 95:722, 1966.
8. Young, Leontine: *Out of Wedlock*, New York, McGraw-Hill, 1954, p. 22.
9. For example, see *State v. Gans*, 168 Ohio St. 174, N.E. 2d (1958), where the likelihood that a married girl under the compulsory school age would become pregnant was sufficient to substain the conviction of her parents for acting in a way tending to cause her delinquency by conniving at her marriage, since bearing and raising children did not excuse compliance with the compulsory school laws. The court also holds that when a married girl remains in school, ". . . The more successful her marriage would be the more it could tend to cause her to act so as to adversely affect the morals of her classmates."
10. a. Standard Family Court Act 8.2(b) N.P.P.A. Journal 5(4):344, Oct., 1959.
 b. Florida Statutes Chapt. 39, Sec. 39.01(11).
 c. Idaho Code Chapt. 18, Sec. 16-1803. 1. (a).
 d. Kansas R. S. 1959 Supp. 38-802(d) (d) (1).
 e. Vernons Annotated Missouri Statutes Chapt. 211 Sec. 211-031. (1.) (c).
 f. Nevada Revised Statutes Sec. 62.040. 1. (a) (2).
 g. Oregon Revised Statutes Chapt. 419.
 h. South Carolina Code of Law 1962, Vol. 4, Title 15, Chapt. 8, Sec. 15-1281.6(b).
 i. Virginia Statutes, Title 16.1, Chapt. 8 Article 3 16.1-158(1) (f).
 j. Wyoming Statutes, Chapt. 125, Session Laws 1951 Sec. 3. a. (1).
11. a. Arizona Code 8-201. 6(d).
 b. Delaware Code Annotated Title 10, Chapt. 9, Sec. 901; Title 10, Chapt. 11, Sec. 1101.
 c. District of Columbia Code Title 11, Chapt. 15, Sec. 11-1551(a) (1) (D).
 d. Georgia Code, Sec. 24-2408(3).
 e. Burns Indiana Statutes Sec. 9-3204(17).
 f. Minnesota Statutes 1965, Vol. I, Chapt. 260, Sec. 260.015, Subd. 5(e).
 g. Montana Revised Code Chapt. 6, Sec. 10-602(2) (e).
 h. Nebraska Revised Statutes 194 Sec. 43-201(4) (d).
 i. New Jersey Statutes Ann. Sec. 2A:4 14(1) m.
 j. New Mexico Statutes Sec. 13-8-26(4).
 k. North Carolina Rev. Statutes 1943 as amended Chapt. 110, Art. 2, Sec. 110-21(2).
 l. Ohio Revised Code, Sec. 2151.02(D).
 m. Pennsylvania Public Laws, 6/3/53 8/19/59 1163, New Court Law Sec. 1(4) (d).
 n. Utah Code Ann. Sec. 55-10 6.
 o. Michie's W. Virginia Code 1955, Chapt. 49, Sec. 4904(4) (9).
 p. Wisconsin Statutes 1957 Chapt. 48 Sec. 48.12(4).
12. It should be borne in mind that juvenile court law is essentially statutory, and statutes are subject to constant revision. References to statutes should always be checked for recent amendments.
13. This is not intended to overlook the fact that extra-marital sexual relations are generally illegal, particularly where the female is below the age of consent.
14. Womble, Dale L.: Trends in Falsification of Age at Marriage in Ohio, *J. Marriage and the Family* 28(1):54, Feb., 1966.
15. Bligh, Regina: Sterilization and Mental Retardation, *Amer. Bar Association J.* 51:1059, Nov., 1965.
16. *Buck v. Bell*, 274 U.S. 200, 47 S. Ct. 584, 71 L.Ed. 1000.
17. a. *In re Simpson*, 8 Ohio L. Abs. 193, 180 N.E.2d 206.
 b. In re Affidavit Alleging Feeblemindedness and Sterilization. Richland County, Ohio, Probate Court, unreported, 1966. Referred to in article "Two Retarded Sisters Ordered Sterilized" *The Plain Dealer*, (Cleveland, Ohio) February 18, 1966, p. 1.
18. Ohio Revised Code, Sec. 5125.30.
19. Ohio Revised Code, Sec. 5125.35.
20. Standard Juvenile Court Act. 24.5 N.P.P.A. Journal 5(4):375, Oct. 1959.
21. *People v. Blankenship*, (Cal. App. 1936) 61 P.2d 352.
22. Bligh, *op. cit.*
23. 4 Oh. App. 2d 327, N.E.2d.
24. For example, see Art. 1 1 of the Standard Juvenile Court Act. N.P.P.A. Journal 5(4):329, Oct., 1959.
25. a. *Wellesley v. Wellesley*, 2 Bligh N.S. 124, 4 Eng. Rep. 1078 (1828).
 b. *Ex Parte Crouse*, 4 Whart. 9 (Penna. 1839).
26. Tietze, Christopher: Contraception with Intrauterine Devices. *Amer. J. Obstet. Gynec.* 96:1043-54, Dec. 1, 1966.
27. Eastman, Nicholson J., Hellman, Louis M.: *Williams' Obstetrics*, 13th ed., New York, Appleton-Century-Crofts, 1966, pp. 1068-9.
28. Tietze, *op. cit.* ◄



The Inotropic Effects of Digitalis:

A Review

ROBERT E. EDMANDS, M.D.
KALMAN GREENSPAN, Ph.D.
Indianapolis*

THE manner in which digitalis enhances myocardial performance has, for decades, remained unclear. This has been true for a variety of reasons but most particularly because of the host of variables changing simultaneously with administration of the cardiac glycoside. That is, changes in heart rate,[1] diastolic volume,[2] peripheral resistance,[3] and venous return [4-6] are all produced by the drug. Concomitant slowing of ventricular rate in the human or animal with atrial fibrillation, reduction in diastolic dimension, decrease in venous return in dogs not in failure, and all occurring in association with digitalis administration, have lent considerable confusion to the picture. This has been especially disconcerting as each of the variables could readily be invoked to justify the salutary effects of digitalis. As a result, poorly controlled studies have described changes in one or the other of the above variables, and have therefore attributed the beneficial effect of digitalis to its action upon the variable in question. Such studies have been deficient for several other reasons as well: the extrapolation of data from study of the normal animal myocardium to the failing human heart; limitation in the scope of hemodynamic variables assessed; and, in particular, because of restrictions inherent in a reliance upon the Frank-Starling concept as the sole or principal consideration by which myocardial performance could be judged.

Not until Cattell and Gold,[7] in 1938, demonstrated a direct enhancement of contractile force by digitalis in cat papillary muscle, could a direct positive effect of digitalis be demonstrated independently of digitalis-induced changes in rate, diastolic heart size, venous return and coronary flow. Nevertheless, difficulty remained in reconciling such observations with apparently conflicting clinical observations. That is, the absence of recognizably beneficial effects of digitalis upon normal myocardium[8-11] or enlarged hearts not in clinical decompensation[12] continued to obscure the mechanism of action of digitalis. As a consequence, the concept became prevalent that digitalis glycosides exerted a beneficial effect on myocardial contraction only in the presence of overt myocardial decompensation. And the view that digitalis' principal role was mediated through an increased peripheral venous tone (producing a "bloodless venesection") continued to be entertained by many investigators.[5,12]

As inferred, a persistent reliance upon Frank-Starling concepts and the ventricular function curve, as the ultimate criteria by which myocardial performance might be assessed, virtually precluded definition of the physiologic role played by digitalis. It was not until the work of Hill,[13] Abbott and Mommaerts,[14] and Sonnenblick,[15] regarding the force-velocity relation inherent in cardiac muscle, that the apparent discrepancies in digitalis' mechanism of action could be reconciled. Such studies discerned an inverse relation between force development and the velocity of contractile shortening in cardiac muscle (Figure 1), much as occurs in skeletal muscle. Further investigation has determined also that the force-velocity relation is a fundamental characteristic of myocardial tissue, present and alterable independently of the length-tension relation and influenced by a host of factors, including epinephrine, calcium, digitalis, and heart rate. Sonnenblick[15] has suggested, in addition, that the most characteristic measure

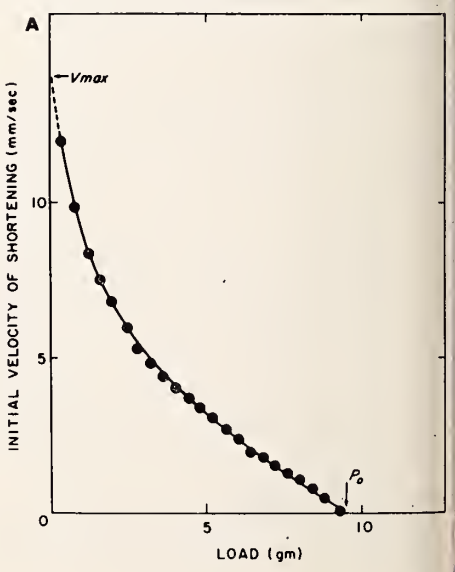


FIGURE 1

FORCE-VELOCITY CURVE. This diagram illustrates the inverse relation between the velocity of contractile shortening and the force borne by the contracting fiber. At zero load, the velocity of shortening is maximal (the curve here is extrapolated to zero load). The intercept is labeled Vmax. Conversely, maximal force generation occurs when the velocity of contractile shortening is zero. (From Sonnenblick, E. H.: The Myocardial Cell, University of Pennsylvania Press, Philadelphia, 1966.)

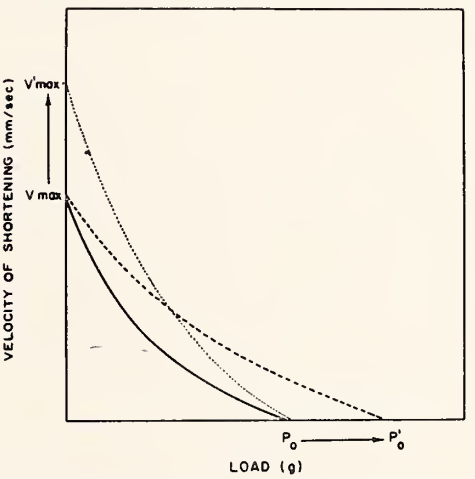
* From the Department of Medicine, Indiana University School of Medicine and the Krannert Institute of Cardiology, Marion County General Hospital, Indianapolis 46202.

of the force-velocity state lies in the maximal velocity of shortening of the contractile elements, occurring at a time when the contractile elements encounter "zero load" (i.e., when they are unencumbered by a resistance to shortening). This point has been termed Vmax, and is considered to reflect the basic force-velocity or inotropic state of the myocardium. Again, the force-velocity state has been found to vary independently of the length-tension relation; positive inotropic interventions may enhance the maximal velocity of shortening (with or without change in maximal force development) without alteration in resting fiber length or tension (i.e., end-diastolic volume or pressure). It has also been observed that the converse holds true; resting length or tension may vary without change in the basic force-velocity state (Figure 2).

The Effect of Digitalis on Contractile Force

Recognition of this basic hemodynamic principle and its relation to the positive inotropic property of digitalis has resolved much of the confusion about the physiologic role of digitalis, in addition to shedding further light on its clinical applicability. Prior assumptions,[4,5,8-12] based upon the tenets of Frank and Starling, assumed that digitalis must exert its beneficial effects on the decompensated myocardium by decreasing diastolic size (either by a direct action on the failing heart or by a reduction in venous return), thereby effecting a change in the myocardial state by displacing it from the "descending limb" of the Starling curve. That such a mechanism is not of primary concern has been suggested by the studies of Bloomfield et al.,[16] disclosing that an increase in cardiac output, by the failing heart, precedes changes in venous return or right atrial pressure; while Cattell and Gold[7] have revealed that the direct inotropic effect of digitalis is independent of ventricular dimensions. Mason and Braunwald[17] have demonstrated, further, that a reduction in venous return (secondary to venoconstriction affecting the hepatic venous system in particular) is not a necessary eventuality in the course of acute digitalization of the decompensated heart. They have shown, in fact, that acute digitalization is more prone to relieve the venoconstriction commonly found in association with cardiac decompensation; the venoconstriction is presumably alleviated reflexly, following a return to myocardial compensation.

Other investigators, moreover, have discerned the nature of the more fundamental, direct inotropic action of digitalis. Wiggers and Stimson[18] found that, in the paced dog heart, digitalis shortens the duration of systolic ejection. This observation has been confirmed more recently in man by Weissler et al.[19] Thus, having determined that the inotropic effects of digitalis are not consistently reflected by measurements of flow and pressure, investigators have more recently identified the salutary effects of the glycoside as an increase in the *rate* of contractile element shortening and, hence, in the *rate* of pressure development. Braunwald et al.[20] and Murphy et al.[21] demonstrated that digitalis, in man, produces an increase in the rate of rise of left ventricular pressure, irrespective of its effects upon stroke volume or cardiac output. It remained for the studies of Sonnenblick et al.[22] to delineate further the direct effects of the cardiac glycoside upon heart muscle. In both the isolated cat papillary muscle and the intact normal human heart, it has been shown that digitalis administration directly alters the force-velocity or inotropic state of ventricular tissue (Figure 3), increasing the inherent velocity of contractile shortening independently of end-diastolic length or tension (i.e., volume or pressure). It has become apparent, then, that the direct beneficial effects of digitalis upon heart muscle are exerted both upon normal myocardium and the failing heart. The prior uncertainty about the mechanism of action of the glycoside lay in a lack of appreciation of the factors determining myocardial performance. In the normal heart, ventricular dimensions, frequency of contraction, and systemic pressure (afterload) are but a few of the factors which determine cardiac output, independently of the contractile or force-velocity state of the myocardium. Digitalis, in this circumstance, may produce no change or even a fall in cardiac output, depending on reflex adjustment of these other factors, despite a substantial increase in the rate of contractile shortening. In the failing heart, conversely, depressed contractility constitutes the major limitation to cardiac output, and digitalis-induced contractile aug-



EFFECTS OF INTERVENTIONS ON THE FORCE VELOCITY RELATIONS OF THE CAT PAPILLARY MUSCLE

	Vmax	Po
INCREASING LENGTH	—	↑ ↑
INCREASING RATE	↑	↑ or —
NOREPINEPHRINE	↑ ↑	↑

FIGURE 2

THE effect of inotropic interventions upon the force-velocity curve. This illustration depicts the effects of inotropic intervention, such as an increased heart rate or norepinephrine administration, upon the force-velocity curve. A shift in the maximal velocity of shortening (Vmax—V'max) results from such an enhancement of the inotropic state. No change in maximal force generation (P_0) need be produced by this force-velocity shift. An increase in resting fiber length does produce an increase in maximal force generation (P_0-P'_0), however, without alteration in the inotropic state (Vmax). These effects are summarized in the table below the graph. (From Sonnenblick, E. H.: Fed. Proc. 21:975, 1962, reprinted with permission of the Waverly Press, Inc., Baltimore, Md.)

mentation does indeed produce an increase in stroke volume and cardiac output. Again the persistent invocation of the Frank-Starling concept, and its derivative, the ventricular function curve, as the sole or principal determinants of cardiac performance, had precluded an objective evaluation of the mechanism of digitalis inotropy.

The Use of Digitalis in the Non-failing Heart

As a consequence, further interest has been stimulated in the potential use of digitalis in older, preoperative patients with either normal or enlarged but compensated hearts. Disabused of the concept that digitalis is detrimental to the function of normal hearts, and aware that the glycoside may improve exercise tolerance in individuals with enlarged but non-failing hearts,[23] some investigators[24-26] have strongly recommended the prophylactic use of the drug in such preoperative circumstances. It has been contended that such prophylactic drug administration "protects" the myocardium from the consequences of inadvertent volume overloading, and may control or preclude a substantial number of postoperative arrhythmias which arise as a consequence of inadequate cardiac function. The use of digitalis in relation to open-heart surgery[27,28] remains something of an enigma, however, due to the vagaries of extracorporeal circulation, in which an uncertain amount of digitalis is removed from the systemic circulation. As a result, postoperative digitalis administration may be recommended only with considerable circumspection.

Having determined, then, that preoperative digitalization is capable of precluding the adverse effects of a volume or diastolic overload in normal and non-failing hearts, it appeared pertinent to determine whether the drug could similarly protect the heart from a chronic pressure or systolic overload. Such a study was undertaken by Braunwald and Williams[9] in a group of rats. In this experimental setting, the glycoside appeared to protect the rats both from the cardiovascular mortality secondary to aortic constriction and, to a substantial degree, from the ventricular hypertrophy consequent to a chronic systolic overload.

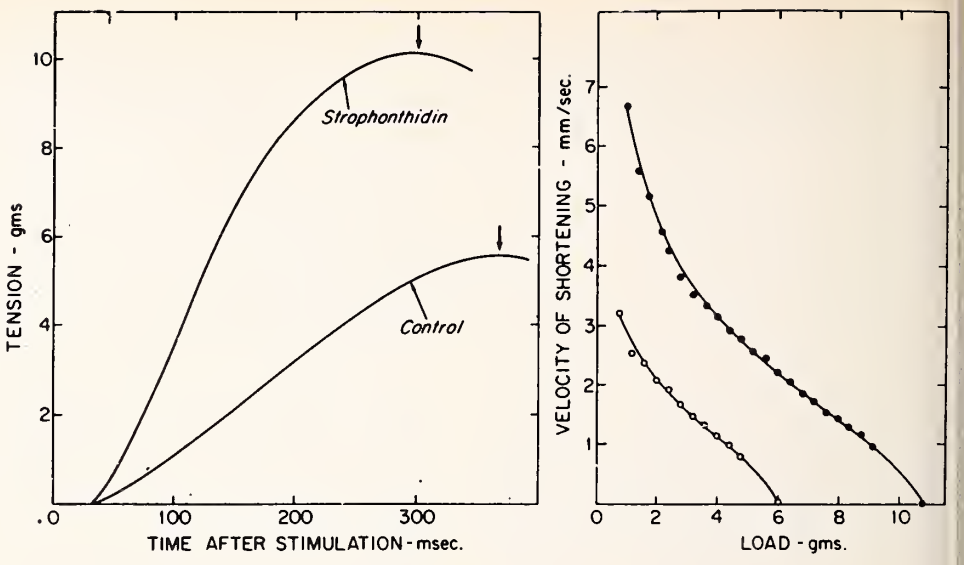


FIGURE 3

THE effects of the digitalis glycoside strophanthidin on the course of isometric contraction (Left) and the force-velocity relation (Right) of the cat papillary muscle. Note that the time interval between onset of stimulation and the attainment of peak tension (left side of figure) is decreased with the glycoside indicating an increase in the rate of velocity of shortening of the contractile elements. On the right side of the figure note that the addition of digitalis also resulted in a shift of the force-velocity relation upward and to the right (thus maximal force increased with an increase in the maximum velocity of shortening). (From Sonnenblick et al.: Circulation 34:532, 1966; with permission of the American Heart Association, Inc., New York).

It has been proposed by Braunwald et al.[29,30] that the prophylactic administration of digitalis enhances ventricular ejection by increasing the velocity of contractile shortening in relation to the imposed afterload, without change in ventricular dimensions. In this manner, it is suggested, cardiac output may be maintained without encroachment upon the reserve mechanisms of hypertrophy and dilatation. The rationale for such a protective mechanism is less than clear, nevertheless, as the ultimate stimulus for the development of ventricular hypertrophy has not been identified with any precision. Some[31] have suggested, however, that an increased myocardial oxygen consumption (MVO_2) may represent the basic stimulus for ventricular hypertrophy. There are substantial data,[32-34] in addition, demonstrating a relation between MVO_2 and the active tension (defined as that tension required to sustain a given intraventricular pressure) generated by the ventricle. Thus, it is contended that a ventricular afterload provides a stimulus to hypertrophy by way of the requisite increase in ventricular tension, and hence, an increase in MVO_2. Ventricular dilatation, perhaps occurring as the consequence of a more sustained afterload increase and maintaining cardiac output by the Frank-Starling mechanism, then provides a further stimulus to ventricular hypertrophy. For ventricular tension does not equate simply with interventricular pressure, but varies with the product of interventricular pressure and the radius of ventricular curvature (LaPlace's theorem).[35] A dilated ventricle, as a consequence, must generate greater tension to sustain the same ventricular pressure, and MVO_2 is increased proportionately. The prophylactic administration of digitalis, on the other hand, may interrupt this self-sustaining chain of events by a variety of mech-

anisms. Sarnoff et al.[33] have suggested that a more accurate determinant of MVO_2 is expressed by the "tension-time index", thereby extending the criterion to include the time during which tension is maintained. The cardiac glycoside, by shortening the ventricular ejection period,[18,19] may therefore decrease MVO_2 and thus limit hypertrophy. It is also conceivable that digitalis administration results in a lessening of ventricular tension, in relation to a given intraventricular pressure, by a reduction in ventricular dimensions.[2] Assuming, however, that the stimulus to hypertrophy lies in an increase in MVO_2, the observations of Sonnenblick et al.,[36] regarding MVO_2 determinants, cast some doubt upon the validity of the aforegoing speculation. For they have found what appears to be a fundamental dependency of MVO_2 upon the velocity of contractile shortening. This relation of MVO_2 to contractile velocity also appears to obtain independently of the tension-MVO_2 relation. If these observations are valid, then, it suggests that the digitalis-induced positive inotropic effect may, of itself, constitute a stimulus to hypertrophy by creating an increase in MVO_2. It may well be, however, that the effects of the glycoside upon ventricular tension (i.e., a decrease in ejection time and ventricular dimensions) may decrease MVO_2 more than the inotropic enhancement increases oxygen requirements. Or, alternatively, it may be proposed that the true stimulus to hypertrophy is not that of an increase in MVO_2, but that such a stimulus may reside in some other variable (such as ventricular tension itself, e.g., in which case the MVO_2-stimulating property of digitalis would *not* constitute a stimulus to hypertrophy). In any case, it is apparent that the mechanism by which digitalis may protect the myocardium from the consequences of a sustained afterload has not been clearly delineated. Furthermore, the clinical utility of prophylactic digitalization, in this regard, remains to be demonstrated.

The Relation of the Adrenergic Nervous System to the Therapeutic Properties of Digitalis

The specific physiologic mechanism whereby the cardiac glycoside effects contractile enhancement also remains to be identified. Numerous studies[37-42] have suggested that some of the drug's cardiac action may be mediated via neurohumoral influences, while others[42,43] contend that digitalis' effect may be direct and not contingent upon the integrity of other systems.

It has not been clear, however, what relation the various cardiac effects of the glycoside have to one another. That is, it has not been clearly established whether the conductive, arrhythmia forming, and inotropic activities of digitalis are interrelated or occur independently, one of the other. More recent investigations[41,42] suggest, however, that the slowing of AV conduction, characteristically evoked by the drug, is in large part attributable to an antiadrenergic action. Catecholamine depletion thus precludes the action of the glycoside upon AV junctional tissue. Other observers[37-40] have noted that ectopic impulse formation is actually *dependent* upon catecholamine stores; beta-adrenergic blockade has been found to increase the amount of ouabain needed to elicit ventricular ectopic beats or ventricular fibrillation. Considerable data are available, therefore, suggesting that the cardiac glycoside may exert much of its effect via adrenergic or antiadrenergic influences.

Speculation has arisen, consequently, as to whether the inotropic effect of digitalis may be similarly mediated via the adrenergic system, and some studies[37,44] suggest that this may indeed be true. Daggett and Weisfeldt[44] have noted, in observing the effects of acetylstrophanthidin on the normal canine heart, that the ventricular function curve was elevated by the drug "only in dogs deprived of autonomic control of cardiac performance." They concluded therefore that "reflex factors play an important role in the acutely observed results of glycoside administration in the intact animal." It is apparent, however, that the above conclusion reflects the specific technic used for evaluating the contractile properties of the heart. As has been noted by several authors,[6,7,45] and discussed previously in the text, the single ventricular function curve is an inadequate criterion of the contractile state of the heart, since the velocity of contractile shortening is not directly assessed by and may vary independently of the Frank-Starling relation. Other investigators[43,45] have observed a direct effect of digitalis on the contractile properties of the heart, occurring independently both of reflex factors and of alterations in the single ventricular function curve. Still other investigators[37] have observed that pretreatment with reserpine or dichloroisoproterenol interferes with the ouabain-induced inotropic response of isolated cat papillary muscle. Additional studies[42,43] however, in which catecholamine depletion was produced by cardiac denervation, revealed no dependency of the inotropic response upon catecholamine stores. That is, the inotropic response evoked by the cardiac glycosides does not appear to be mediated through the release of catecholamine stores. The apparently conflicting results of earlier investigations probably reflect a direct *negative* inotropic effect of drug (reserpine, dichloroisoproterenol) administration, precluding the positive inotropic response of digitalis.

Thus, there are data suggesting an independence of the ectopic-impulse forming, dromotropic, and inotropic properties of the glycoside. The first two appear contingent, at least to some extent, upon the integrity of the adrenergic system; while the third, that of digitalis inotropy, is

not obviously dependent upon neurohumeral influences. The clinical import of such a distinction may not be immediately evident, but it should be noted that experimental evidence exists which substantiates the independence of chronotropic and inotropic effects of the drug. Williams et al.[46] have shown that digitalis administration continues to produce a positive inotropic response in the intact dog at a time when toxic arrhythmias have been evoked by the drug. Suppression of the arrhythmia with K+ administration then permits additional increments of digitalis to enhance further the inotropic response. It is suggested, therefore, that continued administration of the glycoside may be desirable in selected cases where the toxic arrhythmia is associated with marked K+ depletion, and correctable by K+ administration. One cannot emphasize too strongly the hazard inherent in such a maneuver, however. For, in the presence of digitalis toxicity, K+ administration may produce a far more rapid and potentially lethal rise in serum concentration of the cation, apparently due to the failure of active transport of K+ (intracellularly) brought about by toxic doses of the cardiac glycoside. In any case, evidence has been presented which casts doubt upon the widely prevalent concept[47,48] that digitalis toxicity (as reflected by enhanced automaticity in the form of ectopic impulse formation, or as reflected by AV conduction disturbances) is necessarily associated with lessening of the positive inotropic response, or that additional increments of the drug yield little inotropic response as the "toxic" level is approached.

The Relation of Thyroid Function to the Therapeutic and Toxic Properties of Digitalis

The dissociation of the three properties of digitalis (inotropy, impulse-formation, and AV functional refractory period prolongation) is further illustrated by a consideration of the effects of variation in the state of thyroid metabolism upon the cardiac response to the drug. It has been generally assumed,[49-51] to begin with, that the cardiac glycoside is relatively ineffective in heart failure with atrial fibrillation associated with thyrotoxicosis. Prior studies also suggest that digitalis toxicity is more likely to occur in the hyperthyroid[50,52] state and less likely to occur in the hypothyroid[52] than in the euthyroid state. In either event, there is certainly justification for circumspection concerning the dose and frequency of digitalis administration in individuals whose thyroid function is significantly altered. Some observers[53-55] have suggested, however, that the influence of thyroid metabolism upon cardiac performance is a function of a variable sensitivity of the heart to the effects of catecholamines. In other words, the hyperthyroid state has been related to an increased cardiac sensitivity to catecholamines, while it may be inferred that the hypothyroid state may decrease the cardiac sensitivity to such a neurohumoral influence. And, in light of the previously described adrenergic influences upon the various cardiac effects of digitalis, one may speculate further upon clinical and experimental observations regarding the relation of digitalis to the state of thyroid function. Frye and Braunwald have shown[56] that the ventricular response to digitalization in patients with atrial fibrillation varies with alteration in the state of thyroid function. Both the induction of a euthyroid state in patients with myxedema, and the administration of triiodothyronine to euthyroid patients, increase the amount of digitalis required to produce a given reduction in ventricular rate. Morrow et al.[57] have shown that a lesser prolongation of the AVFRP was produced in hyperthyroid dogs, by a given amount of ouabain, than in euthyroid or hyperthyroid animals. Having observed previously that AVFRP prolongation by digitalis is dependent upon the anti-adrenergic properties of the drug, one might infer that the diminished AVFRP prolongation by the drug in thyrotoxicosis is related to the enhancement of adrenergic influence in this state, relative to the anti-adrenergic activity of the glycoside. Conversely, the increased AVFRP prolongation by digitalis in the hypothyroid state may reflect a mitigation of adrenergic activity relative to the anti-adrenergic activity of the drug.

The role played by thyroid function regarding arrhythmia formation is somewhat more obscure, however. It has been observed experimentally that both the hypo-[58] and hyperthyroid[57,58] dogs require significantly greater amounts of digitalis to produce cardiac arrhythmias. Such a relation may well be anticipated in the hypothyroid animal in which adrenergic influences are lessened (assuming that adrenergic activity may play some role in the genesis of digitalis-induced arrhythmias). One would expect quite the converse in the thyrotoxic state, however, in view of the apparently enhanced adrenergic influence and the clinical impression that digitalis arrhythmias are more readily evoked in thyrotoxic subjects. It has been suggested by Rosen and Moran,[58] that the delay in observed arrhythmias in the hyperthyroid animals may be consequent to the sinus tachycardia observed in those animals, precluding the manifestation of enhanced ectopic-impulse formation. Lending substance to this suggestion is their further observation that artificial acceleration of the atrial (and, hence, ventricular) rates in euthyroid dogs resulted in a comparable delay in the manifestation of digitalis-induced arrhythmias. These authors also suggest, as have others,[50] that the clinically described increased frequency of digitalis intoxication in hyperthyroid subjects with atrial fibrillation may be due primarily to the larger doses of digitalis necessary to produce a therapeutic effect, rather than to an increased susceptibility of

the thyrotoxic patient to the drug.

Several observers[57,58] have pointed out that, while the thyrotoxic state greatly increases the amount of digitalis required to slow the ventricular rate, the inotropic action of the glycoside appears unrelated to ventricular slowing. Such observations are in accord with the above mentioned independence of digitalis inotropy from adrenergic influences, while the arrhythmia-forming and conduction-slowing capabilities of the drug are thought to be, at least in part, contingent upon the integrity of the adrenergic system. As might be expected, therefore, several studies[57,58] reveal that alteration of the state of thyroid function does not obviate the inotropic response of cardiac muscle to digitalis. Morrow et al.[57] have found that administration of the glycoside actually produces a greater *relative* inotropic response in hypothyroid animals, while the response of euthyroid and hyperthyroid animals does not differ significantly in this regard (although the inotropic response of the hyperthyroid heart is slightly less). Rosen and Moran.[58] on the other hand, found that the hyperthyroid animal exhibits relatively less positive inotropy with larger doses of digitalis, while the euthyroid and hypothyroid dog do not differ significantly. Thus, although it is difficult to generalize regarding studies which are not in complete accord, other investigations[7,59-61] suggest a similar variability of the inotropic response of digitalis, dependent upon the contractile state of the control preparation. The "hypodynamic" heart, in an experimental setting, manifests a greater relative increase in the vigor of contraction, in response to digitalis, than do normal hearts; while, in the heart which exhibits greater contractility in the control state, the inotropic response to the glycoside is slight. A number of studies[62,63] have revealed also that digitalis administration tends to abolish the "staircase" phenomenon and other interval-dependent variations in contractility. Koch-Weser and Blinks,[59] as a consequence, have suggested that such observations are best explained by the postulation of a "limit" to the contractile response, approximated to a variable degree by the administration of the cardiac glycoside. The "hypodynamic" heart (perhaps analogous to the hypothyroid heart in which contractility may be diminished due to a lessening of adrenergic or other metabolic influences) may exhibit a relatively greater inotropic response to digitalis before the contractile "ceiling" is approximated. In the heart which manifests increased contractility in the control state (comparable here, perhaps, to the hyperthyroid heart in which adrenergic support is enhanced), on the other hand, the inotropic response to the drug may be less prominent because the contractile limit has been encroached upon beforehand. The electrophysiologic observations of Greenspan et al.[64] and Edmands et al.[65] are also consonant with such a hypothesis. The latter authors have described an alteration in action potential configuration which correlates temporally with both interval-dependent and digitalis inotropy. With the digitalis-induced loss of interval-dependent contractile potentiation, moreover, there is a loss of interval-dependent alteration in AP configuration (Figure 4). At this point, the regularly-stimulated contractions, enhanced by the glycoside, closely approximate the post-stimulation response in contractile intensity; temporal intervention here produces relatively little change in either the contractile response or AP configuration. Again, it is suggested that these various observations are best explained by the thesis that digitalis administration produces a variable inotropic response, varying inversely with the intensity of the pre-existing contractile state, as a result of an inherent "ceiling" to the contractile response.

In summary, it should be emphasized that alteration of the state of thyroid function results in an alteration of the susceptibility of the heart to the administration of the cardiac glycoside. These effects of the drug, involving ectopic-impulse formation, AVFRP prolongation, and cardiac inotropy, are also quite variably affected by the state of thyroid function. And, while a review of the effects of thyroid function upon the cardiac effects of the glycoside does not completely clarify the mechanism(s) of action of digitalis; it does tend to substantiate the contention that the various properties of the drug may be exerted independently. As a result, it may be assumed that the mechanisms of action of the several properties of the glycoside are also quite different and may vary independently of one another.

The Relationship of Digitalis Inotropy to Potassium Flux

It has been demonstrated, then, that the salutary effects of digitalis upon cardiac performance are brought about, in both normal and abnormal hearts, by a direct enhancement of the velocity of contractile shortening. The mechanism by which such an inotropic response is evoked remains uncertain, however. And the principal source for this uncertainty lies in the paucity of knowledge concerning the contractile mechanism itself. A number of observers[66-68] have, nevertheless, presented evidence suggesting that the contractile augmentation produced by digitalis may be related to an alteration of ionic flux. It has been demonstrated[69] that the drug effects an inhibition of active transport of $K+$ and $Na+$ ions, resulting in a net loss of intracellular $K+$ and net gain of intracellular $Na+$. And some observers[66-68] have revealed a correlation between digitalis inotropy and the net loss of intracellular $K+$. Still others[70] have found a relation between $K+$ loss and other

forms of inotropic enhancement. Edmands et al.[65] and Greenspan et al..[64] moreover, have demonstrated a characteristic change in action potential configuration, in association with both digitalis and interval-dependent inotropy, that is quite consonant with an increase in K+ efflux. And at least one investigator[71] has described a mechanism whereby such a sequence of events may be facilitated by an increase in the efflux of K+ ions. On the other hand, it has been suggested by some[72] that digitalis-induced inotropy precedes the loss of intracellular K+ or may even be associated with an early increase in intracellular K+. In any case, the physiologic mechanism of cardiac inotropy induced by the glycoside remain unclear; although it appears likely[73,74] that contractile enhancement, however induced, is mediated through an increased access of Ca++ ions to the contractile site.

(A copy of the references pertaining to this paper may be obtained by writing *The Journal* office.) ◄

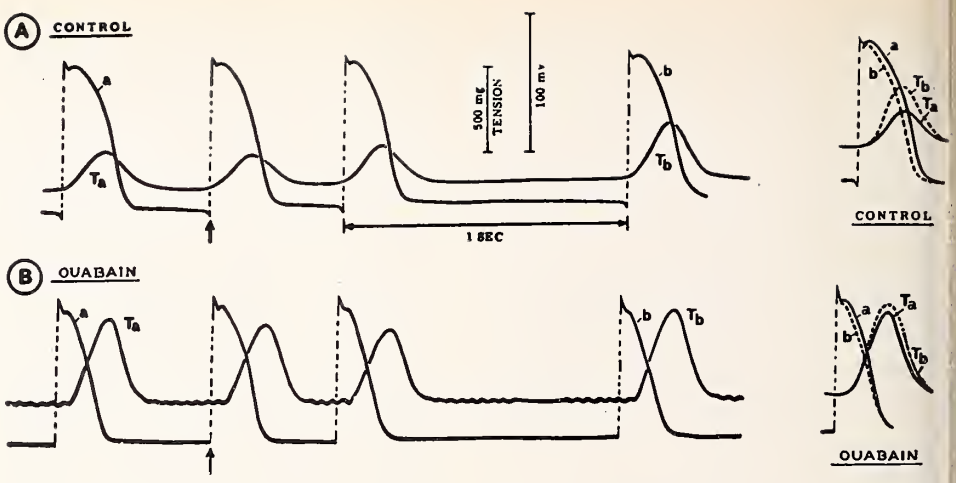


FIGURE 4

A sequence of regular stimuli (60/min) had been produced just before A. The sequence was interrupted at the arrow by an interpolated stimulus. The second contraction (Tb) after the interpolated stimulus was potentiated and phase 2 of the accompanying action potential (AP) (b) was shortened. Alterations of APb and Tb with respect to the dominant AP and contraction (AP, a and Ta respectively) are further illustrated by superimposition at the right of the tracing. Figure 1B shows an identical sequence of events 107 min. after the initiation of administration of ouabain. While there is an apparent increase in the force of the regularly stimulated contractions (represented by Ta), interval-dependent potentiation (Tb) is less prominent than in the control state. In addition, the accompanying AP (b) displays less shortening of phase 2 than is observed in the corresponding AP of the control state. These interval-dependent alterations in the configuration and contraction of the AP in the digitalized preparation are also illustrated by superimposition at the right of the tracing. Tension, voltage, and time calibrations are marked on the upper trace. (From Edmands et al.: Circ. Res. 21:515, 1967, by permission of the American Heart Association, Inc., New York).

Errata

Dr. Edward Ross, co-author of the paper on "Carotid Nerve Stimulation in the Treatment of Angina Pectoris," should have been designated as an M.D. in the February issue of *The Journal.*

Dear Doctor:

Wouldn't you like your patients to learn more about the contributions made by the world of medicine to their welfare? So that they can better appreciate the efforts of the health team to keep them in good health?

To tell the stories of medical and pharmaceutical advances to people throughout the country, the Pharmaceutical Manufacturers Association is sponsoring a unique "magazine within a magazine." It is called *Medicines and your family's health* and the first issue appears in the November *Reader's Digest.*

We would like to send you 50 free reprints of *Medicines and your family's health* for use in your reception room. Your patients will find the articles in this issue factual, educational and of immediate personal interest.

Just fill out the coupon below and send it to us.

Order Desk
Pharmaceutical Manufacturers Association
1155 Fifteenth St., N.W.
Washington, D.C. 20005

Gentlemen:
Please send me 50 free copies of
Medicines and your family's health.

Name_____

Street_____

City_____ State_____ Zip_____





X-RAY CONFERENCE

Aneurysms and Arteriovenous Fistulae in a Hypernephroma

*ERICH K. LANG, M.D.**
Shreveport, La.

THIS 46-year-old white male was admitted to the hospital after the sudden onset of massive, painless hematuria. The patient had no previous history of kidney or bladder disfunction or any other significant past history of disease.

Physical examination revealed a well-developed white male with evidence of polycytemia and mild hypertension. Urine analysis revealed innumerable RBC's. Because of the massive blood content in the urine, a hematocrit was run and a value of 0.8 established. An intravenous pyelogram demonstrated prompt bilateral renal function and an essentially normal calyceal pattern. The kidneys were normal in size, contour and axis. A worm-like blood clot was identified in the right kidney pelvis and multiple clots were identified in the bladder. Cystoscopy revealed the bleeding to be from the right kidney. Early phase roentgenograms of a renal arteriogram demonstrated an arteriovenous fistula and a huge aneurysm communicating with the AV fistula as well as several small aneurysms. Abnormal vessels were identified throughout the midportion of the kidney and an arteriographic diagnosis of a hypernephroma with multiple aneurysms and arteriovenous fistula was established (Figure 1).

An emergency nephrectomy was performed because of the life-threatening hemorrhage. The presence of the AV fistula and multiple aneurysms within the tumor were established on pathological examination of the resected specimen.

Comment

Twelve and one-half percent of a large group of 64 patients with hypernephromas showed arteriographic evidence of aneurysms or arteriovenous shunts within the hypernephroma. The frequency of aneurysms and

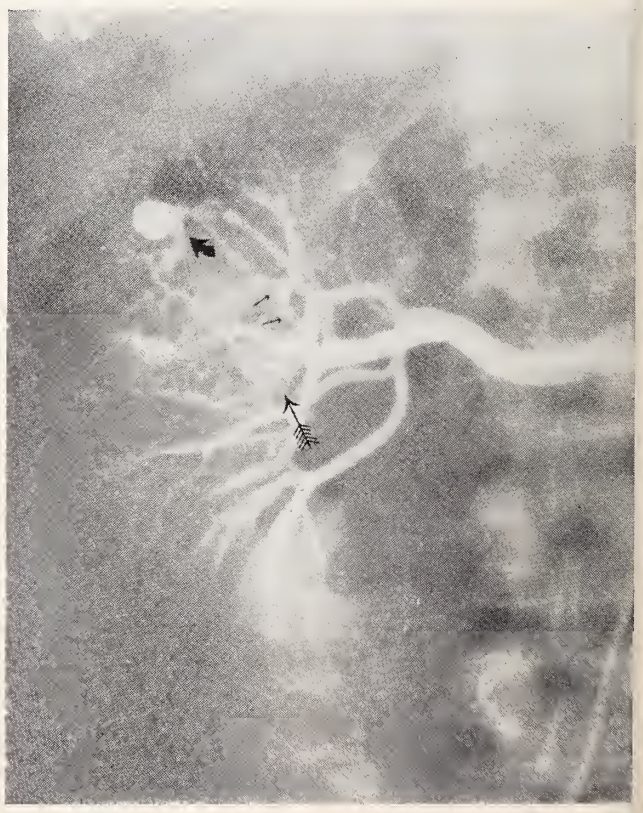


FIGURE 1

A SELECTIVE right renal arteriogram demonstrates one large aneurysm of an interlobar branch vessel in the midportion of the right kidney resulting in an arteriovenous fistula (arrows). Several smaller aneurysms are demonstrated on this early phase roentgenogram (arrows). Abnormal corkscrew vessels and splaying of the interlobar vessels herald the presence of a primary tumor (hypernephroma).

* Professor and Chairman, Department of Radiology, Louisiana State University School of Medicine in Shreveport, Shreveport, La. 71106.

arteriovenous shunts has not been appreciated on previous pathological studies of hypernephromas and it is postulated that because of the large, necrotic blood-filled spaces, the presence of these abnormalities is missed on histopathologic examination—yet readily demonstrable by arteriograms.

Recurrent episodes of intermittent massive hematuria and the occasional development of left heart failure as well as the frequent association and development of polycytemia can be explained on basis of arteriovenous shunts and the presence of aneurysms secondarily causing arteriovenous shunts.

Occasionally massive exsanguinating hemorrhages have been described with hypernephromas necessitating emergency nephrectomy. In spite of the known propensity of this tumor to show central necrosis, it appears more likely that such massive exsanguinating hemorrhages are caused by a ruptured aneurysm. ◄

New Seat Belt Pamphlet Available

It's a proven fact — safety belts are effective in protecting you and your family from injury and death from automobile crashes — if they are used.

Realizing the need to educate the public on the effectiveness of safety belts, the American Medical Association's Committee on the Medical Aspects of Automotive Safety has released its new pamphlet, "Safety Belts Save Lives."

Based on the former pamphlet, "Seat Belts Save Lives," the new pamphlet stresses that safety belts should include both the conventional lap belt and some type of shoulder harness, preferably one that holds both shoulders, although the cross shoulder strap currently in wide use is adequate.

The six-page pamphlet points out several facts:

* Thousands of lives are lost each year because people are thrown against windshields, other parts of the automobile interior, or out of cars by the impact of crashes. A safety belt will help to secure a person and prevents him from being tossed and tumbled about the interior of the car, thus making the chances of survival and security from injury far greater.

* More than half of the crashes causing injury or death involve speeds of less than 40 miles an hour. Three out of every four traffic deaths occur within 25 miles of home, many at neighborhood intersections. So, even at slow speeds and on short jaunts, safety belts should be worn.

* In crashes involving fire or submersion, your chances of remaining conscious and getting clear of a submerged or burning car are much greater if you are wearing a safety belt. Furthermore, less than one percent of all injury-producing crashes involves fire or submersion.

The pamphlet points out that according to a National Safety Council estimate, safety belts now save more than 2,000 lives annually, but that between 8,000 and 10,000 lives could be saved each year if safety belts were fully utilized. It stresses the need to fasten your safety belt before turning on the ignition and keeping it fastened whenever the car is in motion. But not to stop there — for total protection, demand that all passengers wear safety belts also.

Copies may be obtained from Order Handling at 15 cents each; 14 cents each for 50-99; 12 cents each for 100-499; 10 cents each for 500-999; and 8 cents each for 1,000 or more.

* * * * * *

From *The Journal* 50 Years Ago

At the risk of offending a horde of manufacturers who have the purely commercial aspect of the proposition in view, we desire to protest against the use of the tooth brush as ordinarily employed. We know that some of the most progressive dentists are condemning the ordinary tooth brush, and it probably is safe to say that that toilet article, considered so necessary by all intelligent persons, has been responsible for more diseases of the mouth and teeth than it ever has prevented. As a matter of cleanliness and as an aid to the health of the teeth and mouth, some method of removing debris of various kinds is essential, and an antiseptic mouth wash is highly acceptable as well as beneficial.

But the average tooth brush, with its stiff and sharp bristles, not only produces unnecessary and injurious trauma, but as ordinarily cared for is a filthy, insanitary and unhealthful article. Even the very soft tooth brushes—the least objectionable of all and the hardest to obtain—are, when hanging on a nail or lying quietly in the open tooth-brush receptacle, not only collectors of dust and dirt of every description, but the very lack of cleanliness or sterilization after use is a breeder of all sorts of bacteria and pathogenic organisms.

We are under the impression that somewhere we have seen a rubber brush, with fine rubber projections, to take the place of bristles, stiff enough to dislodge particles of food, but blunt and soft enough to be free from the possibility of injuring the tissues and, above everything else, capable of being kept sterile. It seems to us that such an article would answer the purpose, and yet be free from the objections of the ordinary tooth brush, and especially so when supplemented by the use of mild antiseptic mouth washes which at all times are a valuable adjunct in maintaining mouth cleanliness. At all event, some method of maintaining cleanliness of the teeth and mouth should take the place of the ordinary use of the insanitary and unhealthful tooth brush Editorial, *JISMA*, March, 1919.

How to pay for a college education without using savings or investments.

With our low cost plan you can finance your child's education out of regular monthly income. Choose a plan to cover one, two, three or four consecutive years' expenses with up to 72 months to repay. Insurance protection is included at no extra cost. Write today for our free brochure.

CAP
College Aid Plan, Inc.

College Aid Plan, Inc.
1008 Elm Street
Manchester, New Hampshire 03101
Attention Dept. C-1

Please send me your brochure, "The Modern Method of Financing an Education."

Name_____

Address_____

City_____ State_____ Zip_____



Let's be specific about Campbell's Soups... and *reducing diets*



There are more than 30 million people in America who are overweight. During the next year, you probably will see more than 1,000 of them in your own practice.

One good way to help these patients is to give them a reducing diet based on ordinary eating patterns.

Campbell has prepared a sensible plan for weight control based on ordinary eating patterns. The plan consists of a patient instruction booklet and a set of menus which provide approximately 1,200 calories daily. The menus are balanced to provide the minimum daily requirements of nutrients.



To obtain a supply for your office write to:
Campbell Soup Company, Box 265, Camden, N. J. 08101

No two women are quite alike...





and no other oral contraceptive is quite like Ovulen-21®

Each tablet contains ethynodiol diacetate 1 mg., mestranol 0.1 mg.

The progestin is distinctive, and for some women this may mean a different clinical response. The Compack® tablet dispenser is distinctive; its functional simplicity makes it virtually patient-proof. The acceptance of Ovulen-21 is distinctive... together with Ovulen®, it is more often prescribed than any other individual contraceptive product currently available.

Indication—Oral contraception.

Contraindications—Thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, undiagnosed abnormal genital bleeding.

Warnings—Watch for the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism, retinal thrombosis); if present or suspected discontinue the drug immediately.

British studies reported in April 1968[1,2] estimate there is a seven- to tenfold increase in mortality and morbidity due to thromboembolic diseases in women taking oral contraceptives. In these controlled retrospective studies, involving 36 reported deaths and 58 hospitalizations due to "idiopathic" thromboembolism, statistical evaluation indicated that the differences observed between users and non-users were highly significant. The conclusions reached in the studies are summarized in the table below:

Comparison of Mortality and Hospitalization Rates Due to Thromboembolic Disease in Users and Non-Users of Oral Contraceptives in Britain.

Category	Mortality Rates		Hospitalization Rates (Morbidity)
	Age 20-34	Age 35-44	Age 20-44
Users of Oral Contraceptives	1.5/100,000	3.9/100,000	47/100,000
Non-Users	0.2/100,000	0.5/100,000	5/100,000

No comparable studies are yet available in the United States. The British data, especially as they indicate the magnitude of the increased risk to the individual patient, cannot be applied directly to women in other countries in which the incidences of spontaneously occurring thromboembolic disease may differ.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or sudden onset of proptosis, diplopia or migraine. Withdraw medication if papilledema or retinal vascular lesions are found.

Since the safety of Ovulen in pregnancy has not been demonstrated, it is recommended that pregnancy be ruled out for any patient who has missed two consecutive periods before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the first missed period.

A small fraction of the hormone agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—Pretreatment physical examination should include special reference to the breasts and pelvic organs, and a Papanicolaou smear.

Endocrine and possibly liver function tests may be affected by Ovulen. Therefore, it is recommended that such tests if abnormal be repeated after the drug has been withdrawn for two months.

Pre-existing uterine fibromyomas may increase in size under the influence of progestogen-estrogen preparations.

Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation.

In breakthrough bleeding, and all irregular vaginal bleeding, consider nonfunctional causes. Adequate diagnostic measures are indicated in undiagnosed vaginal bleeding.

Carefully observe patients with a history of psychic depression and discontinue the drug if severe depression recurs.

Any possible influence of prolonged Ovulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study.

A decrease in glucose tolerance has occurred in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be observed carefully while receiving Ovulen.

Because of the effects of estrogens on epiphyseal closure Ovulen should be used judiciously in young patients in whom bone growth is not complete.

The age of the patient constitutes no absolute limiting factor, although Ovulen therapy may mask the onset of the climacteric.

The pathologist should be informed of Ovulen therapy when relevant specimens are submitted.

Adverse Reactions—A statistically significant association has been shown between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: cerebrovascular accidents, neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement, secretion), change in weight, changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, allergic rash, rise in blood pressure in susceptible individuals, mental depression.

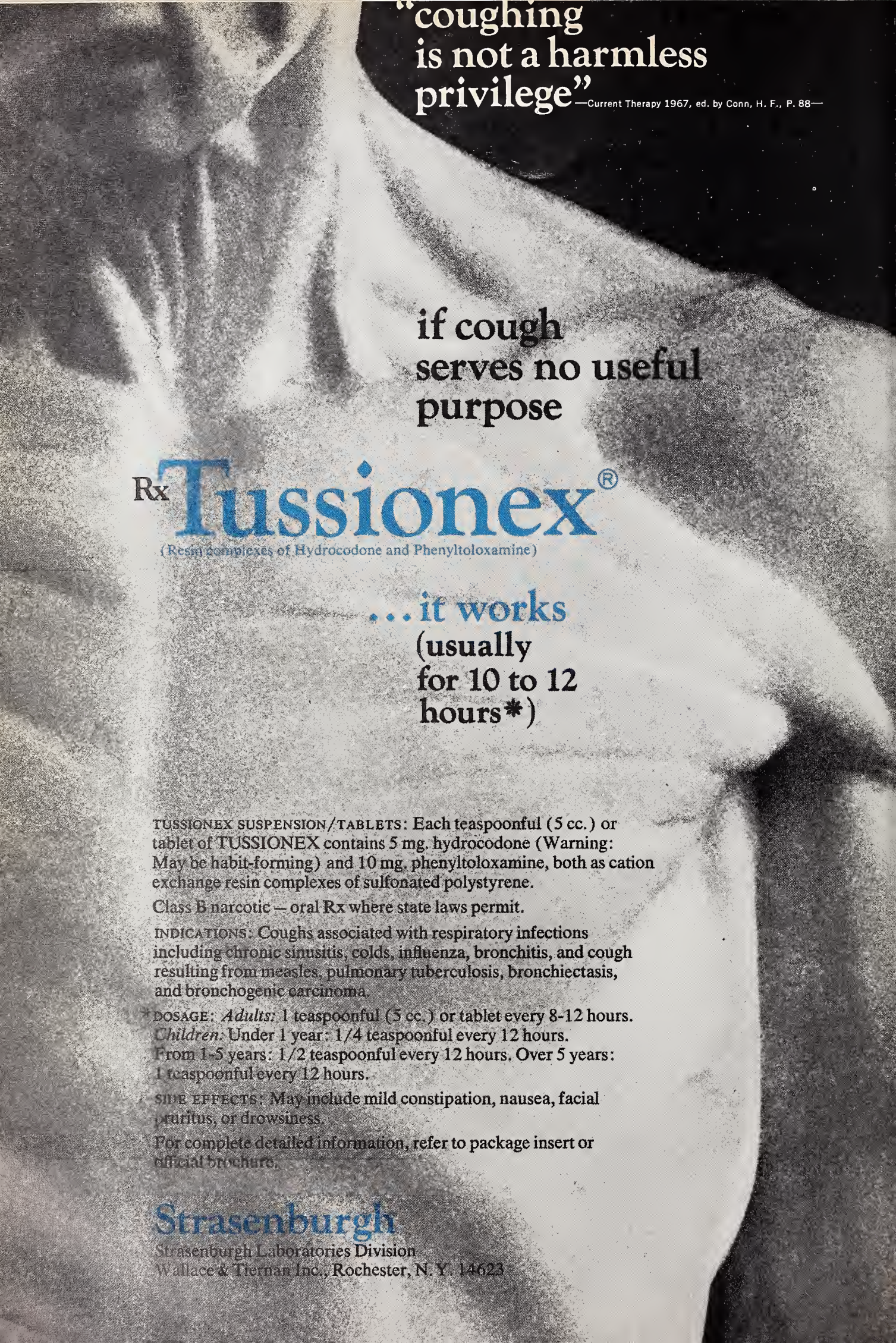
Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme and nodosum, hemorrhagic eruption, itching.

The following laboratory results may be altered by oral contraceptives: hepatic function: increased sulfobromophthalein and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test; pregnanediol determination.

References: 1. Inman, W. H. W., and Vessey, M. P.: Brit. Med. J. 2:193-199 (April 27) 1968. 2. Vessey, M. P., and Doll, R.: Brit. Med. J. 2:199-205 (April 27) 1968.

Before prescribing see Detailed Product Information.

SEARLE Where "The Pill" Began
G. D. SEARLE & CO., P. O. Box 5110, Chicago, Illinois 60680


"coughing
is not a harmless
privilege"—Current Therapy 1967, ed. by Conn, H. F., P. 88—
if cough
serves no useful
purpose
Rx Tussionex®
(Resin complexes of Hydrocodone and Phenyltoloxamine)
...it works
(usually
for 10 to 12
hours*)
TUSSIONEX SUSPENSION/TABLETS: Each teaspoonful (5 cc.) or tablet of TUSSIONEX contains 5 mg. hydrocodone (Warning: May be habit-forming) and 10 mg. phenyltoloxamine, both as cation exchange resin complexes of sulfonated polystyrene.
Class B narcotic — oral Rx where state laws permit.
INDICATIONS: Coughs associated with respiratory infections including chronic sinusitis, colds, influenza, bronchitis, and cough resulting from measles, pulmonary tuberculosis, bronchiectasis, and bronchogenic carcinoma.
*DOSAGE: *Adults:* 1 teaspoonful (5 cc.) or tablet every 8-12 hours. *Children:* Under 1 year: 1/4 teaspoonful every 12 hours. From 1-5 years: 1/2 teaspoonful every 12 hours. Over 5 years: 1 teaspoonful every 12 hours.
SIDE EFFECTS: May include mild constipation, nausea, facial pruritus, or drowsiness.
For complete detailed information, refer to package insert or official brochure.
Strasenburgh
Strasenburgh Laboratories Division
Wallace & Tiernan Inc., Rochester, N. Y. 14623

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

Editor: Frank B. Ramsey, M.D., 1802 North Illinois Street, Indianapolis, Ind. 46202.

Associate Editors: A. W. Cavins, M.D., 221 South Sixth Street, Terre Haute; Lall G. Montgomery, M.D., Ball Memorial Hospital, Muncie; David A. Bickel, M.D., 515 Odd Fellows Building, South Bend; Samuel R. Mercer, M.D., 702 Medical Center Bldg., Fort Wayne; I. W. Wilkens, M.D., 1743 Shelby St., Indianapolis.

Editorial Board:	Term Expires
Jack W. Hickman, M.D., Indianapolis	Dec. 31, 1969
Frank H. Coble, M.D., Richmond	Dec. 31, 1969
Jene R. Bennett, M.D., South Bend	Dec. 31, 1970
W. D. Snively, Jr., M.D., Evansville	Dec. 31, 1970
Alvin J. Haley, M.D., Fort Wayne	Dec. 31, 1971
Wei-Ping Loh, M.D., Gary	Dec. 31, 1971

Assistant Editor: Jackie Freers Stahl
Business Manager: James A. Waggener
3935 N. Meridian, Indianapolis, Indiana 46208.

Facts for the "Fickle Finger"

"LAUGH-IN" is an hilarious TV program, high in the popularity polls and dedicated to noisy comedy and inconsequential persiflage.

"The Fickle Finger of Fate Award" is a feature of the show which depends not on comedy but on satire and ridicule for its entertaining effect. And this is not bad usually, especially when the satire is based on fact.

Recently an attempt was made to assign the "Fickle Finger of Fate Award" to the pharmaceutical industry. Departure from the facts, however, spoiled the effect. The whole procedure resembled a smear campaign.

It was stated that the pharmaceutical industry spends $600 million annually on advertising and that this explains why drugs are so expensive. A second departure from facts stated that the industry spends only one-fourth as much on research as it does on advertising.

As a matter of fact, if the annual financial statements of all pharmaceutical manufacturers were consolidated, there would be a $600 million item in the tally, but not for advertising. This is the annual amount which the entire industry spends for all promotional and distributional expenses. Advertising is a small fraction of this total.

Fact No. 2 is that research does not cost $150 million, as implied by "Laugh-In", but adds up to $520 million per year. The drug industry spends, relatively, more on research than any other industry in the U.S.

The pharmaceutical industry is also unusual in the fact that it accepts the least amount of government research money. In 1968 only 2.4% of the $520 million was obtained from the government. Several industries obtain over half of their research money from government.

"Laugh-In" was wrong in implying that drugs are increasingly expensive. Since 1957 prescription drugs have decreased in price by some 12% while the Consumers Price Index has been increasing by around 22%. Drugs are only one of a few items that are actually less expensive now than they were ten years ago.

Too bad to ruin a good show with such inaccurate reporting.

Progress in Auto Safety

PROTECTION from injuries due to front and rear auto collisions is so effective that more attention is now being directed to the side-impact problem.

When the systematic study of auto injuries was begun several years ago by the Indiana State Police, it was found that more injuries were produced by front or rear collisions. Protective devices such as seat belts, shoulder restraints, collapsable steering columns, padded instrument panels and windshields that bulge instead of shattering are becoming usual equipment now. The results have been most encouraging.

In fact, the results have been so good that the once seeming minority status of side-impact has now become relatively more important and is next in line for remedial measures.

The side-impact problem is more difficult of solution and this may have had something to do with the fact that it is being attacked after the front and rear collision remedies are well under way.

As is said in the auto injury prevention field—"All the easy ideas have been used up." The length of the engine compartment and rear compartment contribute naturally a large energy absorbing element which is not inherent in the side-impact approach. The fact, also, that the car parts to be modified for protective purposes in the front or rear collision could all be modified as individual pieces contributed to the ease of the solution.

In the side-impact collision, either

by another car or by skidding against a bridge pillar or tree, the occupants are close to the sidewall which is by present constructional standards sufficiently strong to perform its normal functions but extremely flimsy when called upon for passenger protection in a side collision.

Almost the only rugged part of the sidewall of a passenger car is the member which forms the door sill—a relatively weak element at best and usually overridden by an intruding car. The door itself is no protection at all.

Any strengthening of the sidewall of the passenger compartment must be done with a preservation of the doors in a functional capacity. It amounts to installation of much stronger hinges and latches, together with a high energy absorbing reinforcement in the door and adjacent columns. General Motors has introduced what is described as a "box-like steel beam" in the doors of all their 1969 passenger cars. These are designed, of course, to provide maximum strength and minimum weight increase.

Meanwhile auto injury prevention research is being continued by the Cornell Aeronautical Laboratory, by UCLA, by the University of Michigan, and by members of the American Mutual Insurance Alliance which is interested in life saving not only for humanitarian reasons but for considerations of practical importance.

The University of Michigan in its continued study of serious automobile accidents is now able to document the considerable life saving and injury sparing effects of safety measures such as energy absorbing front-end structures, collapsable steering columns, improved instrument panels and windshields, and passenger restraining devices. This has provided a momentum to the safety campaign which got its start in Indiana. The "easy ideas" may have been used first but they have proven the value and efficacy of the auto crash injury research program, and have provided the incentive for hard work on the more difficult part of the program.

Guest Editorials

The "AMA Annual"

THAT refreshing summer event—the annual convention of the American Medical Association — comes slightly later than usual this year. But once again the "AMA Annual" should figure significantly in advance planning of physicians.

The annual convention of course is the largest of the many meetings sponsored annually by the AMA. It covers so much of professional interest, and attracts so many physicians, members of allied health professions, industrial exhibitors, and guests, that only a relatively few cities have ample facilities to accommodate it.

This year's annual convention will be in the nation's largest city. Because the dates are July 13 through 17, it might be well to add that New York also ranks prominently in extent of air conditioning. But the Empire State's weather can be pleasant in July, and New York City also can benefit from any cool ocean breezes.

For the many physicians who take their families to the AMA annual convention, the New York City area obviously offers many and varied attractions.

There is no question about the benefits for the physician. Among other things, there is opportunity to ask questions, discuss techniques and developments with experts, and enter into dialogue which no other means of medical communication allows so extensively and instantaneously.

Four general scientific meetings are offered, as well as 23 section programs (with the Section on Special Topics offering six sessions), breakfast roundtables and fireside conferences.

Additional postgraduate education is available through the exhibits, medical motion pictures and scientific television presentations.

This might be an excellent time—not a moment too soon—to put down those dates (July 13 through 17) on your calendar, talk to the family about going to New York together, and start planning reservations and other details. The American Medical Association's 118th annual convention will be here before you know it! . . . **AMA Suggested Editorial.**

Editorial Notes...

Peoria, Illinois, has discovered 218 of its residents to be diabetics, plus another 69 who are borderline diabetics. The cause for this productive finding was the year-long diabetic detection program in which 3,242 residents were given a blood sugar test after a high carbohydrate meal. The Peoria Diabetes Detection Clinic meets every Monday from 7 to 9 p.m. It accepts all comers, but the publicity and all the cooperating civic organizations encourage especially the high risk group—those over 35, blood relatives of known diabetics, the overweight and mothers of babies who weighed more than 9 lbs. at birth.

"Fears that oral contraceptives may cause significant abnormalities in glucose and insulin metabolism in some women were countered by two reports showing that (1) at least some are less diabetogenic than normal pregnancy, (2) any such effects are reversible when the pills are discontinued, and (3) they actually increase insulin response in nondiabetics." So reports the *Upjohn Newsletter* in commenting on work done by Dr. Paul Beck at the University of Colorado. Glucose tolerance tests made during the third trimester of pregnancy and later when the patients were on oral contraceptives are the basis for the findings.

Alaska recently enacted a law which provides that only safety eyeglasses, including sunglasses, may be prescribed within the state. The law is an amendment to a statute which prohibited the use of highly combustible materials for eyeglass frames. The National Society for the Prevention of Blindness, which has long endeavored to maximize the use of safety lenses, has hailed the Alaskan law as pioneer legislation—it is, in fact, the first such law in the United States.

A record number of applications for medical schools was received for 1967-68—18,724 individuals filed 93,332 applications. The number of applicants was the highest ever, and the average number of applications was also a new high. In the period from 1960 to 1963, there were either 3.7 or 3.8 bids submitted per applicant—last year the ratio was 5.0. Of the 18,724 hopefuls, 9,702 were accepted, and the first year enrollment was 9,473.

American Medicorp is a nationwide firm which specializes in the ownership and management of general hospitals and related facilities. It owns and operates hospitals in Pennsylvania, New Jersey and Florida and recently acquired seven other hospitals, six in California and one in Florida. The company's stock is traded over-the-counter.

There are an estimated five million Americans who need rehabilitation from physical or mental handicaps who are not taking advantage of available facilities. An advertising campaign is being launched to inform such persons and induce them to participate in rehabilitation. The Advertising Council, in cooperation with HEW, will work through the volunteer agency Warwick and Legler in conducting the campaign thru all media. The theme will be "You Have Nothing to Lose But Your Disability."

Fellowship Awards are being provided to further studies in the field of cellular structure-function relations. Parallel studies are sought in regard to drug-evoked changes in structure and the resulting functional change. The Pharmaceutical Manufacturers Association Foundation Awards in Pharmacologic-Pathology will be given in 1969 to postdoctoral trainees. Pathologists will be encouraged to continue their studies in pharmacology. Those with pharmacologic training primarily will be chosen for additional work in pathology or histology.

Rat control has been important to man for centuries—both for control of disease and for conservation of food supplies. If the man versus rat contest was to be called a war it would now be rated as a standoff. Man's latest new weapon, however, gives promise of victory for our side. $500 worth of mestranol will sterilize a million rats for three years. The campaign will start as soon as someone devises a bait in which to administer the chemical.

The Mount Sinai School of Medicine opened this fall with a beginning class of 59 students. Permanent quarters for the school will be in a new building, the Annenberg Building, which will not be ready for occupancy until 1972. In the meantime the halls of learning are occupied in what was once a bus roundhouse. Mount Sinai is the eleventh medical school in New York State.

Hospital volunteer workers for the VA are becoming more numerous year by year and the men in the group are increasing faster than the ladies. More than 114,000 people donate an average of 11.6 hours per month—a total of more than nine million hours in fiscal 1968. The VA says: "Anyone who makes a good listener can be helpful to an ailing veteran."

Danny Thomas, entertainer and TV star, has been appointed to a four-year term on the National Advisory Cancer Council with assignment to its subcommittee on Carcinogenesis and Prevention. Mr. Thomas received the AMA's Layman Award in 1966 and is known for his sponsorship of St. Jude Children's Research Hospital, Memphis, which is devoted to the study of childhood cancer.

What does a hospital have most of and needs the least? Answer—visitors. *The Health Insurance News* reports that hospitals all over the country are undertaking public education campaigns to acquaint the people that visiting can be and is being overdone to the increase in noise, crowding, dirt and interference with nursing functions.

"Satan's Ferryman" by Dr. W. D. Snively, Jr., of Evansville, has just been published by Frederick Ungar. A story of the rough and ready frontier days, it recounts the murderous process by which Squire Ford seized wagon trains crossing the Ohio River from Kentucky to Illinois at what is still known as Ford's Ferry. One of Dr. Snively's hobbies is the inquiry into and recording of past events in local history. "Satan's Ferryman" is the end result of five years of careful detection of one of the Tri-State's great episodes in forensic medicine of over a century and a half ago.

The appropriateness of a new type of professional practitioner in medicine, the pediatric associate, will be inquired into by the Carnegie Corporation and the Commonwealth Fund. The associate, according to plan, will be trained to work under the supervision of a physician in examining and immunizing well children and in treating the more common childhood diseases. The project will be conducted at the University of Colorado School of Medicine. Graduates of the program will receive the BA degree. ◄

The Woman's Auxiliary

REPORTS TO ISMA

Our 25th Annual House of Delegates will meet in Fort Wayne on April 22, 23, 24 at the Sheraton Motor Hotel. The auxiliary cordially invites you doctors to join us for all parts of our program.



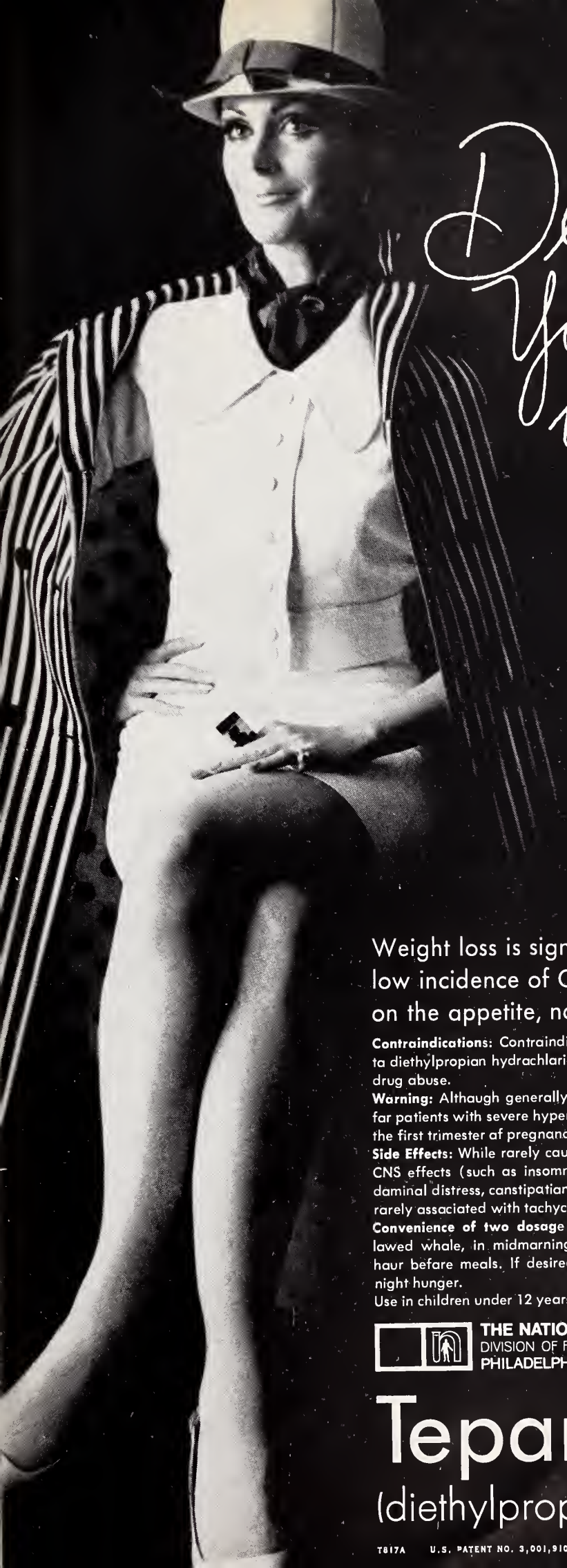
Representing the national auxiliary will be the president-elect, Mrs. John M. Chenault of Decatur, Alabama. She will speak at the Wednesday noon luncheon.

Reports come from all over the state showing that we have accomplished much in many fields of endeavor. Summaries and reviews of these achievements will be presented at our regular business sessions at 9:30 a.m. Wednesday and Thursday mornings. New officers will be installed at the luncheon on Thursday.

We do hope you will plan to join your wives for the Wednesday theater party. Following a 6:30 social hour, a buffet supper will be served at 7 o'clock at the Sheraton. 8:30 will be curtain time for the musical, "The Boys from Syracuse," at the Civic Theater. This is a special performance for which the medical auxiliary has leased the house. Theater tickets are $3.00 each. Extra tickets are being sold if you want to bring guests. Proceeds will go to AMA-ERF and scholarship funds.

We hope to see you in Fort Wayne!

Betty Kephart



Dear Doctor, You made me what I am today - a whole lot slimmer!

TEPANIL —the right start in support of the weight-control program *you* recommend. It reduces the appetite. Doesn't kill it. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation. Because TEPANIL works on the appetite, not on the "nerves."

Contraindications: Contraindicated cancurrently with MAO inhibitars, in patients hypersensitive ta diethylpropian hydrachlaride, and in emotianally unstable patients knawn to be susceptible ta drug abuse.

Warning: Althaugh generally safer than the amphetamines, use great cautian when prescribing far patients with severe hypertensian or severe cardiavascular disease. Shauld not be used during the first trimester af pregnancy unless patential benefits autweigh potential risks.

Side Effects: While rarely causing therapy ta be withdrawn, side effects may accur accasianally; CNS effects (such as insomnia, nervausness, jitteriness), dryness af mauth, thirst, nausea, abdaminal distress, canstipatian, headache, allergic respanse including urticaria or ather dermatitis; rarely assaciated with tachycardia, cardiac arrhythmia ar ECG changes.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallawed whale, in midmarning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, ane haur befare meals. If desired, an additional tablet may be given in midevening to overcame night hunger.

Use in children under 12 years af age is not recommended.

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

Tepanil® Ten-tab®
(continuous release form)

(diethylpropion hydrochloride)

T817A U.S. PATENT NO. 3,001,910 1/69

Symbols in a life of psychic tension

B.A.
cum laude

V.P.
at thirty-two

ECG
and complete examination normal (persistent palpitations)



ROCHE
Roche
LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



Rx

Valium® (diazepam) *t.i.d.* and *h.s.*

B.A. (*cum laude*)...V.P. (at thirty-two)...symbols that illuminate the quality of a life...the satisfactions of achievement, as well as its price...the pressures and stresses that can often create cardiac manifestations of psychic tension. For this kind of patient—with no demonstrable pathology—consider the singular benefits of Valium (diazepam).

With its pronounced calming action, Valium can relieve psychic tension promptly, attenuating its somatic signs and symptoms. Further, Valium is distinctly useful when somatic and depressive symptomatology (secondary to psychic tension) coexist. And Valium is generally well tolerated; in proper maintenance dosage, it seldom dulls the senses or interferes with functioning.

When psychic tension-related insomnia appears, an *h.s.* dose added to the *t.i.d.* schedule helps promote sleep.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms have occurred following abrupt discontinuance. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

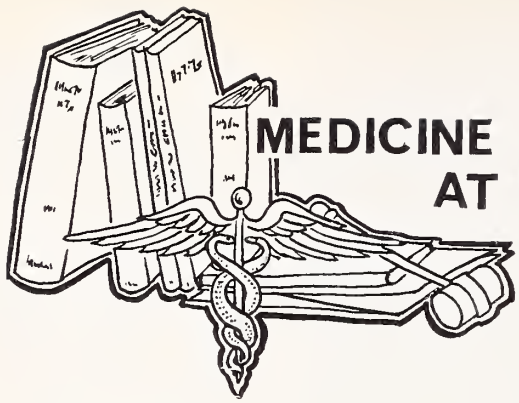
Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Valium® (diazepam)

2-mg, 5-mg, 10-mg tablets *t.i.d.* or *q.i.d.*

to help relieve psychic tension
and its somatic symptoms



Action Taken Against Diet Pills—A manufacturer of diet pills combining thyroid and digitalis was enjoined by a federal trial court from selling the pills in interstate commerce. The court ordered the manufacturer to destroy all such pills in its possession. The court also enjoined the manufacturer from selling digitalis in interstate commerce for the treatment of obesity.

The court's ruling did not prohibit the use of thyroid in diet pills, but it did set rules for the labeling of diet pills containing thyroid. The court ordered that diet pills containing thyroid were to be labeled with the warning that their use was prohibited in the treatment of hyperthyroid patients for obesity and with the further warning that excessive administration of thyroid may reproduce, essentially, a disease called hyperthyroidism.—News Release, Dallas, Texas, Sept. 13, 1968.

Confession After Sodium Amytal Test Admissible—A confession made by a prisoner because he feared that he had made incriminating but unremembered statements during a sodium amytal test was properly admitted in his trial for murder, a New York appellate court ruled. The prisoner had intelligently consented to his commitment to a hospital for the express purpose of undergoing such test.

The prisoner was the prime suspect in the murder of his father. With his consent and that of his mother, he was admitted to the state hospital for the express purpose of submitting to questioning under the influence of sodium amytal, to which he specifically consented.

The prisoner made no incriminating statements during either of the two sodium amytal tests that he was given. However, he was amnesiac as to the second test and feared that he had made incriminating statements during it. He sought out another patient for advice and, in the course of their discussion, confessed his guilt of the murder. The patient told the hospital authorities about the prisoner's statements, and the prisoner told his attorney that he could no longer maintain his innocence. He then gave to the prosecutor a detailed confession, which was transcribed and signed.

The prisoner contended that the confession should not have been admitted because his physiological and psychological reactions to the sodium amytal were such as to induce fear and to compel his disclosures to the patient and the others.

Although statements made under the influence of drugs are inadmissible, the use of drugs as an investigative tool is not unusual. It is only when submission to the use of drugs for such purpose is involuntary that the evidence obtained thereby is inadmissible.

The evidence showed that the prisoner voluntarily entered the hospital and that he expressly consented to the sodium amytal tests. The effect and results of the tests must be considered as being within the intent and contemplation of his consent. Further, the prisoner did not object at his trial to the admission in evidence of the confession that he made to the patient.—*People of the State of New York v. Horton*, 290 N.Y.S.2d 767 (N.Y., June 5, 1968).

Trial Ordered in Hysterectomy Suit—A patient's suit against a physician for the allegedly unauthorized performance of a hysterectomy and for professional negligence in connection therewith should not have been dismissed by the trial court, a Florida appellate court ruled. The evidence raised questions of fact as to whether the physician was negligent in failing to make certain diagnostic tests before the operation and in releasing her from the hospital when she had an undiagnosed vaginal discharge of urine. The evidence also raised questions of fact as to whether the physician was acting in concert with the surgeon-gynecologist who performed the operation, so as to make him liable for the latter's negligence.

The count for unauthorized performance of the operation was dismissed on the ground that it was barred by the assault and battery statute of limitations. However, since the allegations in the count were sufficient to support a cause of action for negligence, the court ruled that it should not have been dismissed.

The physician hospitalized the patient on January 7, 1963, because of severe lower back pain, from which she had suffered for a number of years. Several tests were performed, all of which were negative. Concluding that the patient had a tumor of the right ovary and a retroflexed uterus, the physician recommended surgery. He called in the surgeon-gynecologist, who examined the patient and recommended a right salpingo-oophorectomy, ligation of the left tube and an appendectomy.

The physician scheduled the sur-

gery. The day before the operation, the patient signed a form consenting to an exploratory laparotomy and a sterilization permit authorizing a tubal ligation. On January 15, 1963, the surgeon-gynecologist performed a total hysterectomy, a right salpingo-oophorectomy and an appendectomy.

After the surgery, the patient had a leakage of urine from her vagina, and the condition still existed when the physician discharged her from the hospital. She consulted a second physician, who diagnosed the condition as a vesicovaginal fistula. In the course of his treatment, he removed one or more silk sutures from the fistula site of the vagina.

The patient continued to have the same low back pain after the operation. In 1966, she consulted an orthopedist, who concluded that the condition was due to limb length discrepancy with an associated scoliosis. The orthopedist's treatment of a heel lift and exercises relieved the back pain.

The patient contended that the physician's treatment was negligent both before and after the operation. The patient presented expert medical testimony that the physician was negligent in the following respects: in failing to make certain diagnostic tests, including the insertion and use of a pessary, which her condition required; in failing to discover the limb length discrepancy and scoliosis, which appeared on x-rays taken before the operation; and in releasing the patient from the hospital without ascertaining the reason for the vaginal discharge of urine. There was also expert testimony that the patient was not a proper candidate for a hysterectomy. This evidence was sufficient to raise a question of fact as to whether there was any negligence on the physician's part.

The patient also contended that the surgeon-gynecologist was negligent and that the physician was liable for such negligence. The evidence established the following: the physician was the patient's attending physician throughout the hospital stay, including the surgery; he recommended surgery, which recommendation was concurred in by the surgeon-gynecologist when the physician called him in for consultation; the physician scheduled the surgery; he was physically present in the operating room during the surgery. This evidence was sufficient to raise a material question of fact as to whether there was a concert of action and a common purpose between the physician and the surgeon-gynecologist. —*O'Grady v. Wickman*, 213 So.2d 321 (Fla., June 27, 1968; rehearing denied, Sept. 3, 1968).

Hospital Not Liable for Giving Baby to Wrong Person—A suit against a hospital by a baby's parents for actual and punitive damages for mental pain and anguish unconnected with any physical injury for having permitted the baby to be taken home by a third person, under the mistaken belief that the baby was the third person's, was properly dismissed, a Florida appellate court ruled. No cause of action was stated against the hospital for negligent breach of contract or for gross negligence.

The mistake was discovered after several hours and the baby was returned to the hospital. Neither the baby nor its mother suffered any physical injury. It was alleged that the mother had suffered severe mental distress and actual and punitive damages were sought therefor. The complaint was based on theories of negligent breach of contract and gross negligence.

The court said that no cause of action was stated under the theory of negligent breach of contract, because Florida was committed to the rule that there can be no recovery for mental pain and anguish unconnected with physical injury in an action involving simple negligence.

Nor was a cause of action stated under the theory of gross negligence. Under Florida law, gross negligence will not justify the imposition of punitive damages. Willful and wanton misconduct is necessary to support an award of punitive damages.—*Carter v. Lake Wales Hospital Association*, 213 So.2d 898 (Fla., Sept. 18, 1968).

Physician May Testify to Employment—In a suit for personal injuries sustained in an automobile accident, the physician-patient privilege statute was not violated by the admission of testimony of two physicians that they had treated the injured party, an Indiana appellate court ruled. Although the trial court may have erred in refusing to dismiss the jury while the privilege was being invoked, the error was not ground for reversal.

The physician-patient privilege statute prohibits a physician only from making public disclosure of matters concerning his patient which were communicated to or learned by him through his professional relation. The statute does not prohibit a physician from testifying to the facts of his employment and the rendition of professional services to the patient. Such facts are not secret and confidential; they may be, and usually are, known to other persons.—*Shaneff v. Sabo*, 237 N.E.2d 277 (Ind., June 5, 1968).

Pretrial Mental Exam—An accused who had given notice of his intention to rely on the defense of not guilty by reason of insanity was properly committed, on the prosecution's motion, for an examination to determine his mental condition at the time of the offense, a federal trial court ruled. Such an examination was authorized by statute. Further, the ordering of the examination was within the court's inherent power.

The accused contended that the commitment was improper because the statute under which the court acted applied only to mental examinations as to competency to stand trial and did not extend to an attempt

Continued

to secure an examination as to mental capacity to commit the crime at the time the offense was committed.

The court said that there was some merit to the argument, if the statute was strictly construed. However, the statute related to criminal procedure, and the rule that penal statutes defining criminal offenses must be strictly construed does not apply to procedural statutes. The statute should be broadly construed and, as so interpreted, was applicable to the present case. This conclusion was supported by decisions of the Court of Appeals.

Irrespective of any statute, the court had the inherent power to commit the accused for a mental examination in view of his assertion of an intention to invoke the defense of insanity. Congress' purpose in requiring the giving of such a notice was to place the prosecution in a position to prepare to meet the defense. There is no more effective way of meeting the defense than by a mental examination of the accused.—*Marcy v. Harris*, 287 F. Supp. 73 (D.C., D. of C., June 10, 1968).

Witness' Alcoholism as Affecting Credibility—The refusal to permit the accused to cross-examine the state's principal witness, in a prosecution for murder, on the question of her chronic alcoholism was prejudicial error which made a new trial necessary, the New Jersey Supreme Court ruled. Her chronic alcoholism had bearing on the issue of her credibility.

The witness gave a detailed account of a long and active evening which culminated in the killing. Her account differed in substantial respects from the statement given by the accused. One point of difference was as to the amount drunk by the respective parties.

About ten years before the killing, the witness had been committed to the state hospital, suffering from delirium tremens. There were two subsequent hospital admissions for alcoholism. She admitted to hallucinating at times when she was under the influence of alcohol and that she was an alcoholic and shouldn't drink.

The jury should have been permitted to know about the witness' drinking habits, the physical and mental effects of alcohol on her, including hallucinating, and her hospital admissions resulting from her alcoholism. This information would have enabled the jury to reach an informed judgment as to whether her testimony was to be believed.—*State of New Jersey v. Franklin*, 245 A.2d 356 (N.J., July 16, 1968).

Leaving Sponge in Body Not Necessarily Negligent—In a patient's suit against a physician for having left a sponge in his body during a thoracotomy, the patient was not entitled to a directed verdict. The Minnesota Supreme Court so ruled in affirming a jury verdict for the physician. The court further held that it was not necessary to decide whether the doctrine of *res ipsa loquitur* was applicable or whether the physician was required to use the standard of care of a thoracic specialist, since these issues were not raised at the trial.

The physician removed from the patient's lung a cancerous tumor about the size of an orange. A routine x-ray taken the next day disclosed a surgical sponge in his chest cavity. Several days later, the physician reopened the incision and, aided by the x-ray, found and removed the sponge. He also removed clotted blood, old fibrin, and fibrous materials, by which procedure the healing process was enhanced. The patient had an uneventful recovery except for anxiety which developed from his concern over the second operation.

The patient moved for a directed verdict on the issue of liability, on the ground that failure to remove the sponge was negligence as a matter of law. The motion was denied, and the jury was instructed that whether or not the failure to remove the sponge was negligence was a question of fact for them to decide.

Under Minnesota law, failure to remove a sponge is not negligence in itself or negligence as a matter of law. On the facts of this case, the court said, it was not disposed to deviate from the rule and thus permit a jury to find such an oversight excusable. The operation required five hours. As the result of a prior injury, the patient had developed a layer of calcium which encompassed his lung and had the consistency of bone about an inch thick. It was necessary to remove two ribs and to approach the lung with a mallet and chisel. There was a great loss of blood in separating the lung from the bony substance. Nearly four quarts of blood were transfused and 100 sponges were used during the operation. The sponges became saturated and difficult to detect. A nurse reported that all of the sponges were accounted for. Before closing the incision, the physician attempted to verify the sponge count by thoroughly examining the chest cavity, but he neither felt any nor saw that one remained. When the sponge was removed, it was found to be the same color as the surrounding tissue, tucked away in one of the nooks and crannies that exist in the chest cavity.

The patient indicated during the trial that he would request an instruction applying the doctrine of *res ipsa loquitur*. However, since he made no such request at the close of the evidence, it was not necessary to decide whether the doctrine was applicable. Nor was it necessary to decide whether an instruction on prima facie negligence would have been appropriate, since the patient did not request such an instruction.

The patient could not complain of the instruction that the physician was to be held to the standard of

care required of a thoracic specialist. When the court asked if he was requesting such an instruction, the patient answered "No."—*Miller v. Tongen*, 161 N.W.2d 686 (Minn., Sept. 27, 1968).

Negligence Not Proved in Kidney Stone Surgery—In a patient's suit against a physician for alleged negligence in deciding to perform open surgery to remove a kidney stone and in failing to intubate the ureteral tract, the patient's request for an instruction on the doctrine of *res ipsa loquitur* was properly refused, the Wisconsin Supreme Court ruled. The instruction was unnecessary, because there was direct evidence of specific acts of negligence which furnished a complete and full explanation of what caused the injury to the patient. The reviewing court affirmed dismissal of the case on a jury verdict for the physician.

The patient was suffering from a kidney stone in the lower portion of his left ureter. The physician knew that the stone was moving down the urinary tract. When two attempts to remove the stone by transurethral manipulation were unsuccessful, the physician operated to remove the stone.

In the operation, the physician opened the bladder but could not reach the stone through the opening. He was also unable to withdraw the stone through an incision in the ureter above the stone. He then made an incision in the ureter as close to the stone as possible but was again unable to remove it. He finally removed the stone by forcing it through the ureter wall. After the stone was removed, he attempted to intubate the ureter. When he was unable to accomplish this, he placed drains in the operative area and brought them through the abdominal wall to the outside of the body.

The patient contended that the physician was negligent in deciding to perform open surgery and in failing to intubate the ureteral tract. The patient presented expert medical testimony that the physician was negligent in those respects. An expert witness for the physician testified that he found no error in the procedures that were used. The physician testified that he considered open surgery necessary after other methods for removing the stone failed and that he did not intubate the ureter because of the length of time that the patient had then been under anesthesia and the intubation was not surgically important.

This conflicting evidence was sufficient to raise a jury question. There was direct evidence of specific acts of negligence complained of which furnished a complete and full explanation of what caused the injury to the patient. That evidence was sufficient to make a prima facie case and support a verdict. The patient proved too much by direct evidence to be entitled to an instruction on the doctrine of *res ipsa loquitur*.—*Knief v. Sargent*, 161 N.W. 2d 232 (Wis., Oct. 1, 1968). ◄

"Fireproofing"

"Men, women and children are the three causes of fire," states the latest American Medical Association Timely Tip on Health and Safety.

Recounting the words of a veteran fire fighter, the Timely Tip points out that "elimination of human carelessness would eliminate 90% of fire injuries." It adds sound advice on making every home and family fireproof:

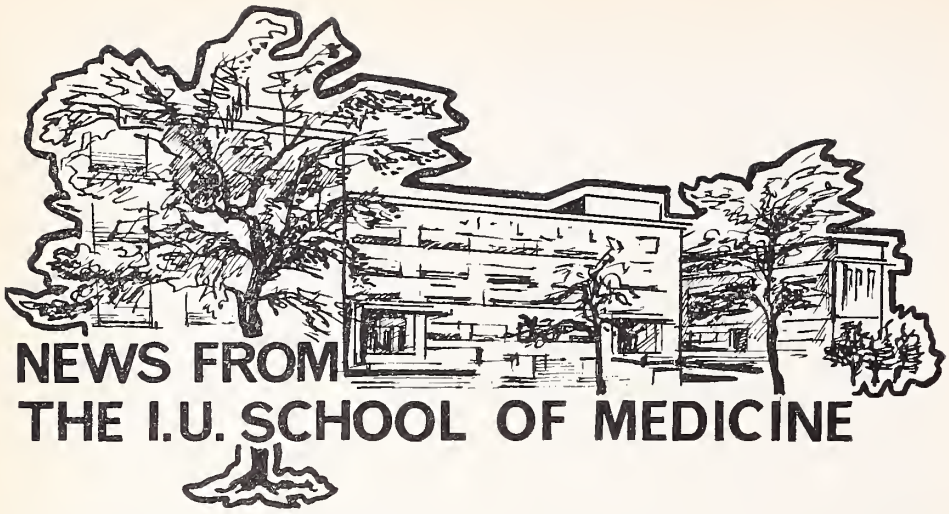
* Guard against reaching over fires on stoves and space heaters and avoid reaching into fireplaces.

* Select fire-retardant textiles for clothing, bedding, and draperies.

* Keep matches away from children.

The message encourages everyone to take proper precautions to prevent fires. In addition, it reminds parents to never leave children unattended.

Copies may be obtained from the AMA's Order Handling Department at 20 cents per hundred. The tip is entitled, "Fireproofing."



NEWS FROM THE I.U. SCHOOL OF MEDICINE

Dr. Charles A. Hunter Jr., chairman of the Department of Obstetrics and Gynecology at the University of Washington in Seattle for the past seven years, has been appointed professor and chairman of the Department of Obstetrics and Gynecology at the Indiana University School of Medicine. He will assume his new duties on June 1.

Dr. Hunter succeeds Dr. Carl P. Huber, who had been chairman of the department since 1948. Dr. Huber, who retired as department head last June, has served as acting chairman this year and will remain with the school as a professor. Dr. Huber came to the I.U. medical school in 1938 as an assistant professor. Two years ago he was named the first Coleman Professor, the second named professorship in the history of the school of medicine.

Dr. Hunter holds the A.B. and M.D. degrees from the University of Kansas. He took his internship, a residency in pathology and a residency in obstetrics and gynecology at the University of Kansas Medical Center, and stayed on with the university as instructor, assistant professor and associate professor. He was associate professor at the I.U. School of Medicine from 1958 until 1961, when he left Indianapolis to head the department at the University of Washington.

Author of approximately 30 scholarly publications in his field, Dr. Hunter is a member of the executive council of the American Association of Obstetricians and Gynecologists, and is vice president of the Association of Professors of Gynecology and Obstetrics. Among other honors, he received the annual prize of the Central Association of Obstetrics and Gynecology in 1959, and the Foundation Prize of the American Association of Obstetrics and Gynecology, in 1960. He is an examiner for the American Board of Obstetrics and Gynecology, a member of the Residency Review Committee for Obstetrics and Gynecology of the American Medical Association Council on Medical Education.

Dr. Hunter is a Diplomate of the American Board of Obstetricians and Gynecologists; the American College of Surgeons, the American College of Obstetrics and Gynecology, the Society for Gynecologic Investigation, the American Medical Association, Sigma Xi honorary society, the King County Medical Society, and the New York Academy of Sciences. He is editor of *Transactions* of the American Association of Obstetricians and Gynecologists for 1967, 1968, and 1969, and is on the Editorial Board of *Obstetrics and Gynecology*, the Journal for the American College of Obstetricians and Gynecologists.

* * *

Dr. James C. Wright Jr., director of the Metabolic Unit at the Illinois State Pediatric Institute in Chicago, has been named director of a new Section on Pediatric Endocrinology at the Indiana University School of Medicine.

Dr. Wright will hold the rank of associate professor of pediatrics at the IU medical school. He has been an assistant professor at the University of Illinois in addition to his work with the State Pediatric Institute. He will move to Indianapolis permanently on June 1. At present he is coming to the IU Medical Center once a month to operate a Pediatric Endocrinology Clinic for the school of medicine at the James Whitcomb Riley Hospital for Children.

A native of Wedowee, Ala., Dr. Wright holds the B.S. degree from the University of Alabama and the M.D. degree from New York Medical College. He served as a lieutenant in the U.S. Naval Reserve on active duty for two years, took his residency in pediatrics at the Metropolitan Hospital Center in New York City, and was a Fellow in pediatric endocrinology and metabolism at The Johns Hopkins University Hospital. His chief research interest is in the area of disturbances in growth, and he is represented in this field in several scholarly articles published in leading journals.

The endocrinologist is a Diplomate of the American Board of Pediatrics and the National Board of Medical Examiners, and a member of the Midwest Society for Pediatric Research. ◄

With the broad Polycillin (ampicillin trihydrate) spectrum...



...you have a lot going for you in the wide range of bacterial infections.

PRESCRIBING INFORMATION. For complete information consult Official Package Circular.
Indications: Infections due to susceptible strains of Gram-negative bacteria (including Shigellae, *S. typhosa* and other Salmonellae, *E. coli, H. influenzae, P. mirabilis, N. gonorrhoeae* and *N. meningitidis*) and Gram-positive bacteria (including streptococci, pneumococci and nonpenicillinase-producing staphylococci).
Contraindications: A history of allergic reactions to penicillins or cephalosporins and infections due to penicillinase-producing organisms.
Precautions. Typical penicillin-allergic reactions may occur, especially in hypersensitive patients. Mycotic or bacterial superinfections may occur. Experience in newborn and premature infants is limited and caution should be used in treatment, with frequent organ function evaluations. Safety for use in pregnancy is not established. In gonorrheal therapy, serologic tests for syphilis should be performed initially and monthly for 4 months. Assess renal, hepatic and hematopoietic function intermittently during long-term therapy.
Adverse Reactions: Skin rash, pruritus, urticaria, nausea, vomiting, diarrhea and anaphylactic reactions. Mild transient elevations of SGOT or SGPT have been noted. Black tongue has been noted in some patients receiving the Chewable Tablets.
Usual Dosage: Adults—250 or 500 mg. q. 6 h. (according to infection site and offending organisms). Children—50-100 mg./Kg./day in 3 to 4 divided doses (depending on infection site and offending organisms). Bacterial meningitis—150-200 mg./Kg./day in 6 to 8 divided doses. Children weighing more than 20 Kg. should be given an adult dose when prescribing orally. In parenteral administration, children weighing more than 40 Kg. should be given an adult dose. Beta-hemolytic streptococcal infections should be treated for at least 10 days.
Supplied: Capsules—250 mg. in bottles of 24 and 100. 500 mg. in bottles of 16 and 100. For Oral Suspension—125 mg./5 ml. in 60, 80 and 150 ml. bottles. 250 mg./5 ml. in 80 and 150 ml. bottles. Chewable Tablets—125 mg. in bottles of 40. Injectable—for I.M./I.V. use—vials of 125 mg., 250 mg., 500 mg., and 1 Gm. Pediatric Drops—100 mg./ml. in 20 ml. bottles.
11-1/2/69 **A.H.F.S. Category 8:12.1(**

Polycillin®
(ampicillin trihydrate)

BRISTOL LABORATORIES
Division of Bristol-Myers Co.
Syracuse, New York 13201

BRISTOL

The penicillin you use like a broad-spectrum antibiotic

Moderating Costs

(One of a Blue Shield series)

(The article below has been abstracted from an editorial in the January 13, 1969 issue of *The AMA News* published by the American Medical Association. We believe that in light of the growing interest on the part of the general public in the increasing cost of medical care, Doctor Wilbur's comments on reducing the cost of medical care will be of interest to all Indiana physicians.)

One of the most visible and acute problems in health care is rising costs.

Physicians' responsibility "to moderate the total costs to the patient is imperative," Dwight L. Wilbur, M.D., president of the American Medical Association, said in his speech before the House of Delegates at the 1968 Clinical Convention. "Reactions to sharply rising costs will be severe and the medical profession as well as the hospitals will be the visible targets of the frustrated and their representatives in government. . . ."

While the task of "solving" the cost problem does not lie entirely within the control of physicians, the American Medical Association began exhorting M.D.s at the 1967 Annual Convention that, "for the welfare of his patient, the individual physician must now extend his responsibility by addressing himself to the challenge of helping him obtain high quality care with a minimum expenditure of dollars. . . ."

The AMA Board of Trustees, in its report adopted by the House of Delegates in 1967, Dr. Rouse in his open letter to all M.D.s, and Dr. Wilbur in his speech to the House cited specific ways in which physicians "must put a rein on costs."

One mentioned by Dr. Wilbur was to keep the charges of physicians on a basis of usual, customary and reasonable fees, with effective self-discipline and peer-review to consider the size of the fee charged and the appropriateness of the service rendered.

"These requirements may seem to be additional limitations on the physician's ability to concentrate on medical practice," Dr. Wilbur said. "But this is as much a necessity of practice in 1969 as new diagnostic tests and antibiotics. We cannot afford to permit costs to rise any more than absolutely necessary beyond the inflationary increase in our national price structure." ◄

in the treatment of

IMPOTENCE



Android® (thyroid-androgen) TABLETS

*Effectiveness confirmed by another double blind study**

1. SUMMARY
ANDROID — GOOD TO EXCELLENT 75%
PLACEBO — 20%

2. Forty cases reported.
3. Cites synergism between androgen and thyroid.
4. No side effects in patients treated.
5. Alleviation of fatigue noted
6. Case histories on 4 patients.
7. Although psychotherapy still needed, role of chemotherapy cannot be disputed.

**"Sexual impotence treatment with methyl testosterone – thyroid (ANDROID) a double blind study" – Montesano, Evangelista: Clinical Medicine, April 1966.*

CONTRAINDICATIONS—Methyl testosterone is not to be used in malignancy of reproductive organs in male, coronary heart disease. Thyroid is not to be used in heart disease, hypertension unless the metabolic rate is low.

Choice of 4 strengths

Android
Each yellow tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (1/6 gr.) ..10 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-HP
HIGH POTENCY
Each red tablet contains:
Methyl Testosterone ..5.0 mg.
Thyroid Ext. (½ gr.) ...30 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY
Each orange tablet contains:
Methyl Testosterone .12.5 mg.
Thyroid Ext. (1 gr.) 64 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C
Each white tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (¼ gr.) ...15 mg.
Ascorbic Acid (Vit. C) .250 mg.
Thiamine HCL 25 mg.
Glutamic Acid 100 mg.
Pyridoxine HCL 5 mg.
Niacinamide 75 mg.
Calcium Pantothenate .10 mg.
Vitamin B-12 2.5 mcg.
Riboflavin 5 mg.
Dose: 2 tablet twice daily.
Available: Bottles of 60, 500.

Write for literature and samples:
BROWN THE BROWN PHARMACEUTICAL CO.
2500 W. 6th St., Los Angeles, Calif. 90057

REFER TO PDR

also available with ESTROGEN

Android-E
Each Tablet Contains:
Methyl Testosterone 2.5 mg.
Ethinyl Estradiol 0.02 mg.
Thyroid Ext. (1/6 gr.) 10 mg.
Thiamine Hydrochloride 10 mg.
Glutamic Acid 50 mg.

INDICATIONS: Advantage is taken of the anabolic action of ANDROID without its virilizing effect. Estrogen balances the androgen—only steroid effect remains. Geriatrics, post-operative and debilitating disease, osteoporosis. **DOSE:** One tablet t.i.d. Female patients should have a rest period 5 to 7 days after 21 days of medication. **SIDE EFFECTS:** In the female, excessive dosage may produce virilizing effects of most androgens: hoarseness, hirsutism, enlarged clitoris. Symptoms can be avoided by keeping the dosage below 300 mg. of testosterone per month. **CONTRA-INDICATIONS:** See Android. Ethinyl estradiol is not to be used in latent malignancy of reproductive organs or mammary glands.

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date July 13-17, 1969
Place New York, N. Y.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA ORTHOPEDIC SOCIETY
Date March 28-29, 1969
Place Lafayette

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of the month October through May, excluding December
Place The Athenaeum, Indianapolis

AMERICAN COLLEGE OF SURGEONS INDIANA CHAPTER
Date April 17-19, 1969
Place Purdue University, West Lafayette

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 15-17, 1969
Place Evansville

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date April 30-May 1, 1969
Place Imperial House, Columbus

INDIANA CHAPTER OF AMERICAN ACADEMY OF PEDIATRICS
Date May 14-15, 1969
Place Stouffer Inn, Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 10-14, 1969
Place Murat Temple and Essex House Motel, Indianapolis

INDIANA PUBLIC HEALTH ASSOCIATION, INC.
Date April 22-24, 1969
Place Stouffer Inn, Indianapolis

BONE AND JOINT CLUB
Date April 23, 1969
Place The Athenaeum, Indianapolis

INDIANA ROENTGEN SOCIETY
Date May 4, 1969
Place Holiday Inn, Indianapolis

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 13-16, 1969
Place Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 24, 1969
Place Marott Hotel, Indianapolis

INDIANA STATE LICENSED PRACTICAL NURSES' ASSOCIATION, INC.
Date May 5-9, 1969
Place Robert Lee Motel, New Albany

INDIANA STATE NURSES ASSOCIATION
Date October 16-18, 1969
Place Civic Auditorium, Evansville

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 6, 1969
Place Indianapolis Motor Speedway Motel, Indianapolis

WANTED: Physicians Locations

GENERAL PRACTICE

James Robert Greenlee, Apt. H-6, 10615 Abercorn, Savannah, Ga. 31406

Thomas P. Konicke, 2489 Coral Court, Augusta, Ga. 30904—*Available June, 1970*

Paul Sydor, 3 S. 306 Juniper Lane, Glen Ellyn, Ill. 60137

David Hilton, P. O. Box 659, Jos, Nigeria

W. M. Kale, 515 Carbon St., Christopher, Ill. 62822

SPECIALISTS

William H. van Hoogenhuize, 350 Christina St., North, Sarnia, Ontario—*Allergy*

Somi Basaranlar, 378 50th St., Brooklyn, N.Y. 11220—*Anesthesia*

Joseph Shurman, 790 Hyde Park Ave., Hyde Park, Mass.—*Anesthesia, Int. Care*

Gareth Owen Medlin Jones, 60 Hadley Rd. New Barnet, Herts, United Kingdom—*Anesthesia*

Sidney A. Lesowitz, 6786 Peeper Hollow Lane, Cleveland, Ohio 44124—*Dermatology*

M. R. Rajachar, 1134 Adelaide St., Apt 202, London, Ontario, Canada—*Internal Medicine*

Barbara Zeviner Berk, USAEHA, Edgewood Arsenal, Maryland 21010—*Internal Medicine & G.P.*

James S. Ungerleider, 5439 Roche Ct. West, Columbus, Ohio 43224—*Internal Medicine; Hematology/Oncology*

William A. Cook, 246 Richardson Dr., Mill Valley, Calif. 94941—*Obstetrics & Gynecology*

Donald Wayne Godwin, 226 Denvale Drive, Danville, Ill. 61832—*Pathology*

Roland Imperial, Pleasant St., Raynham, Mass. 02767—*Pathology*

Ben A. Finkelstein, P.O. Box 1313, Canton, Ohio 44708—*Psychiatry*

Milo Paradis, 1300 Belleview Blvd. #6, Steubenville, Ohio 43952—*Radiology*

Juanito V. Fernandez, P.O. Box 215, Carlsbad, Texas 76934—*Surgery, General, Thoracic & Cardiovascular*

Marvin E. Kuehner, U. S. Army Hospital Munich Germany, APO, New York 09407—*General and Thoracic Surgery—Peripheral Vascular Surgery*

Rogelio Bonau, VA Hospital, Des Moines, Iowa—*General Surgery*

Charles W. Decker, 33 Petri Drive, Amelia, Ohio 45102—*Occupational Medicine*

ADDITIONAL LOCATIONS

County *Town*

Adams—BERNE—Population 2,800, located 30 miles southeast of Fort Wayne. Ideal opportunity for a general practitioner in a prosperous agricultural-industrial community. New modern office space immediately available. Contact Robert L. Boze, M.D., 265 West Water St., Berne, Indiana 46711. Telephone 219-589-2143.

Fayette—CONNERSVILLE—Opening for a full time industrial physician with the Appliance Division of Philco-Ford Corp. in Connersville. Good starting salary plus excellent employee benefits, relocation expense paid. Send credentials to R. C. Chesnover, Appliance Division, Philco-Ford Corp., Connersville, Indiana 47331.

Howard—KOKOMO—One general practioner and one internist desired to join a busy group of two general practitioners, one OB-GYN and one surgeon in a growing industrial city of 50,000. Write or phone: Robert E. Thompson, Business Manager, 401 E. Reynolds Dr., Kokomo. Telephone 453-0802.

Monroe—ELLETTSVILLE—Located seven miles from Bloomington, Indiana, home of Indiana University. Large surrounding territory without the services of a physician since the death of Dr. C. E. Stouder. Contact Eugene B. Welsh, Chairman, Chamber of Commerce, Ellettsville, Indiana 47429.

Vermillion—NEWPORT—Population 800 in the western part of the state, 32 miles north of Terre Haute and 30 miles southeast of Danville, Ill. A new 350 million dollar public service industrial complex is under construction by the I. E. Dupont Company. Another large project is being proposed a few miles south by the Eli Lilly Company. No physician in the town. Lions Club is in a position to help a physician set up an office. Contact Jack D. Galbreath, P.O. Box 415, Newport, Ind. 47966. ◄

INDIANA MEDICAL BUREAU

816 Hume Mansur Bldg.

631-5802

A Licensed Employment Agency Specializing in Medical Personnel

Our 18th Year Of Service

A once-popular treatment for back pains was to have the seventh son of a seventh son stand or walk on the patient's back.





The pain of earache was allegedly relieved by holding a hot roasted onion to the ear.

For headache, a sovereign remedy was to wear a snakeskin round one's head.



A realistic approach to pain relief



'Empirin'®

Compound with Codeine Phosphate gr. 1/2 No. 3

Each tablet contains:
Codeine Phosphate gr. 1/2 (Warning—May be habit forming), Phenacetin gr. 2 1/2, Aspirin gr. 3 1/2, Caffeine gr. 1/2.

keeps the promise of pain relief

'B.W. & Co.' narcotic products are Class "B", and as such are available on oral prescription, where State law permits.

BURROUGHS WELLCOME & CO. (U.S.A.) INC.
Tuckahoe, N.Y.



Preludin®
phenmetrazine hydrochloride

Preludin is indicated only as an anorexigenic agent in the treatment of obesity. It may be used in simple obesity and in obesity complicated by diabetes, moderate hypertension (see Precautions), or pregnancy (see Warning). *Contraindications:* Severe coronary artery disease, hyperthyroidism, severe hypertension, nervous instability, and agitated prepsychotic states. Do not use with other CNS stimulants, including MAO inhibitors. *Warning:* Do not use during the first trimester of pregnancy unless potential benefits outweigh possible risks. There have been clinical reports of congenital malformation, but causal relationship has not been proved. Animal teratogenic studies have been inconclusive. *Precautions:* Use with caution in moderate hypertension and cardiac decompensation. Cases involving abuse of or dependence on phenmetrazine hydrochloride have been reported. In general, these cases were characterized by excessive consumption of the drug for its central stimulant effect, and have resulted in a psychotic illness manifested by restlessness, mood or behavior changes, hallucinations or delusions. Do not exceed recommended dosage. *Adverse Reactions:* Dryness or unpleasant taste in the mouth, urticaria, overstimulation, insomnia, urinary frequency or nocturia, dizziness, nausea, or headache. *Dosage:* One 25 mg. tablet b.i.d. or t.i.d. Or one 75 mg. Endurets tablet a day, taken by midmorning. *Availability:* Pink, square, scored tablets of 25 mg. for b.i.d. or t.i.d. administration, in bottles of 100 and 1000. Pink, round Endurets® prolonged-action tablets of 75 mg. for once-a-day administration, in bottles of 100 and 1000. (B) R3-46-560-B

Under license from
Boehringer Ingelheim G.m.b.H.

For complete details, please see full prescribing information.

Geigy Pharmaceuticals
Division of
Geigy Chemical Corporation
Ardsley, New York 10502

Preludin® phenmetrazine hydrochloride **Endurets®** prolonged-action tablets



They run a good chance of losing weight.

Exercise and Preludin run together in helping patients to lose weight.

Preludin often puts a natural curb on appetite and frequently promotes a sense of well-being. By boosting a dieter's spirit, Preludin may help patients get the exercise you may prescribe.

One Endurets tablet taken between breakfast and midmorning usually provides daylong and early-evening suppression of appetite.

Mild ulcerative colitis may be triggered here...



In mild ulcerative colitis, a number of factors can precipitate an attack: for instance, dietary indiscretion, such as eating raw foods, or emotional overreaction, such as that aroused by financial difficulties. No matter what causes the patient's sensitive colon to "act up," he soon suffers from acute discomfort... and often, from anxiety and apprehension as well. Such patients frequently respond well to adjunctive dual-action Librax® therapy.

Librax combines, in a single convenient capsule, the well-known antianxiety effect of Librium® (chlordiazepoxide HCl) and the dependable anticholinergic /antispasmodic effect of Quarzan® (clidinium Br). Therefore, as Librax helps to relieve the patient's excessive anxiety and reduce his overreaction to stress, it also, at the same time, helps to control hypersecretion and hypermotility, thus relieving spasm and abdominal discomfort.

With Librax, the dosage schedule is simple: 1 or 2 capsules, t.i.d. or q.i.d., will in most cases bring the patient significant relief of both the emotional and physical elements that contribute to his psychovisceral disorder.

Before prescribing, please consult complete product information, a summary of which follows.

INDICATIONS: Indicated as adjunctive therapy to control emotional and somatic factors in gastrointestinal disorders.

CONTRAINDICATIONS: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide HCl and/or clidinium bromide.

WARNINGS: Caution patients about possible combined effects with alcohol and other CN depressants. As with all CNS-acting drugs, cau tion patients against hazardous occupations re quiring complete mental alertness (*e.g.*, operatin machinery, driving). Though physical and psy chological dependence have rarely been reporte on recommended doses, use caution in ad ministering Librium (chlordiazepoxide hydro chloride) to known addiction-prone individua or those who might increase dosage; withdraw symptoms (including convulsions), followin discontinuation of the drug and similar to thos seen with barbiturates, have been reported. Us of any drug in pregnancy, lactation, or in wome of childbearing age requires that its potenti benefits be weighed against its possible hazard As with all anticholinergic drugs, an inhibitin effect on lactation may occur.

PRECAUTIONS: In elderly and debilitate limit dosage to smallest effective amount to pr clude development of ataxia, oversedation c confusion (not more than two capsules per da initially; increase gradually as needed and tole

or here.



ted). Though generally not recommended, if ombination therapy with other psychotropics eems indicated, carefully consider individual harmacologic effects, particularly in use of po-entiating drugs such as MAO inhibitors and henothiazines. Observe usual precautions in resence of impaired renal or hepatic function. aradoxical reactions (*e.g.*, excitement, stimula-ion and acute rage) have been reported in psy-hiatric patients. Employ usual precautions in reatment of anxiety states with evidence of im-ending depression; suicidal tendencies may be resent and protective measures necessary. Vari-ble effects on blood coagulation have been eported very rarely in patients receiving the rug and oral anticoagulants; causal relation-hip has not been established clinically.

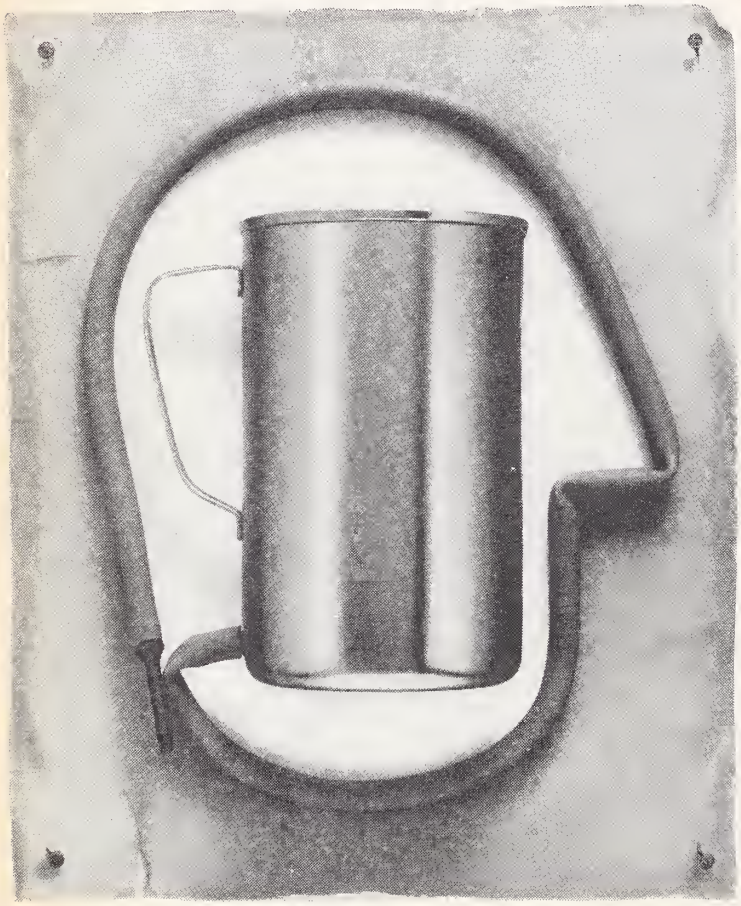
ADVERSE REACTIONS: No side effects or anifestations not seen with either compound lone have been reported with Librax. When hlordiazepoxide hydrochloride is used alone, rowsiness, ataxia and confusion may occur, specially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver-function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diet.

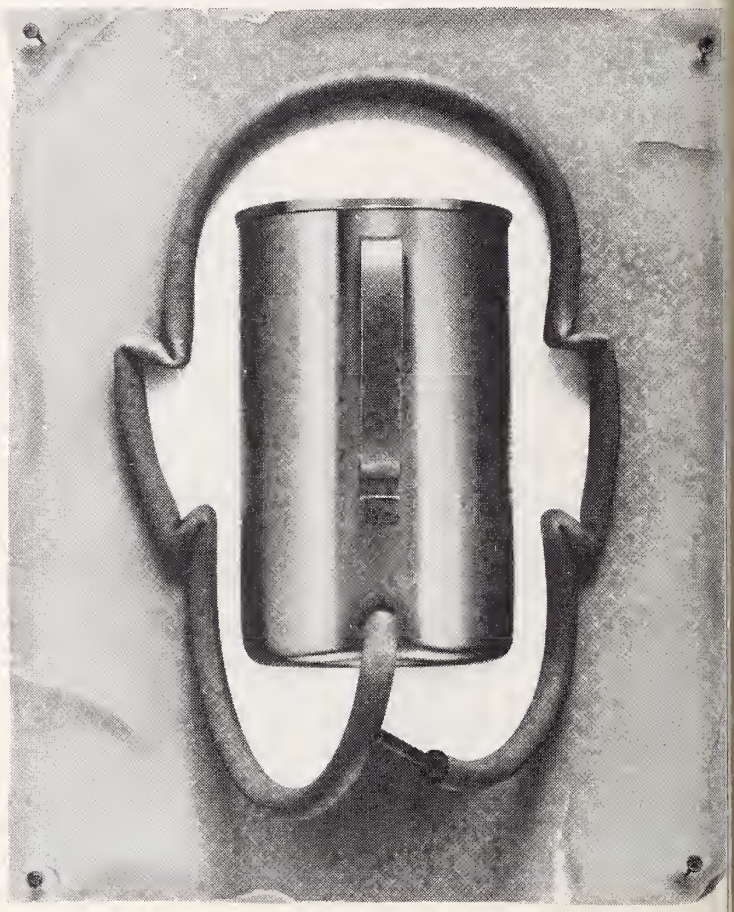
two good reasons for prescribing LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

ROCHE
ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Public Enema No.1





Claim the rewards of sparing your patients the tubes and tribulations of unpleasant enemas.

Compared to enemas, Dulcolax suppositories are a gentler and simpler way to empty the bowel. Gone are the tubing, the "accidents", and the bruised egos. Just one suppository, inserted against the bowel wall, usually brings about an evacuation within 15 minutes to an hour.

In the hospital, order Dulcolax for constipation or bowel cleansing. Your patients will often prefer it to embarrassing enemas. And you can be sure nurses will appreciate the saving in time and effort.

Dulcolax tablets taken at night usually result in a bowel movement the following morning. A combination of tablets at night and a suppository the next morning generally cleans the bowel thoroughly in preparation for surgery or special procedures. Keep in mind, however, that the drug is contraindicated in the acute surgical abdomen.

Dulcolax®...it's predictable

bisacodyl



Under license from Boehringer Ingelheim G.m.b.H.

Geigy Pharmaceuticals, Division of Geigy Chemical Corporation, Ardsley, New York 10502

DU-61



ABSTRACTS, BOOK REVIEWS

HEARING MECHANISMS IN VERTEBRATES

Ciba Foundation Symposium, edited by A. V. S. DeRueck and Julie Knight, Little, Brown & Co., Boston, 1968; 324 pages with numerous tables and illustrations; $12.00.

This very splendid symposium is the distilled essence of the thinking of some two dozen scholars presenting their experiences to their peers. The auditory mechanism is traced in its changes from fishes up through mammals. The details of the cochlear structure in fishes and bats is amply illustrated and painstakingly discussed. As sound enters the ear, becomes transduced into electrical currents that form afferent-efferent arcs into the brain stem, finally, spreading into the conscious levels of the cerebrum —each authority gives his detailed version of his highly restricted field. I was greatly intrigued by the role of the pinna in localization of sound. The mathematical treatment of the effect of bending the pinna intrigued me. I think I appreciate more the meaning of "cupping the ear."

The neurophysiologists, the otologists and communication theorists will find this symposium very instructive and interesting. I doubt that the ordinary M.D.'s will be edified. In this day of increasing specialization, this may be as it should be.

The hospital and medical school libraries will want this very well printed and bound volume for their libraries. As books go, the price is well within reason.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

STRABISMUS IN CHILDHOOD

Herbert M. Katzin, M.D., Geraldine Wilson, R.N., C. V. Mosby & Co., St. Louis; 4th edition; 84 pages with 24 illustrations; $3.95.

The problem of "crossed eyes" has long been associated with misconceptions and old wives tales. Parents of children with strabismus are anxious and have many questions concerning etiology and treatment. Oftentimes they are confused after a busy practitioner's hurried explanation.

The information in this book is presented in such a manner that the basic concepts of etiology and therapy can be understood by the average layman. The types of squint are categorized and the rationale for the various modes of treatment are given in an easily understood manner. It helps answer the questions: Will my child need surgery? Are glasses necessary? Will eye exercises help?

I believe this book is of value and would be appreciated by parents of children with strabismus. It may also be beneficial to pediatricians and those in general medicine who are usually the first to see such children. It will help them answer the questions and relieve the anxiety of the parents.

DONALD BOLLHEIMER, M.D.
Fort Wayne

NURSES CAN GIVE AND TEACH REHABILITATION

Mildred J. Allgire, R.N., Springer Publishing, Inc., New York, 1968; second edition; 192 pages with illustrations; $2.00.

The number of chronically ill and disabled persons is increasing every year. Many of these people cannot be referred to rehabilitation centers; their care in local hospitals and nursing homes has increased tremendously. The author wisely emphasizes that to be effective, rehabilitative care must be started early in the period of disability and that nurses in all hospitals and nursing homes should be able to teach and give restorative care. The qualifications of the nurse who engages in restorative care are stressed. Detailed outlines of care plans for nurses to follow are also included in the book, as are outlines and specimen forms for recording care.

The actual procedures are vividly described in text and photographs. This timely book will be of great aid to nurses who care for the chronically ill and disabled. It is concisely written and printed in plain type on good quality paper. This book is highly recommended to all nurses who are concerned with the disabled patient.

DAVID A. BICKEL, M.D.
South Bend

Abstracts From Various Literature, Prepared by AMA

SHORT-TERM GROUP PSYCHOTHERAPY FOR POST-MYOCARDIAL INFARCTION PATIENTS AND THEIR WIVES

C. A. Adsett and J. G. Bruhn (Department of Psychiatry, McMaster University, Hamilton, Ontario)

Canad. Med. Assoc. J. 99:577-584, (Sept. 28), 1968.

Ten coronary patients experiencing difficulty in long-term adaptation to their heart attacks were offered focused short-term group psychotherapy. Six patients participated in ten biweekly group meetings while their wives met for parallel group therapy. The patients showed continuing anxiety about further attacks, loss of self-esteem and conflict over dependency-independency. The wives saw themselves as responsible for their husbands, were overly protective, anxious about the uncertain future and felt guilty about the husband's disability. Physiological monitoring at six-week intervals revealed higher cholesterol during and following therapy and higher uric acid following therapy. No change occurred in pulse, blood pressure or ECG and no anginal attacks were experienced during therapy sessions. As a result of therapy, patients and wives appeared to achieve an improved psychosocial adaptation.

PYLORIC STENOSIS AND URINARY INFECTION

K. Nitsch (Leisewitzstrasse 28, Hannover, Germany)

Munch Med. Wschr. 110:2258-2261, (Oct. 4), 1968.

The majority of 204 patients with congenital stenosis of the pylorus who were treated conservatively for a prolonged period of time, developed urinary infections, mainly pyelonephritis. The author speculates that not only disturbance of ureteral motility in the reflex response to altered motility of the intestinal tract but also the use of antispasmodic medications may have influenced the development of urinary stasis and secondary infection.

Continued

Continued

TOBACCO: A PRECIPITATING FACTOR IN ANGINA PECTORIS

W. S. Aronow (VA Hospital, 5901 E. Seventh St., Long Beach, California), M. A. Kaplan, and D. Jacob

Ann. Intern. Med. 69:529-536, (Sept.), 1968.

Ten heavy smokers with classical angina pectoris due to coronary artery disease exercised in an upright position with a fixed load of exercise on a bicycle ergometer until they developed the first manifestations of angina pectoris. They each performed this exercise four times in a nonsmoking state and four times after smoking a cigarette of high nicotine content for five minutes. All subjects developed angina sooner if they smoked prior to exercising. The average shortening of the exercise period before angina developed in the smoking state as compared to the nonsmoking state was 24%. Increase in systolic blood pressure and in heart rate developed in all patients following smoking. This increase represents an increased demand for myocardial oxygen consumption. Following exercise, subjects with diseased coronary arteries who smoke may not meet the increased demand for myocardial oxygen and develop angina sooner.

HEMODIALYSIS AT HOME

M. Kaye et al. (Montreal General Hospital, Montreal)

Canad. Med. Assoc. J. 99:779-785, (Oct. 26), 1968.

Two years' experience with rehabilitation of terminal uremics by hemodialysis in the home is described. A Kiil dialyzer was employed, together with a tank delivery and monitoring system specially designed for the purpose; 90% of the 22 patients accepted are alive and all have returned to their usual occupations. Initial equipment costs are less than $2,500, and annual running costs, approximately $3,500 for thrice-weekly dialysis. This is a very worthwhile form of treatment.



CHROMOSOMAL AND TERATOGENIC EFFECTS OF LYSERGIC ACID DIETHYLAMIDE (LSD)

R. G. Smart and K. Bateman (Addiction Research Foundation, 344 Bloor St. W., Toronto)

Canad. Med. Assoc. J. 99:805-810, (Oct. 26), 1968.

The authors analyze the scientific justification for the chromosomal and teratogenic effects of LSD and indicate areas for further research. Eight papers examined studied the effects of LSD on chromosomes; two were in vitro studies and six involved comparisons of human users and nonusers. Six studies found a deleterious effect of LSD and two did not; the latter involved somewhat smaller sample sizes. A clear decision about the chromosomal effects of LSD is made difficult because of the wide range of chromosome observations taken to be normal and because LSD users experiment with a variety of other drugs which may create chromosome abnormalities. Four studies found teratogenic effects of LSD in mice, rats, and hamsters; an additional study with rats did not. More chromosome and physical data are needed on both LSD-using parents and their offspring. At present the chromosomal and teratogenic effects of one or two doses in therapeutic settings are unknown.

BACTERIAL INTERFERENCE: PROTECTION AGAINST STAPHYLOCOCCAL DISEASE

M. Boris (North Shore Hospital, Manhasset, N.Y.)

Bull. N.Y. Acad. Med. 44:1212-1221, (Oct.), 1968.

It is feasible to protect infants and individuals with recurrent staphylococcal disease from lesions by artificially colonizing the nasal mucosa with *Staphylococcus aureus* 502A. The 502A strain, once implanted, persists well both in adults and infants. Artificial colonization with the 502A strain significantly protected infants and adults from appearance of epidemic strains and lesions. Because minor lesions may be associated with *S aureus* strain 502A, the potential value of therapy must be weighed against the risk in individuals who are to be colonized or recolonized.

PREVENTION OF EXECUTIVE OBSOLESCENCE

A. Ochsner (Ochsner Clinic, New Orleans)

J. Amer. Geriat. Soc. 16:1077-1082, (Oct.), 1968.

Executive obsolescence and premature senility can be controlled to a great extent by avoiding factors which accelerate the aging process. Prophylactic measures include exercise such as walking, with or without jogging, to the point of tolerance, avoidance of sedentary occupations, walking up and down stairs instead of using an elevator, prevention of obesity or reduction of overweight and abstinence from tobacco smoking.

HEMODYNAMIC EFFECTS OF ETHYL ALCOHOL IN CORONARY HEART DISEASE

N. Conway (National Heart Hospital, London)

Amer. Heart J. 76:581-582, (Oct.), 1968.

The hemodynamic changes in eight patients with stable coronary heart disease after a drink of alcohol (0.5 gm alcohol/kg body weight) were studied during a 45-minute rest and a period of graduated exercise on a bicycle ergometer. Comparison was made with identical controls studied immediately before. Blood alcohol concentrations usually rose to moderate levels; no clear

correlation emerged between the height of blood alcohol and the degree of circulatory change. Arterial pressure dropped progressively at rest and at each exercise level. Cardiac output fell and calculated peripheral resistance did not alter. Heart rate did not change. Left ventricular work declined and the tension time index fell, reflecting myocardial oxygen uptake. The T waves flattened in left ventricular leads of the resting ECG in two subjects, with S-T depression in a third. Upon effort, there were positive exercise changes in the ECGs of two others which control studies had not revealed. No significant change was seen in the amount of work required to produce angina. Alcohol may be a myocardial depressant. The effect of excessive alcohol on myocardial function is adverse.

SEX CHROMATIN PATTERN IN HYDATIDIFORM MOLE

M. S. Baggish et al. (Johns Hopkins University School of Medicine, Baltimore)

Amer. J. Obstet. Gynec. 102:362-370, (Oct. 1), 1968.

Ninety cases of hydatidiform mole were investigated for the presence of the sex chromatin body. In every section there were well-defined heterochromatic bodies. In 79 cases (88%) 15 or more chromatic-positive cells were identified per 100 cells counted. These findings cannot be explained on the basis of polyploidy. Two cell lines may develop in hydatidiform mole; one line representing the union of the sperm and ovum; the second by endoreduplication of the second polocyte. This could account for the coexistence of a mole and fetus, for the mole alone, and for molar degeneration of the placenta. The sex of the mole is predominantly female.

ROLE OF THE PRIMARY PHYSICIAN

B. C. Payne (University of Michigan Medical School, 1335 Catherine St., Ann Arbor)

Amer. J. Dis. Child. 116:468-471, (Nov.), 1968.

Current social and professional pressures require a new specialist, the primary or family physician. His potential role in clinical medicine must be recognized before a program is designed to produce him. His practice will be comprehensive, continuing care for the pediatric age group. Due to the pressure of patients and community necessity, many pediatricians now care for the families of their children. The new specialist will be competent to care for almost any of the medical problems that arise in his families, regardless of age, sex, or disposition. He will fit into an urban multispecialty clinic, a small single specialty group in a small or geographically isolated community, or a suburban office alone or with associates. His services will be available under any system of payment: fee for service, prepaid group coverage or capitation, salary, or subsidy.

EFFECT OF COLA DRINKS ON SERUM FREE FATTY ACIDS

S. Bellet, A. Kershbaum, and L. Roman (Philadelphia General Hospital, Philadelphia)

Arch. Environ. Health 18:803-806, (Nov.), 1968.

Cola drinks, extensively used in this country, and imbibed by children as well as adults, contain primarily caffeine, sugar (except the diet cola), and carbonated water. Diet cola drinks which contain caffeine and artificial sweetener but no sucrose produced significant progressive increase in plasma free fatty acids (FFA) during the first four hours after ingestion. Cola drinks which contain large amounts of sucrose in addition to the caffeine resulted in a decrease in the plasma FFA during the first two to three hours after ingestion, with an increase by the fourth hour. The diminished response of FFA to the diet cola drinks may be due to the suppression of caffeine-induced FFA release by the sucrose as a result of its effect on the re-esterifieation of the released FFA. These findings are of interest in view of the relationship of FFA elevation and other lipid fractions, notably the triglycerides and cholesterol.

MYOCARDIAL INFARCTION WITHOUT OBSTRUCTIVE DISEASE AT CORONARY ARTERIOGRAPHY

L. Campeau et al. (5000 Belanger St. E, Montreal)

Canad. Med. Assoc. J. 99:837-843, (Nov. 2), 1968.

Of a series of 350 patients submitted to cine-coronary-arteriography, six cases of myocardial infarction, as diagnosed on clinical ground, were found to have no obstructive disease. The infarction was believed to have been produced by coronary emboli with subsequent lysis of the clot in three patients, two with a Starr-Edwards mitral prosthesis, and in one patient with aortic stenosis who had experienced the infarction during retrograde left heart catheterization. It was postulated, on the basis of unusual aspects of the left coronary artery in two cases, that coronary thrombosis followed by recanalization caused the infarction in the other cases. Myocardial infarction without obstructive coronary arteriogram does not necessarily rule out a previous myocardial infarction.

FACTOR VIII IN HEMOPHILIA: NEUROSURGICAL CASE REPORT

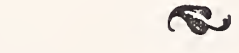
R. A. Moody and S. Mullan (University of Chicago, 950 E. 59th St., Chicago)

J. Neurosurg. 29:520-523, (Nov.), 1968.

A patient with known and severe factor VIII deficiency hemo-

ESCORT YOURSELF . . .

to Home Lawn Mineral Springs for a few days health vacation —the mineral baths and excellent meals in an atmosphere of serenity will leave your cares behind.



HOME LAWN
MINERAL SPRINGS
Martinsville, Indiana

M. C. Pitkin, M.D.
Medical Director

J. W. Gibbs, M.D.
Medical Director
Associate



The Fortunate One.

Her urinary tract infection reveals itself through pain and discomfort.

While the pain and discomfort of a G.U. infection are anything but pleasant, the patient may be luckier than she realizes. That burning sensation (and/or frequency, urgency, dysuria) is a usually reliable sign of a urinary tract infection. And it's her good fortune that her infection won't go undetected...or untreated.

Azo Gantanol® therapy usually provides analgesic action within one-half hour, while control of the infection begins within two hours. Azo, a specific urinary analgesic, soothes inflamed mucosa to give symptomatic relief. At the same time, the antibacterial component, Gantanol (sulfamethoxazole), achieves therapeutic levels in the blood and urine, with diffusion into interstitial fluids. Azo Gantanol—a good choice when urinary tract infection reveals itself through symptomatic distress.

Before prescribing, please consult complete product information, a summary of which appears on opposite page.

Azo Gantanol®

(Each tablet contains 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl.)

Azo for the pain
Gantanol®
(sulfamethoxazole)
for the pathogens

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Urinary tract infections with associated pain or discomfort when due to susceptible organisms; prophylactically in urologic surgery, catheterization and instrumentation.

Contraindicated in sulfonamide-sensitive patients, pregnant females at term, premature infants, newborn infants during the first three months of life, glomerular nephritis, severe hepatitis, uremia and pyelonephritis of pregnancy with gastrointestinal disturbances.

Warnings: Use only after critical appraisal in patients with liver damage, renal damage, urinary obstruction or blood dyscrasias. If toxic or hypersensitivity reactions or blood dyscrasias occur, discontinue therapy. In closely intermittent or prolonged therapy, blood counts and liver and kidney function tests should be performed.

Precautions: Observe usual sulfonamide therapy precautions including maintenance of an adequate fluid intake. Use with caution in patients with histories of allergies and/or asthma. Patients with impaired renal function should be followed closely since renal impairment may cause excessive drug accumulation. Occasional failures may occur due to resistant microorganisms. Not effective in virus and rickettsial infections.

Adverse Reactions: Headache, nausea, vomiting, urticaria, diarrhea, hepatitis, pancreatitis, blood dyscrasias, neuropathy, drug fever, skin rash, Stevens-Johnson syndrome, injection of the conjunctiva and sclera, petechiae, purpura, hematuria or crystalluria may occur, in which case the dosage should be decreased or the drug withdrawn.

Dosage: Adults—4 tablets initially, then 2 tablets morning and evening.

How Supplied: Tablets, bottles of 50.



Roche
LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Continued

philia sustained a head injury with resultant posterior fossa hematoma. Using factor VIII cryoprecipitates, it was possible to carry out the necessary posterior fossa craniotomy.

SUBDURAL HEMATOMA IN HEMOPHILIAC: SUCCESSFUL TREATMENT WITH CRYOPRECIPITATE

G. G. Ferguson, W. B. Barton, and C. G. Drake (111 Waterloo St., London, Canada)

J. Neurosurg. 29:524-528, (Nov.), 1968.

This case report describes the successful surgical management of a subdural hematoma in a classical hemophiliac, using the most widely available factor VIII concentrate, cryoprecipitate, which was discovered by Pool and Shannon in 1965. Angiography and operation were performed without incident. The clinical result was excellent and recovery seemed to be complete.

PERFORMANCE OF "KITS" USED FOR CLINICAL CHEMICAL ANALYSIS OF CHOLESTEROL

R. N. Barnett, A. D. Cash, and S. P. Junghans (Norwalk Hospital, Norwalk, Conn.)

New Eng. J. Med. 279:974-978, (Oct. 31), 1968.

A comparative study was made of 12 kits sold commercially for performing cholesterol analysis of serum. Reproducibility studies of serum pools at low, medium, and high levels were carried out once a day for ten days, and comparisons were made between each kit and the Abell-Kendall reference method on 40 patient samples. Based on arbitrary criteria including suitable precision, small and consistent bias, and few large discrepancies between the test and reference methods, only two of the kits were found to provide consistently useful information for patient care.

THE 47, XYY SYNDROME WITH PARTICULAR REFERENCE TO ITS MOSAIC FORMS

H. Siebner and S. Pufke (Medizinische Universitats-Poliklinik, Tubingen, West Germany)

Deutsch Med. Wschr. 93:2155-2158, (Oct. 29), 1968.

Chromosomal studies were undertaken in 20 normally intelligent, tall men (180 to 200 cm), ten of these were prisoners (eight burglers, two murderers) and ten were normal persons. Two prisoners had a supernumerary Y (one psychopath convicted several times of fraud [188 cm] and a psychologically unremarkable prisoner convicted for manslaughter [186 cm]). Two other prisoners (theft and fraud; theft) and two control subjects had mosaics; each was a 46,XY/47,XYY/45,X and 46,XY/47,XYY. Those with mosaic had no somatic or mental abnormalities. Only one 47,XYY man had a normal son. The wife of a control subject with triple mosaic gave birth prematurely (female); three sons were normal. Three patients with multiple malformations had a 46,XY/45,X/47,XYY mosaic. The high incidence of the 47,XYY syndrome among tall criminals does not allow the assumption of an abnormal personality structure in a given case without careful psychiatric assessment. Mosaic forms with a 47,XYY cell pattern are probably not significant. ◄



DAY BY DAY WITH THE F.D.A.

Alabama is having problems with milk and milk products, all the issue of one dairy, in which illegal residues of penicillin have been found.

* * *

"Automatic Choke Cleaner", to the amount of 22 cases, was seized in Detroit because it did not bear a warning as a hazardous substance in a pressurized container. The active ingredient turned out to be xylene. Under pressure this should clean anybody's choke.

* * *

Dieldrin residues in hens' eggs have been discovered in Nebraska in a shipment of 22,500 dozen eggs from Mississippi, and in Mississippi where the involvement pertained to 1,350 cases of eggs and 19,000 laying hens. The eggs were destroyed and the hens were slaughtered. The loss was nearly $50,000. A joint planning conference has been held for discussion of the problem.

* * *

The Oregon Department of Agriculture tests the time and temperature controls on all retorts and pressure cookers in canning plants. These controls are vital to the canning process to achieve well cooked food and avoid bacterial persistence. Out of 427 thermometers, 37 were condemned.

* * *

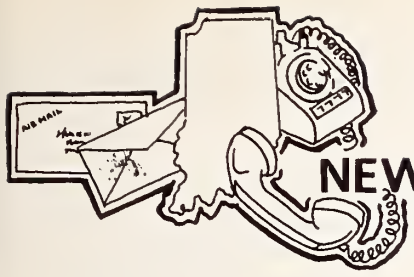
Final judgment is believed withheld, pending further investigation, on the wisdom of preserving food by ionizing irradiation. Laboratory animals fed on irradiated meats and other foods have shown significantly fewer surviving offspring as compared to comparable animals fed the same diet but without irradiation. Offspring of animals fed the test diet have not gained weight normally. Spent fuel rods were used for the irradiation source rather than cobalt-60 or cesium-137. This may account for the difference. Further investigation, more carefully done, is indicated. ◄

Medical Practice Distribution

To provide a complete summary of the geographic distribution of medical practice in the United States, the AMA has published its 5th edition of *Distribution of Physicians, Hospitals, and Hospital Beds in the United States — 1967.*

This one-volume edition classifies physician manpower, hospitals and hospital beds by census division, state, county, and metropolitan area.

Copies are available from the AMA's Department of Circulation and Records. Price is $2.40 per copy in the United States, its possessions, Canada and Mexico; $2.75 in all other countries; and $1.20 for medical students, interns and residents.



NEWS NOTES

American Association of Medical Assistants Membership up to 13,000

The American Association of Medical Assistants is a growing and dynamic organization. Membership is now up to 13,000.

Their twelfth annual convention was held in Columbus, Ohio, last fall, and was reported in the recent issue of *The Professional Medical Assistant*, the official magazine style publication which replaced the *AAMA Bulletin* in 1968. The attractive journal not only covers the convention but also highlights two important AAMA programs, one for the examination and certification of medical assistants and the other for scholarships which go to medical assistant students. Mrs. Marie Young, of Indianapolis, is the national vice-president.

Dr. Cullen Named

Dr. Robert Cullen, a 1950 graduate of Indiana University School of Medicine, has been appointed to reopen a hospital in Ruanguba, Congo. Dr. Cullen left America in the fall of 1968 to serve as a medical missionary with the Conservative Baptist Foreign Society, Wheaton, Illinois.

John Shaw Billings History of Medicine Society April Meeting

Dr. Layman A. Gray, of the University of Louisville School of Medicine, will speak on "Ephraim McDowell" at the April 16th meeting of the John Shaw Billings History of Medicine Society.

Each program is preceded by a social hour and dinner on the mezzanine of the Student Union Building, Indiana University Medical Center, Indianapolis, beginning at 6:30 p.m.

Dr. Weigand Retires

Dr. Clayton G. Weigand, director of medical administration for Eli Lilly and Company, retired on January 31 after 31 years with the company. For several years Dr. Weigand has acted as liaison between Lilly and the FDA in the processing of new drug applications. He is a member of the faculty of Indiana University School of Medicine and will continue actively in that capacity.

"Alcoholics and Alcoholism," New Public Affairs Pamphlet, Available

"Alcoholics and Alcoholism" is the title of Public Affairs Pamphlet No. 426, written by Harry Milt, to furnish reliable information about the disease, its treatment and the chance for cure.

It is for sale at 25 cents by Public Affairs Committee, 381 Park Avenue South, New York City, 10016.

Dr. Coleman Reappointed

Dr. Joseph E. Coleman, Evansville, has been reappointed to the advisory board of the Evansville Psychiatric Children's Center.

NIH Announces Grants To Indiana University

The National Institutes of Health have announced grants to Indiana University for broadening public health nursing experience for baccalaureate degree nursing students and for a system to improve the teaching-learning process. The projects will be accomplished on the Bloomington campus.

Dr. Marshall Elected

The Allen County Board of Health recently elected **Dr. Caesar L. Marshall, Fort Wayne,** president. **Dr. Harry W. Salon, Fort Wayne,** was elected vice-president.

"Better Homes and Gardens" Covers Costs of Medical Care

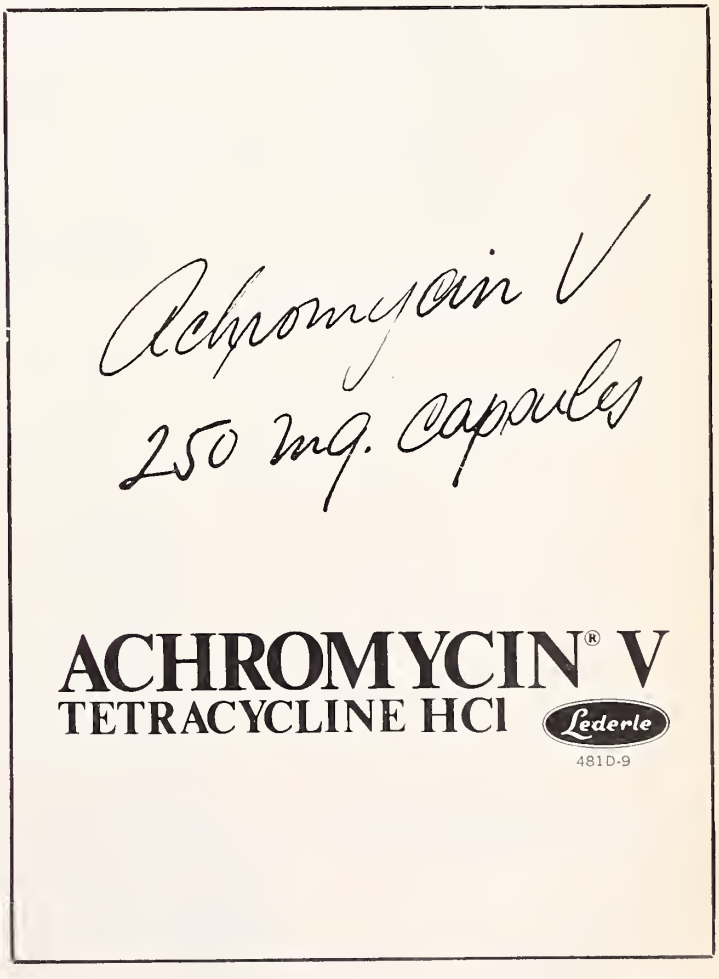
Better Homes and Gardens magazine discovered that there was a widespread discontent and anxiety among consumers in regard to the cost of medical care.

The BH&G Consumer Questionnaire last spring was reported in their June issue, and was followed in September by a feature "How to Deal with Your Biggest Health Costs."

Advice about the proper purchase of health insurance, joining the local blood bank, reviewing medical coverage periodically, discussing fees with the doctor, having as much work done in doctors' offices as possible, and shopping for the best drug prices were the principle subjects discussed.

Dr. Wohlfeld Honored

Dr. Julius B. Wohlfeld, Bedford, has been honored for achieving the goals set by White River Council, Boy Scouts of



Continued

America, during the past year. Dr. Wohlfeld is completing his second year as president of the 9-county Council.

Dr. Garst Elected

Dr. Garland R. Garst, Evansville, has been elected president of the First District, Indiana Academy of General Practice during a recent meeting of the organization. Other new officers are: **Drs. Robert F. Walter,** vice-president; **John Barrow, Dale,** secretary-treasurer; **Ray Nicholson**, delegate, and **William Wells, Princeton,** alternate. Drs. Walter and Nicholson are from Evansville.

Dr. Halfast Elected

Dr. Richard W. Halfast, Kokomo, has been elected president of the St. Joseph Memorial Hospital Medical Staff for 1968. Other officers are **Dr. Myrle E. Artis,** vice-president; **Dr. Thomas Scherschel,** secretary; **Dr. Donald J. Wagoner,** chief of medicine; **Dr. John H. Alward,** chief of surgery; and **Dr. John M. Moore,** chief of obstetrics.

Dr. McCarty Elected

Dr. Virgil McCarty, Princeton, has been elected chief of the Gibson General Hospital Medical Staff for the year 1968. Other physicians elected are **Drs. Orville M. Graves,** vice-president and **Raymond G. Geick,** secretary-treasurer.

Dr. Rudolph Elected

Dr. Rosser A. Rudolph, Geneva, was elected president of the Jay County Cancer Society for 1968 at a recent meeting held in the Jay County Hospital.

Dr. Walton Presents Program

Dr. R. Lee Walton, Marion, conducted a discussion on "Parent to Child", at a recent meeting of the Riverview School PTA. The discussion dealt with sex education.

Dr. Westerman is Speaker

Dr. Richard L. Westerman, associate director of medical research at Mead Johnson and Co., Evansville, discussed "Project HOPE in Columbia" at the recent World Affairs Forum sponsored by the Evansville Teacher's Association, the Association for Childhood Education and the Evansville Business and Professional Women.

Dr. Fisher Speaks

Dr. Gerald E. Fisher, Lebanon physician who has served as a medical missionary in Central Africa, shared some of his experiences with Lebanon Kiwanians at a recent meeting.

Dr. Meyer Appointed

Dr. Hans Meyer, Westville, has been appointed assistant superintendent-medical of Beatty Hospital. The appointment was announced by **Dr. Theodore A. Hill,** superintendent of the 2,100 bed state psychiatric hospital.

Continued

HARDING HOSPITAL, Inc.

(A Fully Accredited Private Psychiatric Hospital)
WORTHINGTON
OHIO

For the Diagnosis and Treatment of Psychiatric Disorders

and with

Limited Facilities for the Aging

GEORGE T. HARDING, M.D.
Medical Director

D. L. HANSON
Administrator

Phone: Columbus 614-885-5381



heavenly relief
for unearthly cough

Benylin®
EXPECTORANT

Each fluidounce contains: 80 mg. Benadryl® (diphenhydramine hydrochloride, Parke-Davis); 12 grains ammonium chloride; 5 grains sodium citrate; 2 grains chloroform; 1/10 grain menthol; and 5% alcohol.

An antitussive and expectorant for control of coughs due to colds or of allergic origin, BENYLIN EXPECTORANT is the leading cough preparation of its kind.

BENYLIN EXPECTORANT tends to inhibit cough reflex... soothes irritated throat membranes. And its not-too-sweet, pleasant raspberry flavor makes BENYLIN EXPECTORANT easy to take.

PRECAUTIONS: Persons who have become drowsy on this or other antihistamine-containing drugs, or whose tolerance is not known, should not drive vehicles or engage in other activities requiring keen response while using this preparation. Hypnotics, sedatives, or tranquilizers if used with BENYLIN EXPECTORANT should be prescribed with caution because of possible additive effect. Diphenhydramine has an atropine-like action which should be considered when prescribing BENYLIN EXPECTORANT.

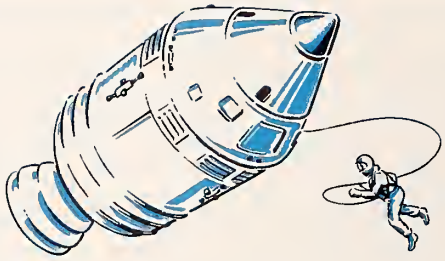
ADVERSE REACTIONS: Side reactions may affect the nervous, gastrointestinal, and cardiovascular systems. Drowsiness, dizziness, dryness of the mouth, nausea, nervousness, palpitation, and blurring of vision have been reported. Allergic reactions may occur.

PACKAGING: Bottles of 4 oz., 16 oz., and 1 gal.

Parke, Davis & Company
Detroit, Michigan 48232

PARKE-DAVIS

410R69



Man in space, now fait accompli, re-emphasizes the importance of Uro-Phosphate therapy. Research into the effect of space travel on the astronaut reveals that weightlessness causes loss of bone calcium. As the bones are required to bear less and less of the weight of the body they lose calcium, increasing the calcium content of the urine. When physical activity is reduced, the acidity of the urine should be adjusted to keep increased calcium in solution a prophylaxis to prevent kidney or bladder calculi.

Uro-Phosphate®

NOW A SUGAR-COATED TABLET

Each tablet contains: METHENAMINE, 300 mg.; SODIUM ACID PHOSPHATE, 500 mg.

Uro-Phosphate gives comfort and protection when inactivity causes discomfort in the urinary function. It keeps calcium in solution, preventing calculi; it maintains clear, acid, sterile urine; it encourages complete voiding and lessens frequency when residual urine is present.

Uro-Phosphate contains sodium acid phosphate, a natural urinary acidifier. This component is fortified with methenamine which is inert until it reaches the acid urinary bladder. In this environment it releases a mild antiseptic keeping the urine sterile.

Uro-Phosphate is safe for continuous use. There are no contra-indications other than acidosis. It can be given in sufficient amount to keep the urine clear, acid and sterile. A heavy sugar coating protects its potency.

Dosage:

For protection of the inactive patient 1 or 2 tablets every 4 to 6 hours is usually sufficient to keep the urine clear, acid and sterile.

2 tablets on retiring will keep residual urine acid and sterile, contributing to comfort and rest.

A clinical supply will be sent to physicians and hospitals on request.

WILLIAM P. POYTHRESS & COMPANY, INC., RICHMOND, VIRGINIA 23217

Manufacturers of Ethical Pharmaceuticals



"The inconvenience of a cold"

a cold, NTz® Nasal Spray provides rapid relief of al symptoms. Relief starts with the first spray which ns the inferior part of the common meatus. A second y, a few minutes later, will shrink the turbinates to provide sinus drainage and ventilation. Dosage be repeated every three or four hours as needed, emporary relief of symptoms. NTz is well tolerated overdosage should be avoided.

sinusitis deterrent, NTz Nasal Spray can be used to the nasal passages open during a cold to help pre- development of acute sinusitis—or to help prevent acute condition from becoming chronic.

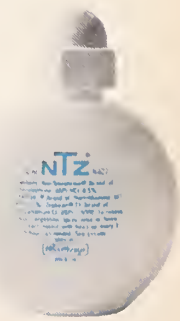
plied: NTz Nasal Spray, plastic squeeze bottles of nl.; NTz Nasal Solution, bottles of 30 ml. (1 fl. oz.) dropper.

NTz is more than a simple vasoconstrictor. It contains

Neo-Synephrine® (brand of phenylephrine) HCl 0.5 per cent, the major component, virtually synonymous with fast, efficient but gentle nasal vasoconstriction.

Thenfadil® (brand of thenyldiamine) HCl 0.1 per cent, topical antihistamine for reduction of rhinorrhea, sneezing or itching. It combats the allergic reactions that may occur in colds or sinusitis.

Zephiran® (brand of benzalkonium, as chloride, refined) 1:5000, antiseptic preservative and wetting agent to promote penetration and spread of the formula.



Winthrop Laboratories, New York, N.Y. 10016 Winthrop



THE BETTMAN ARCHIVE

Just one tablet at bedtime • Prevents painful night leg cramps • Permits restful sleep

How many of your patients stamp their feet at night and lose sleep because of painful leg cramps? Unless prompted, they usually fail to report this distressing condition and suffer needlessly.

One tablet of QUINAMM at bedtime usually controls distressing night cramps and permits restful sleep with the initial dose.

Prescribing information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. Side **Effects/Precautions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

ANTISECRETORY SEDATIVE

Antrocol®

Antrocol provides the prompt, predictable antisecretory action of the belladonna alkaloid, atropine, fortified with sedation and blended with Bensulfoid, contributing to slow, even absorption.

Each Antrocol tablet or capsule contains 0.324 mg. of atropine sulfate, which is twenty-four thousandths of a milligram more than the smallest effective dose specified in U.S.P., Vol. 17. This slight increase in the smallest effective dose of the antisecretory factor (atropine) is all the average patient can tolerate without discomfort.

One Antrocol tablet or capsule taken three times daily lessens emotional stress and maintains a gastric function that is not conducive to the development of peptic ulcer.

Antrocol is also useful in the treatment of peptic ulcer. Dosage up to 8 tablets or capsules per day to obtain the desired antisecretory titer. When ulcer has healed, one Antrocol tablet or capsule morning and evening gives protection against recurrence.

Each tablet or capsule contains:

Atropine Sulfate	0.324 mg.
Phenobarbital (may be habit forming)	16 mg.
Bensulfoid, see white section P.D.R.	65 mg.

Side-effects: Toxic levels of atropine may produce flushing, dry mouth, blurred vision, tachycardia, or urinary retention. Precautions: Do not use in glaucoma. Use cautiously in prostatic hypertrophy.

Federal law prohibits dispensing without prescription.

WILLIAM P. POYTHRESS & CO., INC.
RICHMOND, VIRGINIA 23217
Manufacturers of ethical pharmaceuticals since 1856

Antrocol®
ANTISECRETORY SEDATIVE

NEWS NOTES

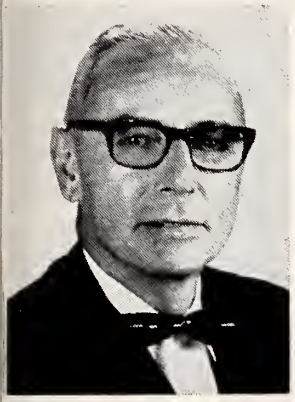
Continued

Dr. Schiller Honored

Dr. Herbert A. Schiller, South Bend, was recently awarded one of the 1968 Brotherhood Awards of the South Bend-Mishawaka Chapter of the National Conference of Christians and Jews.

American United Life Insurance Announces Promotions of Physicians

American United Life Insurance announces the promotions of two veteran medical men in the company's Indianapolis home office.



Dr. John S. Pearson was named vice president, insurance. He is succeeded as medical director by **Dr. John C. Baker.** Both men are members of the Indiana State Medical Association, Marion County Medical Society and the American Medical Association.

The insurance division in which Dr. Pearson is associated covers the following operations: actuarial, underwriting, medical, policy issue and reissue.

Dr. Pearson received his M.D. degree from the University of Virginia in 1939. Following specialty training in internal medicine and cardiology, he practiced medicine in Huntington, West Virginia, until 1951. Dr. Pearson has been American United Life's medical director since 1954. He was organizer and first chairman of the Midwestern Medical Directors Association in 1955.



Dr. Baker joined American United Life in 1964 as assistant medical director following 12 years in general practice at the Sutherland (Neb.) Clinic. He has been A.U.L.'s associate medical director since January, 1967.

Born in Mitchell, Nebraska, Dr. Baker received his B.S. degree in 1948 and his M.D. degree in 1951 from the University of Nebraska. He was a director of the Nebraska State Chamber of Commerce and was a member at large of the executive committee of the Nebraska Republican State Central Committee.

Dr. Deppe Named

Dr. Charles F. Deppe, Franklin, has been named to the Franklin Park and Recreation Board.

Dr. Simmons is Speaker

Dr. James E. Simmons, Indianapolis, recently spoke during an Education Workshop on Mental Health at Sullivan High School on the topic "Services For Mentally Ill Children."

PMA Announces $187,949 In Research Grants Awarded

The Pharmaceutical Manufacturers Association Foundation announces research grants totaling $187,949 to six universities and scientific organizations.

The projects include a book on drug metabolism, investigation of relationship between drugs and chromosome damage, a study of drugs as a cause of kernicterus, and research on the effects of drugs on a developing organism. There is also a grant for a number of studies in clinical pharmacology and the underwriting of a brochure on pharmacology as a career. The Foundation since its organization in 1965, has awarded a total of $1.8 million for research purposes.

Dr. Moore Takes Post

Dr. Thomas C. Moore, Muncie, has been appointed professor of surgery at the University of California's School of Medicine, Los Angeles. He will be based at Harbor General Hospital and will head one of three surgical services, his own in organ transplantation and pediatric surgery.

Dr. Pierce Speaks

"You Are A Potential Heart Transplant Patient" was the subject of a talk given to Kiwanis club members at a recent meeting by **Dr. William J. Pierce, Bruceville,** director of the Daviess County Hospital laboratories.

Dr. Musselman Gives Talk

Dr. Lawrence K. Musselman, Marion, was the guest speaker and talked on the topic "Visiting Nurse Association" at a recent meeting of District 17 of the Indiana State Nurses Association in Marion.

Continued

NEW PROSTHETIC METHODS OPEN NEW DOORS

New doors have been opened to amputees— thanks to new prosthetic techniques. During the past few years many recent prosthetic developments now offer improved function for the amputee, as well as better appearance and increased comfort.

SILASTIC SILICONE MATERIAL - Silastic is useful in forming distal-bearing or total-contact pads that apply form-fitted pressure on the distal end of stumps. The density of this material may be varied to suit the individual requirements of each amputee.

TOTAL CONTACT SOCKET - Developed by research, this new socket distributes weight bearing over the entire stump. It is particularly helpful in problem cases of poor circulation.

MOLDED SACH FOOT - This Solid-Ankle, Cushion-Heel foot is more durable and its one-piece construction is more pleasing in appearance.

BAN-LON STOCKINETTE - This finer type stockinette when impregnated with plastic provides a more natural finish.

MUENSTER FITTING - Better control with less harness is achieved in this new method of fitting very short—below elbow stumps. The unusual socket shape utilized provides a more intimate fit assuring a more functional prosthesis.

For information on these developments, please write to:

Hanger PROSTHESIS

1332 N. Illinois St., Indianapolis, Indiana 46202
3108 Burnet Avenue, Cincinnati, Ohio 45229
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46207

Dr. Powell is Speaker

Dr. J. Paxton Powell, Marion, discussed "Surgery of the Colon" at the recent meeting of the Grant County Registered Nurses Society held at Marion General Hospital.

Physicians Speak

Drs. Roger C. Smith and Joe G. Jontz, Fort Wayne, discussed "The Coronary Care Unit" at a recent meeting of the Fort Wayne Academy of Medicine and Surgery.

Dr. Goebel Named

Dr. Carl W. Goebel, Fort Wayne pediatrician, has been selected to evaluate the medical aspects of the Head Start programs in that area by the American Academy of Pediatrics.

Dr. Eades is Speaker

Dr. R. Charles Eades, psychiatrist and clinic director of the Northern Indiana Children's Hospital, South Bend, spoke on "Normal Emotional Problems" at a recent dinner meeting of the Catholic Social Service.

Dr. Thomas Installed

Dr. Charles R. Thomas, Indianapolis, was recently installed as a Fellow of the American College of Obstetricians and Gynecologists at the group's annual meeting in Chicago.

Dr. Rohn Gives Address

Dr. Robert Rohn, professor at Indiana University School of Medicine, Indianapolis, discussed "Current Trends in the Treatment of Malignancies of the Reticuloendothelial System" at a recent Allen County Cancer Society "Institute on Cancer for Nurses."

Dr. Hartsough Returns From Mission Work

Dr. Ralph I. Hartsough, Lakeville physician, recently spent two weeks in a mission project of the Methodist Church in British Honduras, Central America. He was one of 11 area men who assisted in the building of a Methodist Church and school in Corozal Town.

Dr. Nurnberger is Speaker

Dr. John I. Nurnberger, Indianapolis, chairman of the Department of Psychiatry, Indiana University School of Medicine, spoke on "All That Hurts Isn't Clinical" at the recent fifth annual conference of college campus mental health units at Marian College, Indianapolis.

Dr. Hargett is Speaker

Dr. Herbert P. Hargett, Jeffersonville, was guest speaker at the recent meeting of the Jeffersonville Pilot Club. He spoke on the topic "Save Your Vision."

Dr. Mentzer Named

Dr. William G. Mentzer, Lafayette, has been installed as a Fellow of the American College of Obstetricians and Gynecologists.

Dr. Fisher Gives Talk

Dr. Pierre J. Fisher, Marion, discussed "New Advances in Medicine For The Space Age" at a recent meeting of the Marion Lions Club.

Dr. Davis On Panel

Dr. Joseph B. Davis, chief of the department of surgery, Davis Clinic, Marion, recently participated in a panel discussion at the Second National Congress on the Socio-Economics of Health Care in Chicago.

Dr. Porter is Speaker

Dr. George S. Porter, Richmond, recently spoke for the meeting of Wayne-Union Medical Assistants.

Drs. Frey, Erickson Selected

Drs. William B. Frey and Gustaf W. Erickson, South Bend, are among 525 consultants selected by the American Academy of Pediatrics to evaluate the medical aspects of their local Head Start programs.

New 8-page Booklet, "The Medicines Your Doctor Prescribes," Issued

A new 8-page booklet entitled "The Medicines Your Doctor Prescribes" has been issued by the Pharmaceutical Manufacturers Association for the information of consumers.

It discusses the relationship of the doctor and pharmacist to the patient and talks about generic and brand name drugs. It also offers many practical tips to insure the safe and effective use of prescription drugs.

Copies are available from the Association. Write to PMA, 1155 Fifteenth St., N.W., Washington, D.C. 20005.

Dr. Shumacker Speaks

Dr. Harris B Shumacker, Jr., former chairman of the department of surgery at the I.U. School of Medicine, spoke recently at Founders Day ceremonies for a new school of medicine at Brown University, Providence, R.I.

Dr. Tondra is Speaker

Dr. John M. Tondra, professor of plastic surgery at the I.U. Medical Center, spoke on Radio Station WSMJ-FM recently on advances in plastic surgery.

Little Red Door of Marion County Cancer Society Announces Two $5,000 Grants

The Little Red Door of the Marion County Cancer Society announces two grants of $5,000 each. One will go to Morris Pollard, Ph.D. for a predoctoral fellowship for cancer research in the Lobund Laboratory of Notre Dame University. The other is to the Planned Parenthood Association, Indianapolis, to help provide for Papanicolaou tests.

Six other grants, previously announced, total $33,958 for support of basic and clinical cancer research at Indiana University Medical Center.

Dr. Loh Appointed

Dr. Wei-Ping Loh, chief pathologist for the Lake County Coroner's Office and Methodist Hospital, Gary, was recently appointed to the editorial board of the College of American Pathologists. ◄

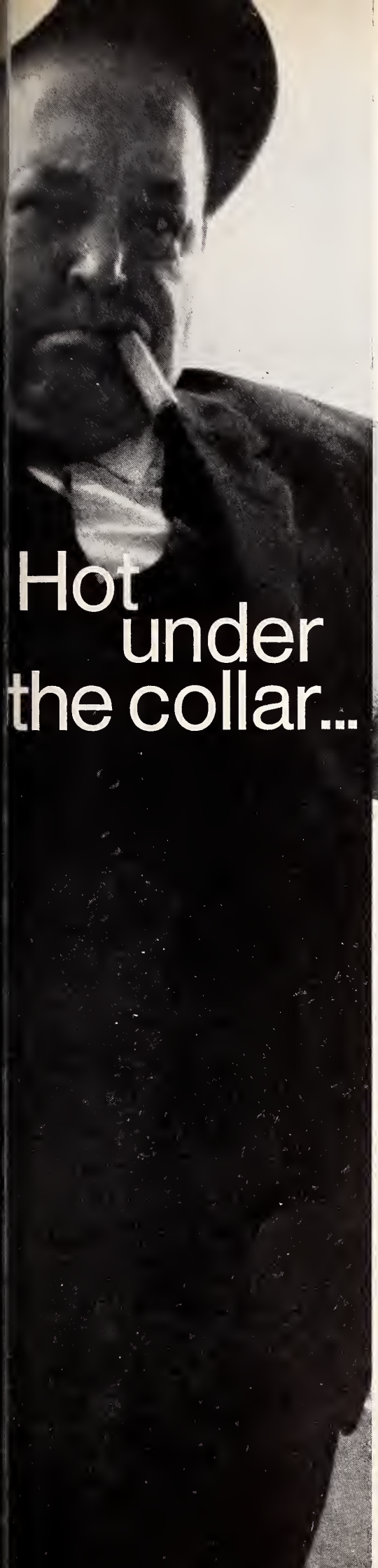
INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—January, 1969

Disease	Jan. 1969	Dec. 1968	Nov. 1968	Jan. 1968	Jan. 1967
Animal Bites	236	350	666	253	351
Chickenpox	685	775	461	476	442
Conjunctivitis	96	77	94	37	68
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	15	58	14	62	70
Gonorrhea	484	466	634	391	336
Impetigo	99	102	197	64	90
Infectious Hepatitis	22	45	60	11	28
Infectious Mononucleosis	61	64	106	57	52
Influenza	38177	57136	1232	9943	654
Measles					
Rubeola	31	33	16	88	96
Rubella	68	79	59	20	38
Meningitis, Meningococcal	7	4	4	4	3
Meningitis, Other	3	7	6	3	2
Mumps	235	364	185	416	431
Pertussis (whooping cough)	6	6	13	8	14
Pneumonia	754	553	311	246	237
Poliomyelitis	0	1	1	0	0
Streptococcal Infections	725	642	551	675	596
Syphilis					
Primary & Secondary	30	21	34	19	5
All Other Syphilis	89	78	169	50	60
Tinea Capitis	26	14	6	12	10
Tuberculosis (Active)	61	89	80	40	81







Hot under the collar...

high under the cuff.

Sometimes
he forgets he has hypertension, gets hot under the collar. . . high under the cuff.

For such patients, consider **Regroton®**

chlorthalidone	50 mg.
reserpine U.S.P.	0.25 mg.

To lower blood pressure
and allay anxiety in hypertension.

For brief summary of prescribing information, see next page.

RE-6392

Regroton®

Geigy

chlorthalidone 50 mg.
reserpine U.S.P. 0.25 mg.

the once-a-day tablet for anxious hypertensives

Regroton is a combination of two basic antihypertensives designed to lower blood pressure and allay anxiety in hypertension. With Regroton he can keep his shirt on and you can keep his blood pressure down.

Before prescribing, please review carefully the indications, contraindications, warning, precautions, adverse reactions and dosage information below.

Regroton®
Each tablet contains:
chlorthalidone 50 mg.
reserpine U.S.P. 0.25 mg.

Indications: Hypertension.
Contraindications: History of mental depression, hypersensitivity, and most cases of severe renal or hepatic diseases.
Warning: With the administration of enteric-coated potassium supplements, which should be used only when adequate dietary supplementation is not practical, the possibility of small-bowel lesions (obstruction, hemorrhage, and perforation) should be kept in mind. Surgery for these lesions has frequently been required and deaths have occurred. Discontinue coated potassium-containing formulations immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Discontinue one week before electroshock therapy, and if depression or peptic ulcer occurs.
Use in pregnancy: Because chlorthalidone may cross the placental barrier and appear in cord blood and thiazides may appear in breast milk, this drug should be used with care in pregnant patients and nursing mothers. When used in women of childbearing age, the potential benefits of the drug should be weighed against the possible hazards to the fetus. Use of chlorthalidone may result in fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers.
Precautions: Antihypertensive therapy with this drug should always be initiated cautiously in postsympathectomy patients and in patients receiving ganglionic blocking agents, other potent antihypertensive drugs, or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half. To avoid hypotension during surgery, discontinue therapy with this agent two weeks prior to elective surgical procedures. In emergency surgery, use, if needed, anticholinergic or adrenergic drugs or other supportive measures as indicated. Because of the possibility of progression of renal damage, periodic kidney function tests are indicated. Discontinue if the BUN rises or liver dysfunction is aggravated. Hepatic coma may be precipitated. Electrolyte imbalance, sodium and/or potassium depletion may occur. If potassium depletion should occur during therapy, the drug should be discontinued and potassium supplements given, provided the patient does not have marked oliguria.
Take particular care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Severe salt restriction is not recommended. Use cautiously in patients with ulcerative colitis or gallstones (biliary colic may be precipitated). Bronchial asthma may occur in susceptible patients.
Adverse Reactions: The drug is generally well tolerated. The most frequent side effects are nausea, gastric irritation, vomiting, diarrhea, constipation, muscle cramps, headache, dizziness and acute gout. Other potential side effects include angina pectoris, anxiety, depression, bradycardia and ectopic cardiac rhythms (especially when used with digitalis), drowsiness, dull sensorium, hyperglycemia and glycosuria, hyperuricemia, lassitude, restlessness, transient myopia, impotence or dysuria, orthostatic hypotension which may be potentiated when chlorthalidone is combined with alcohol, barbiturates or narcotics, leukopenia, aplastic anemia, skin rashes, thrombocytopenia, agranulocytosis, nasal stuffiness, increased gastric secretions, nightmare, purpura, urticaria, ecchymosis, weakness, uveitis, optic atrophy and glaucoma, and pruritus. Eruptions and/or flushing of the skin, a reversible paralysis agitans-like syndrome, blurred vision, conjunctival injection, increased susceptibility to colds, dyspnea, weight gain, decreased libido, dryness of the mouth, deafness, anorexia, and pancreatitis when epigastric pain or unexplained G.I. symptoms develop after prolonged administration. Jaundice, xanthopsia, paresthesia, photosensitization and necrotizing angiitis are possible.
Average Dosage: One tablet daily with breakfast.
Availability: Pink, single-scored tablets in bottles of 100 and 1000.
(B)46-600-C
For details, please see complete prescribing information.

Geigy Pharmaceuticals
Division of
Geigy Chemical Corporation
Ardsley, New York 10502

RE-6392

FUTURE MEETINGS, SEMINARS, COURSES

21st Annual Scientific Session of Indiana Academy of General Practice

The 21st Annual Scientific Session of the Indiana Academy of General Practice is scheduled for April 15-17 in Evansville. The program is acceptable for 10½ prescribed hours by the American Academy of General Practice.

Topics of discussion for the second day of the three-day session include: "Office Diagnosis of Operable Acquired Heart Disease"; "Recent Aspects in the Treatment of Coronary Insufficiency"; "Diagnosis and Treatment of Pulmonary Embolism and Infarction"; "Gastrointestinal Causes of Anemia"; "Selected Problems in the Diagnosis of the Acute Abdomen" and "Management of the Complications of Diverticulitis."

The final day of the meeting will be devoted to discussions on the following topics: "Failure to Thrive in Infants"; "Inflammatory Bowel Disease in Children"; "Gastrointestinal Bleeding in Children"; "Practical Advances in Rheumatology"; "Reporting Adverse Reactions"; "The Treatment of Parkinsonism" and "Medicine and Politics."

Further information may be obtained from: Indiana Academy of General Practice, Riley Center—Tower 3, 700 N. Alabama St., Indianapolis 46204.

Symposium on Rheumatic Disease Listed by Cleveland Clinic Foundation

A Symposium on Rheumatic Disease will be conducted at the Cleveland Clinic Educational Foundation on April 16 and 17.

Further information and programs may be obtained by writing to the Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106.

University of Kentucky College of Medicine Continuing Education Courses

The College of Medicine of the University of Kentucky at Louisville has listed the following Continuing Education Courses of interest to Indiana physicians. They are:

March 26-28	"Some Neglected Aspects of Infection in Children," Dr. Warren Wheeler.
March 28-29	"Neoplastic Disease of the Urinary Tract," Dr. Kenneth Walton.
April 18-19	"Practical Exercises in Neurology, Neurosurgery and Neuro-ophthalmology," Dr. Horace Norrell.
April 25-26	"A Seminar on Laboratory Management," Dr. John Koepke.
April 29-May 5	"Current Concepts in Bone and Joint Disease," Dr. Harold Rosenbaum.
May 2-3	"Cytopathology of Uterine Cancer with Clinical and Histological Correlation," Dr. Duane Tweeddale.
May 13-15	"Pneumoconioses," Dr. Richard O'Neill.
May 28-29	"Perinatal Symposium," Dr. Robert Beargie.

University of Colorado Offers Three Postgraduate Courses

The University of Colorado will conduct three postgraduate courses in April. The first, on April 14-17, will be on Obstetrics and Gynecology; Management and Care of Respiratory Insufficiency will be offered April 7-9 and the third course, April 24-26, will concern Clinical Dermatology.

The program will be presented by both the Colorado faculty and guest speakers. Registration and tuition fees and further information on the course may be obtained by writing Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220.

University of Chicago Course On Rheumatoid Arthritis Offered

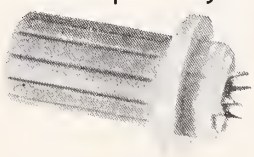
A postgraduate course on "Pathogenesis, Diagnosis and Treatment of Rheumatoid Arthritis" is being offered by the University of Chicago Hospitals and Clinics on April 9.

If you would like additional information, write: Frontiers of Medicine, The University of Chicago, 950 E. 59th St., Chicago 60637.

Continued



In 1967 almost 45,000 new active cases were reported. Isn't that a good reason to make tuberculin testing with the white LEDERTINE™ Applicator a routine part of your physical examinations?



TUBERCULIN TINE TEST
(Rosenthal) with Old Tuberculin

Precautions: With a positive reaction, consider further diagnostic procedures. Use with caution in persons with active tuberculosis or known allergy to acacia. Vesiculation, ulceration, or necrosis may occur at the test site in highly sensitive persons.

Lederle LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, N.Y.
472-9

AMA Conference on International Health May 22-23

The AMA Conference on International Health will meet on May 22 and 23 at the LaSalle Hotel in Chicago. Dean Rusk, presently a Distinguished Fellow of the Rockefeller Foundation, will address the May 22 luncheon.

Write Dr. Virgil T. DeVault, 535 N. Dearborn, Chicago 60610 for further details.

AMA Congress on Environmental Health Set for April 28-29 in Chicago

The AMA Congress on Environmental Health will meet at the Drake Hotel, Chicago on April 28 and 29. The subject this year will be "Noise." All aspects of noise and its effect on humans will be covered.

Inquiries should be addressed to the AMA Department of Environmental Health, 535 N. Dearborn, Chicago 60610.

26th Annual Meeting of the American Psychosomatic Society

The 26th Annual Meeting of the American Psychosomatic Society will be held at the Netherland Hilton in Cincinnati on Friday, Saturday, and Sunday, March 28-30.

The meeting will open on Friday afternoon at 2:00 and will conclude Sunday at 12:30 p.m. There will be four General Sessions: —Friday afternoon, Saturday morning, and afternoon, and Sunday morning. Three concurrent workshops will be held on Friday evening beginning at 8:00, on the following topics: (1) Clarification of Psychosomatic Relationships Through Subdivision of Disease Categories; (2) Psychiatry in the Changing Undergraduate Curriculum; (3) Contribution of Sleep Research to our Understanding of Certain Clinical Disease Syndromes.

Course in Research Instrumentation Listed for July 19-August 9 in New York

A three-week course in Research Instrumentation will be conducted at Polytechnic Institute of Brooklyn from July 19 to August 9.

The course is open to medical research workers as well as industrial and academic scientists. A basic understanding of college physics is the only prerequisite. The tuition is $500 which covers laboratory fees, textbooks and special notes.

Apply before April 1 by addressing Prof. Kenneth Jolls, 333 Jay St., Brooklyn, New York 11201.

University of Kentucky Symposium on Concepts in Bone and Joint Disease

The Department of Radiology, in cooperation with the Departments of Orthopedics and Pathology of the University of Kentucky Medical Center, is presenting a symposium on "Current Concepts in Bone and Joint Disease," from April 29th — May 2nd, just before the Kentucky Derby.

A distinguished visiting faculty and staff members of the college of medicine will participate in this symposium. The subject matter will include the arthritides, trauma and chondrodysplasias, among others. One day will be devoted to a panel discussion by radiologists and pathologists on the nuances of a variety of proven cases. New or controversial material will be emphasized.

63-Day Educational Cruise Leaving United States in December

James L. McCartney, M.D. is now organizing the ninth edu cational cruise for TIPS (Trans-International Psychosomati Seminars) to go to the South Pacific.

Scientific discussions will be held for 63 days aboard the S President Cleveland sailing from San Francisco, December 2(1969, and then ashore at Los Angeles, Honolulu, Papeete, Pag Pago, Suva, Auckland, Sydney, Port Moresby, Bali, Singapor Hong Kong, Manila, and Guam. This ship is fully air conditione stabilized, and has a passenger capacity of 682.

Those interested should contact Dr. J. L. McCartney, Directo of TIPS, Box 1309, Westhampton Beach, N.Y. 11978.

Nationwide Seminar on Unit Packaging of Drugs Announced

The American Society of Hospital Pharmacists, the Packagin Institute and the Food and Drug Administration are cooperatin for the production of a nationwide seminar on unit packagin of drugs.

The meeting will be in Washington, D.C. at the Sheraton-Par Hotel on March 27 and 28. Safety, accuracy and economy of th method will be discussed; methods and materials will be d scribed and the FDA will present proposed regulations for study

Prevention of Blindness Society Annual Conference Set for May 14-16

The National Society for the Prevention of Blindness wil conduct its Annual Conference on May 14 to 16 at the Pfiste Hotel in Milwaukee.

Papers, panel discussions and seminars will deal with th latest developments. Community action programs and programs fo industrial and school eye safety will be discussed.

University of Cincinnati Lists Postgraduate Course in Pediatrics

The Department of Pediatrics of the University of Cincinnat will give a postgraduate course in Pediatrics on May 8, 9, and 10. The topics covered by this course are viral chemotherapy and vaccines, genitourinary tract disorders, renal transplantation antibiotic therapy, and problems of the newborn.

Registration will be limited. The registration fee is $50. Address all inquiries to Dr. George Benzing III, Children's Hospital Cincinnati, Ohio 45229.

13th Annual Postgraduate Course In Trauma Will be in Chicago April 16-19

The 13th Annual Postgraduate Course in Trauma will be conducted by the Chicago Committee on Trauma of the American College of Surgeons at the John B. Murphy Memorial Auditorium, Chicago, on April 16 to 19 inclusive.

Registration fee is $90.00. Residents and interns are admitted free with letter of authorization. The program is acceptable for 26 elective hours by the American Academy of General Practice.

Write Dr. James P. Ahstrom, Jr., 55 E. Erie St., Chicago 60611 for further information.

American Academy of Physical Medicine and Rehabilitation Meeting

The American Academy of Physical Medicine and Rehabilitation will hold its 31st annual session on April 24 to 26 at the Sheraton-Chicago Hotel. For copy of the program and full particulars write the Academy at 30 N. Michigan St., Chicago 60602.

Freedman Lectures in Diagnostic Radiology Set

The Freedman Lectures in Diagnostic Radiology will be presented at the University of Cincinnati College of Medicine on April 26 and 27.

Dr. Manuel Viamonte, Director of Radiology, Mt. Sinai Hospital, Miami Beach, Florida will be the lecturer. Radiologists who wish to attend should write Dr. Benjamin Felson, Cincinnati General Hospital, Cincinnati 45229.

Spring Conference on Prevention And Management of Sports Injuries

The Fourth Annual Spring Conference on the Prevention and Management of Sports Injuries will be held on March 26 and 27 at the Wisconsin Center, Madison.

One morning will be spent on taping and bandaging with demonstrations and participation. Team physicians will discuss dermatological and orthopedic conditions. Write Dr. Thomas C. Meyer, Chairman Postgraduate Medicine, 307 N. Charter St., Madison, Wisconsin 53706.

Annual Indiana Multidisciplinary Child Care Conference Offered

The Fourth Annual Indiana Multidisciplinary Child Care Conference sponsored by the Indiana University Department of Pediatrics will be held at Stouffer's Inn in Indianapolis on May 14 and 15.

Speakers and their subjects are Drs. Charles F. Abildgaard, Professor, Department of Pediatrics, University of California, Davis, California— (1) Disorders of Hemostasis: Clinical and Laboratory Diagnosis and (2) Treatment of Hemophilia; Robert M. Blizzard, Department of Pediatrics, The Johns Hopkins Hospital, Baltimore, Maryland—Variations of Adolescent Growth and Development; Laurence Finberg, Chief, Pediatric Division, Albert Einstein College of Medicine, Bronx, New York— (1) Management of Diarrheal Diseases in Infancy and (2) Biochemical and Physiologic Basis of Management of Common Poisonings Encountered in Infants and Children; Eli Gold, Cleveland Metropolitan General Hospital, Cleveland, Ohio—Pediatric Infectious Diseases; Robert J. Gorlin, D.D.S., M.S., Professor and Chairman, Division of Oral Pathology, University of Minnesota, School of Dentistry, Minneapolis, Minnesota—Syndromes of the Head and Neck; John M. Opitz, Department of Genetics, The University of Wisconsin, Madison, Wisconsin— (1) Mental Retardation and the Concept of the "High Risk Infant" and (2) Defects of Sex Determination and Sex Differentiation; Roderic Phibbs, Department of Pediatrics, University of California, San Francisco Medical Center, San Francisco, California,—Neonatology; John B. Reinhart, Director, Psychiatric Clinic, Children's Hospital of Pittsburgh, Pittsburgh, Pennsylvania—The Psychotherapeutic Role of the Pediatrician. Dr. William G. Crook, The Children's Clinic, Jackson, Tennessee will be the banquet speaker.

For additional information write: Dr. Morris Green, Department of Pediatrics, Indiana University Medical Center, 1100 W. Michigan St., Indianapolis, Indiana 46202.

Postgraduate Course in Laryngology, Bronchoesophagology

The Department of Otolaryngology of the Illinois Eye and Ear Infirmary and the College of Medicine of the University of Illinois at the Medical Center, will conduct a postgraduate course in Laryngology and Bronchoesophagology from April 14 through April 25. This course is limited to 15 physicians and will be under the direction of Paul H. Holinger, M.D. It will be held largely at the new Illinois Eye and Ear Infirmary, 1855 West Taylor Street, Chicago, and will include visits to a number of Chicago hospitals. Instruction will be provided by means of animal demonstrations and practice in bronchoscopy and esophagoscopy, diagnostic and surgical clinics, as well as didactic lectures.

Interested registrants please write directly to the Department of Otolaryngology, College of Medicine, University of Illinois at the Medical Center, Postoffice Box#6998, Chicago, Illinois 60680.

Symposium on Rheumatic Diseases To be April 10 at Louisville

The Fifth Annual Rheumatic Disease Symposium, jointly sponsored by the University of Louisville School of Medicine and the Kentucky Chapter of the Arthritis Foundation, will be held on Thursday, April 10.

The full day conference will have as its theme, "What's New" in Rheumatic Diseases. The meeting will be held in the Rankin Amphitheater, Louisville General Hospital, University of Louisville Medical Center.

The conference will emphasize specific topics of current interest including recent advances in diagnosis and treatment of rheumatoid arthritis in both the adult and child, osteoarthritis, crystal induced synovitis, special forms of periodic arthritis and new surgical approaches to arthritis. Panel discussions with audience participation will be encouraged.

There is no registration fee. Further information and a program are available through Symposium Program Committee, Kentucky Arthritis Foundation, 209 Speed Building, Louisville, Kentucky 40202. ◄



Drive Defensively.

Published to save lives in cooperation with
The Advertising Council and The National Safety Council.

ADVERTISING COUNCIL
GREEN CROSS FOR SAFETY
NATIONAL SAFETY COUNCIL

So he'll breathe easier:

relieve anxiety while you relieve pain.

Relief of pain is usually a major goal in traumatic conditions. But often of importance, too, is alleviation of anxiety and tension that may heighten patient discomfort.

Single-prescription, non-narcotic Equagesic may effectively relieve pain. *And* ease anxiety and tension.

TABLETS

Equagesic®

(meprobamate and ethoheptazine citrate with aspirin)

Wyeth

IN BRIEF.

Contraindications: History of sensitivity or severe intolerance to aspirin, meprobamate or ethoheptazine citrate.

Warnings: USE IN PREGNANCY: Safety for use during pregnancy or lactation has not been established; therefore, it should be used in pregnant patients or women of child-bearing age only when the physician judges its use essential to the patient's welfare.

Precautions: Keep out of reach of children. Not recommended for patients 12 years old or less. Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves. Excessive prolonged use of meprobamate in susceptible persons—as alcoholics, ex-addicts, severe psychoneurotics—has resulted in dependence or habituation. Withdraw gradually after prolonged excessive dosage to avoid possibly severe withdrawal reactions including epileptiform seizures. Warn patients of possible reduced alcohol tolerance, with resultant slowed reactions and impaired judgment and coordination. If drowsiness, ataxia or visual disturbances (impairment of accommodation and visual acuity) occur, reduce dose. If symptoms persist, patients should not operate machinery or drive. After meprobamate overdose, prompt sleep, reduction of blood pressure, pulse and respiratory rates to basal levels, and hyperventilation are reported. Give cautiously and in small amounts to patients with suicidal tendencies. Treat attempted suicide (has resulted in coma, shock, vasomotor and respiratory collapse and anuria) with gastric lavage and appropriate symptomatic therapy (CNS stimulants and pressor amines as indicated). Two instances of accidental or intentional significant overdosage with ethoheptazine and aspirin have been reported. These were accompanied by CNS depression (drowsiness and lightheadedness) but resulted in uneventful recovery. On basis of pharmacologic data, CNS stimulation could be anticipated, with nausea, vomiting and salicylate intoxication (requires induced vomiting or gastric lavage, specific parenteral electrolyte therapy for ketoacidosis and dehydration, and observation for hypoprothrombinemic hemorrhage [usually requires whole blood transfusions]).

Adverse Reactions: Ethoheptazine and aspirin may cause nausea with or without vomiting and epigastric distress, in a small percentage of patients. Dizziness is rare at recommended dosage. Meprobamate may cause drowsiness, ataxia and rarely allergic or idiosyncratic reactions. These reactions, sometimes severe, can develop in patients receiving only 1 to 4 doses. Such patients may have had no previous contact with meprobamate and may or may not have an allergic history. Mild reactions are characterized by urticarial or erythematous maculopapular rash. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever have been reported. If allergic reaction occurs, discontinue meprobamate; do not reinstitute. Severe reactions, observed very rarely, include fever, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anaphylaxis, stomatitis and proctitis (1 case) and hyperthermia. These cases should be treated symptomatically including, when indicated, such medication as epinephrine, antihistamine and possibly hydrocortisone. A few cases of leukopenia, usually transient, have been reported on continuous use. Rarely, aplastic anemia (1 fatal case), thrombocytopenic purpura, agranulocytosis, and hemolytic anemia have been reported, almost always in presence of known toxic agents.

Overdosage: See precautions section for management of overdosage.

Composition: 150 mg. meprobamate, 75 mg. ethoheptazine citrate and 250 mg. aspirin per tablet.

Wyeth Laboratories Philadelphia, Pa.

Photo professionally posed.





County, District News

Officers of the various county medical societies for the year 1969 have been announced as follows:

Boone

James R. McAfee, Lebanon, president; Thornton Perkins, Lebanon, vice-president; Kathryn A. Jackson, Zionsville, secretary-treasurer.

Clark

Robert Witt, Jeffersonville, president; Hassi Shina, Charlestown, vice-president; Claude Meyer, Sellersburg, secretary-treasurer.

Clay

Stanley Froderman, Brazil, president; Everett Conrad, Brazil, vice-president; Forrest R. Buell, Clay City, secretary-treasurer.

Delaware-Blackford

Jack M. Walker, president; Robert Clark, vice-president; Richard Philbert, secretary and Robert Gibson, treasurer, all of Muncie.

Fulton

Wayne L. Knochel, Rochester, president; Charles L. Herrick, Akron, vice-president; F. Richard Walton, Rochester, secretary-treasurer.

Greene

Robert E. Moses, Worthington, president; Kenneth Broshears, Linton, vice-president; Harry Rotman, Jasonville, secretary-treasurer.

Jasper

F. E. O'Brien, Rensselaer, president; Ernest R. Beaver, Rensselaer, secretary-treasurer.

Jay

Ralph Steffy, Portland, president; Eugene Gillum, Portland, secretary-treasurer.

Johnson

Jack L. Walters, Franklin, president; Mac C. Roller, Franklin, secretary-treasurer.

Lake

Joseph E. Kopcha, Gary, president; L. W. Neal, Munster, vice-president; R. R. Barton, Gary, secretary-treasurer.

Madison

D. L. Buckles, president; C. R. King, vice-president and W. M. Stinson, secretary-treasurer, all of Anderson.

Owen-Monroe

Richard H. Schilling, president; Glen D. Ley, vice-president; Robert D. Johnson, secretary and John P. White, Jr., treasurer, all of Bloomington.

Perry

Robert G. Gilbert, Cannelton, president; L. C. Lohoff, Tell City, vice-president; Gene E. Ress, Tell City, secretary-treasurer.

Porter

Thomas J. Covey, Valparaiso, president; John R. Crise, Portage, secretary-treasurer.

Randolph

Lowell W. Painter, Winchester, president; Paul W. Sparks, Winchester, vice-president; Hector S. Quiambao, Ridgeville, secretary-treasurer.

Ripley

Lloyd W. Hisrich, Batesville, president; William J. Warn, Milan, secretary-treasurer.

Starke

Howard J. Henry, president; Clark McClure, vice-president and W. A. Palmer, secretary-treasurer, all of Knox.

Warrick

P. Bowen Hoover, Boonville, president; Robert H. Terry, Boonville, vice-president; Robert C. Colvin, Newburgh, secretary-treasurer.

Wells

D. W. Meier, president; R. D. Willard, vice-president and L. F. Bradley, secretary-treasurer, all of Bluffton.

White

M. Ali Jehanyar, president; Max Fields, vice-president and Kingdon Brady, secretary-treasurer, all of Monticello.

Other news from the county societies includes speakers at recent meetings:

Cass

Dr. John Wilms, director of the psychiatric department of Purdue University, spoke on "Drug Abuse" at the Jan. 6 meeting of the Cass County Medical Society.

Clinton

Interesting case histories by hospital staff members highlighted the Jan. 28 meeting of the Clinton County Medical Society. Eleven members attended.

Fayette-Franklin

Pfizer films on "How to Use the Means at Hand" and "Knott and Beard Disease Called Alcoholism" were presented at the Jan. 14 meeting of the Fayette-Franklin County Medical Society.

Howard

A film on "Chronic Bronchitis and Bronchiectasis" was featured at the Jan. 7 meeting of the Howard County Medical Society. Forty members attended.

Huntington

Dr. V. Logan Love, Fort Wayne, spoke on "Treatment of Cardiac Arrhythmias" at the Jan. 14 meeting of the Huntington County Medical Society.

Jefferson-Switzerland

"Care and Treatment of Premature Infants" was the topic chosen by Dr. William F. Andrew, Louisville, Ky., when he spoke at the Jan. 7 meeting of the Jefferson-Switzerland County Medical Society.

Lake

Mr. Tom Bell, director of the Department of Public Welfare, spoke on "Medicaid" at the Jan. 22 installation dinner and meeting of the Lake County Medical Society.

Owen-Monroe

"The Richmond Disaster" was the subject of a talk given by Mr. Ray Ferguson, administrator of Reid Memorial Hospital, Richmond, at the Jan. 30 meeting of the Owen-Monroe County Medical Society.

Parke-Vermillion

Dr. Edward M. Johnson, Terre Haute, spoke on "RhoGam" at the Jan. 15 meeting of the Parke-Vermillion County Medical Society.

Putnam

Dr. Russell Henry, Indianapolis, spoke on "Tuberculosis Control" at the Jan. 10 meeting of the Putnam County Medical Society.

Tippecanoe

Comprehensive Health Planning was discussed in detail by Dr. Peter Petrich, Ninth District Trustee, at the Jan. 14 meeting of the Tippecanoe County Medical Society.

Vanderburgh

The Jan. 14 meeting of the Vanderburgh County Medical Society was highlighted by a speech given by Dr. Stuart Kleit, Indianapolis, on "Extraordinary Therapy in Renal Failure."

Wayne-Union

Dr. George Lukemeyer, Indianapolis, discussed the Indiana University Program of Medical Education at the Jan. 14 meeting of the Wayne-Union County Medical Society. ◄

Drug Dependence Booklet

Drug Dependence: A Guide For Physicians is scheduled for release in late February and will cost $1.00 per copy. Requests—accompanied by payment—should be directed to the American Medical Association's Order Handling Department, 535 North Dearborn St., Chicago, Ill. 60610.

HIGHLAND HOSPITAL

ASHEVILLE, NORTH CAROLINA

Founded 1904

A DIVISION OF THE DEPARTMENT OF PSYCHIATRY OF DUKE UNIVERSITY

Accredited by the Joint Commission on Accreditation and Certified for Medicare

Complete facilities for evaluation and intensive treatment of psychiatric patients, including individual psychotherapy, group therapy, psychodrama, electro-convulsive therapy, Indoklon convulsive therapy, drugs, social service work with families, family therapy, and an extensive and well organized activities program, including occupational therapy, art therapy, athletic activities and games, recreational activities and outings. The treatment program of each patient is carefully supervised in order that the therapeutic needs of each patient may be realized.

High school facilities for a limited number of appropriate patients are now available on grounds. The School Program is fully integrated into the hospital treatment program and is accredited through the Asheville School System.

Complete modern facilities with 85 acres of landscaped and wooded grounds in the City of Asheville.

Brochures and information on financial arrangements available

Contact: Mrs. Elizabeth Harkins, ACSW, Coordinator of Admissions

or

Charles W. Neville, Jr., M.D.

Assistant Professor of Psychiatry and Medical Director

Area Code 704-253-2761

Space contributed as a public service by this magaz

Pick one to die.
Pick one for jail.
Pick one to waste away.
Pick three for happiness.



Some children find happiness easily. Others need the help and guidance only a trained person can provide, medical attention they cannot afford, love they have been denied. When you decide to give to your United Fund or Community Chest, you may change a life.

Your fair share gift works many wonders/THE UNITED WAY

UNITED

ADVERTISING COUNCIL

27 million families benefit by child care, family service, youth guidance, health programs, disaster relief and services for the Armed Forces from 31,000 United Way age

COMMERCIAL ANNOUNCEMENTS

WANTED: G. P. for New Castle; replacement in four-man group. Starting guarantee at least $35,000 first year; then partnership with increase. Rotating schedule; on duty less than 50% of the time. Call (317) 529-6250, Henry County Clinic.

OPENING for psychiatrist, urologist and general practitioner (psychiatric or geriatric experience desirable but not essential). 1,611 bed general medical-surgical and psychiatric hospital with excellent facilities and progressive staff; an equal opportunity employer. Salary: $14,409.00 through $25,711.00 according to training and experience. Write to Director, VAH, Danville, Illinois 61832.

BUY AND TRY: Wye Plantation Aberdeen-Angus frozen semen from Advanced Register P.R.I. sires officially gaining over four pounds per day or whose 365-day weights are above 1,200 pounds. (Performance tested sires always for sale.) WYE PLANTATION, Queenstown, Maryland 21658. Telephones: 301-827-7166 or 301-827-7160.

AVAILABLE: Well established practice in lake area of Northern Indiana. Office in association with two G.P.'s in 4-year-old Erdman Building with lab, x-ray and pharmacy. Coverage system with 5 other G.P.'s. Excellent opportunity to start fast with good patients. Community with small industry economy planning new community hospital. Contact William Cron, M.D., 827 S. Union St., Warsaw, Ind. 46580.

INTERNIST—Northwestern Ohio. Board eligible if not certified. To join present two internists in 13 man clinic group. Excellent community and expanding hospital. Start over $20,000.00 plus fringe benefits with opportunity for group membership after one year. Complete details upon request. Transportation expenses provided for interview. Defiance Clinic, Defiance, Ohio.

GENERALISTS & PSYCHIATRISTS: In accredited progressive 2000 bed mental hospital with approved psychiatric residency training program. Ideal living in active resort community located in Michigan's serene, scenic water-wonderland. Salary $20,880 to $28,480 depending on qualifications. Unparalleled retirement and fringe benefits. Contact M. Duane Sommerness, M.D., Superintendent, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

WANTED: GP for association with a surgeon and a well-established general practitioner at Standish, Mich. New and progressive 80-bed hospital with CCU Unit. Office space available. Please call collect, M. K. Dolbee, M.D., 1-517-846-6122.

PSYCHIATRIC RESIDENCIES: Starting July 1969. Approved training in a mental institution with State of Michigan, Department of Mental Health. Three and five year programs available. Salary $9,876-$11,233 and $11,254-$21,381. NIMH-GP stipends $12,000. Located in Michigan's serene, scenic recreation area on Grand Traverse Bay. For additional information, contact Dr. Paul Kauffman, Training Director, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

FERRIS STATE COLLEGE needs two additional full-time staff doctors for Student Health Center. New modern facilities including 31 bed infirmary. Excellent opportunity for qualified persons in small quiet college town. Regular hours with rotating night and weekend call. Salary to $18,000 and excellent fringe benefits. Please contact Roy A. Davis, M.D., Area (616) 796-8463 or write in care of Ferris State College, Health Center, Big Rapids, Michigan 49307.

NINETEEN-MAN Wisconsin group located in college community of 40,000 with excellent hospital facilities is seeking additional associates in the following areas:

1. Internal Medicine
2. Orthopedics
3. General Practice
4. Pediatrics

For further information, please contact D. R. Griffith, M.D., Midelfort Clinic, Eau Claire, Wis. 54701.

$27,000.00 to $36,000.00 NET guaranteed first year plus fringe benefits depending upon experience & qualifications. Total of two MDs needed in any of the following 3 categories: either general surgeon or internist who would also do some general practice & 10-15 minutes of industrial medicine per day or GP interested or experienced in surgery. These openings are available immediately or would sign contract if finishing residency in June. Partnership available 2nd year or sooner with absolutely no investment needed for eventual full partnership. Excellent net clinic income because of high collection rate & exceedingly low overhead. Over 95% of patients are fully insured for any & all services rendered. All of the above is possible because of unique association between clinic & 3 large industries in town employing 2,100. Town of 3,500 economically unsurpassed in many aspects located in NE Minnesota's Superior National Forest. Large unopposed clinic fully equipped in all aspects. Staff consists of 5 x-ray lab techs, RN, & 3 secretaries. Good housing for rent or purchase. Rotating night & long weekend call & 6 weeks vacation. Fifteen minutes from modern hospital with pathology & radiology consultation. Excellent school system & most churches represented. Unexcelled hunting-fishing-camping-snowmobiling-golfing-boating-skiing-fresh air. All replies kept confidential. Call collect after 6 p.m. for further information. T. C. Leach, M.D., Babbitt, Minnesota, 55706, (218)-827-6830.

AVAILABLE: Medical suite. Established practice in professional building, 6049 E. Washington St., Indianapolis. All services furnished. Phone Modern Pharmacy, 359-5569.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

ADVERTISERS IN THIS ISSUE

March 1969 Volume 62 No. 3

Associates Investment Company 278
Bristol Laboratories 295
Brown Pharmaceutical Co. 296
Burroughs Wellcome & Co., Inc. 299
Campbell Soup Company 279
Geigy Pharmaceuticals 300-301, 304, 320-322
Hanger, J. E., Inc. 317
Harding Hospital 312
Highland Hospital 329
Home Lawn Mineral Springs 307
Hynson, Westcott & Dunning, Inc. 231
Indiana Medical Bureau 298
Lederle Laboratories 233, 251, 259-260, 311, 323
Lilly, Eli & Company 254
McNeil Laboratories, Inc. 261
Medical Protective Co. of Ft. Wayne 319
Mutual Medical Insurance, Inc. 247
National Drug Co. 287, 316
Parke, Davis & Company 313
Pitman-Moore Company 262-263
Poythress, Wm. P. & Co., Inc. 314, 316
Professional Life & Casualty Company 237
Robins, A. H. Company, Inc. 2nd Cover, 249-250, 306
Roche Laboratories 4th Cover, 288-289, 302-303, 308-309
Sandoz Pharmaceuticals 235
Searle, G. D. & Co. 280-281
Smith Kline & French Laboratories 243
Strasenburgh Laboratories 282
Wabash Valley Hospital 248
Warner-Chilcott Laboratories 239-240
White-Haines Optical Co. 3rd Cover
Winthrop Laboratories 315
Wyeth Laboratories 326-327

In accepting advertising for publication, *The Journal* has exercised reasonable precaution to insure that only reputable factual advertisements are included. However, we do not have facilities to make any comprehensive or complete investigation, and the claims made by advertisers in behalf of goods, services, and medicinal preparations, apparatus or physical appliances are to be regarded as those of the advertiser only. Neither sanction nor endorsement of such is warranted, stated, or implied by the association.

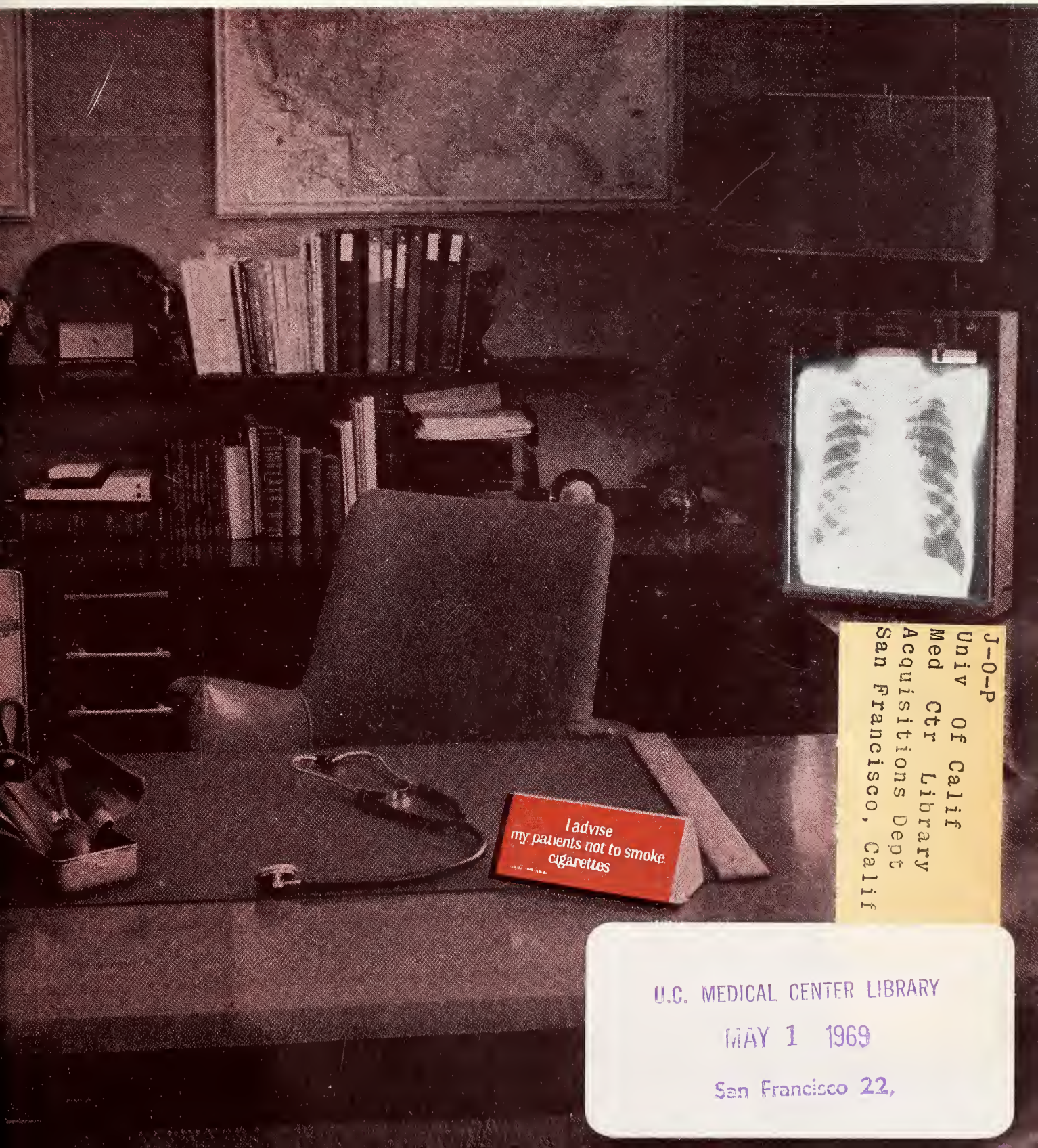
Vol. 62 • No. 4

The JOURNAL

OF THE INDIANA STATE MEDICAL ASSOCIATION

Indianapolis, Indiana

April, 1969



J-O-P
Univ Of Calif
Med Ctr Library
Acquisitions Dept
San Francisco, Calif

U.C. MEDICAL CENTER LIBRARY
MAY 1 1969
San Francisco 22,

COMING HOME



IS WONDERFUL

when you have

Blue Cross-Blue Shield

Mutual Hospital Insurance, Inc. Mutual Medical Insurance, Inc.
Home Office: 110 N. Illinois St., Indianapolis, Indiana 46204

(One of a series of ads being run in key Hoosier newspapers)

It's a good feeling to get back on the job—whether you're the boss or the worker—and know that most of the hospital and medical bills have been taken care of. That's why Indiana's No. 1 health care plan reminds you: coming home is wonderful, when you have Blue Cross-Blue Shield.

For the employee, Blue Cross–Blue Shield steps in and takes over the financial worries, guards your savings and your dreams, gives you a nice sense of security. For the employer, Blue Cross–Blue Shield does practically all the day-to-day paperwork on the employees—the claims forms, benefit payments, records, the dull paperwork stuff. Many employers figure they save thousands of dollars a year in clerical help and overhead.

For both employees and employers, Blue Cross–Blue Shield handles things directly with hospitals and doctors, not involving anyone else in the red tape.

That's why—particularly in these days of higher costs for everything—so many persons give us a great testimonial by saying:

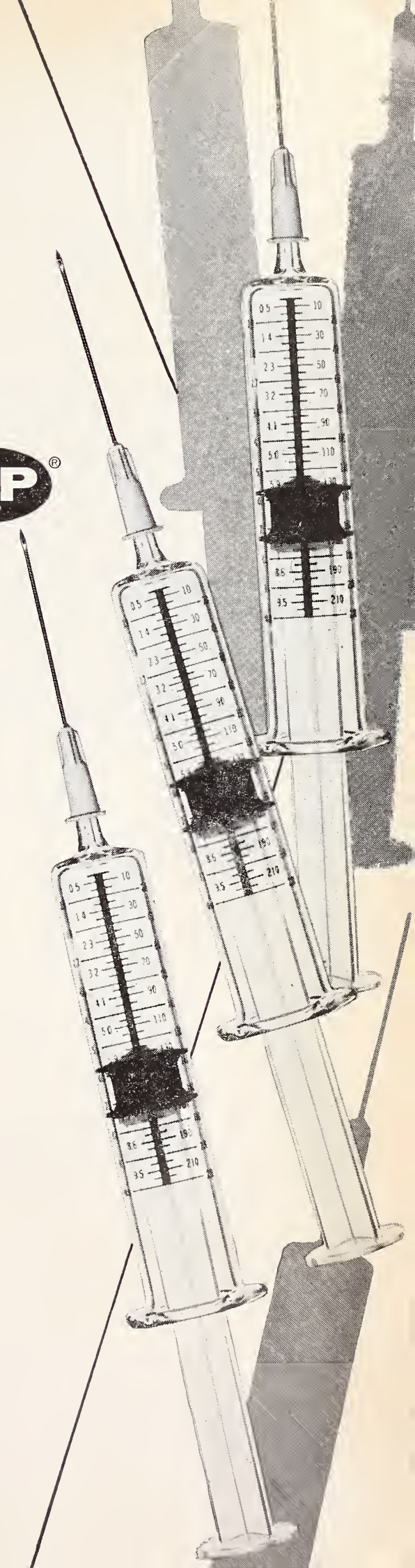
"I don't know what we would have done without Blue Cross–Blue Shield."

BSP® DISPOSABLE UNIT

HW&D BRAND OF SODIUM SULFOBROMOPHTHALEIN INJECTION, USP

(50 mg. per ml.)

BSP®



BROMSULPHALEIN®

IN A COMPLETE,

STERILE,

DISPOSABLE,

& ECONOMICAL

PATIENT-UNIT.

BSP, one of the more valuable single laboratory procedures for determining hepatic function, is now packaged in a complete individual patient-unit.

The BSP Disposable Unit contains a sterile syringe with the dosage schedule imprinted on the barrel, a sterile needle, alcohol swab and a 7.5 ml. or 10 ml. size ampule of terminally sterilized BSP solution. Each unit contains complete directions for use, precautions and contraindications.

This all-inclusive disposable put-up lessens the chance of cross-infection and saves time and labor — the most costly commodities.

HYNSON, WESTCOTT & DUNNING, INC.

HW&D (BSP03)

BALTIMORE, MARYLAND 21201

APRIL 1969

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication
3935 N. Meridian, Indianapolis, Indiana 46208

Contents

SCIENTIFIC

Methotrexate Therapy of Advanced Gastrointestinal Malignancy, Will W. Ward, Jr., M.D., Fitzhugh Mullins, M.D., Louisville, Ky. 355

Leiomyosarcoma of the Duodenum Treated by Pancreatoduodenectomy, Nalin G. Shah, M.B.B.S., B. Sc. (Medical), Brooklyn, N.Y., Lall G. Montgomery, M.D., Muncie ... 363

Electrocardiogram of the Month: Atropine in A-V Block, Charles Fisch, M.D., Indianapolis 367

The Cancer You View, John Pittman, M.D., Harry Siderys, M.D., Indianapolis 370

Fractures and Orthopedic Problems: Conservative Management of Periarthritis of the Shoulder, R. H. Denham, Jr., M.D., A. F. Dingley, Jr., M.D., South Bend 376

EDITORIALS

The Best Medical Care 380

Business Action Needed to Push Ideas and Issues (Guest) 380

Editorial Notes 381

SPECIAL FEATURES

Promoting Cooperative Effort in the Fight Against Heart Disease, Cancer, Stroke and Related Diseases 388

REGULAR FEATURES

President's Page 343

Month in Washington 344

Fourth Estate 349

What's New? 353

The Woman's Auxiliary Reports to ISMA 387

Gleaned from the British Medical Journal, Jack W. Hickman, M.D., Indianapolis 395

Medicine at Law 396

Abstracts, Book Reviews 399

From The Journal 50 Years Ago 402

Annual Meeting Dates of Professional Medical and Allied Organizations 407

Blue Shield Operational Data: 1946-1968 (One of a Series) 408

Wanted: Physicians, Locations 408

Board of Health Report 410

News Notes 412

Future Meetings, Seminars, Courses 419

County, District News 421

Deaths 422

BUSINESS

Board of Trustees: Jan. 11, 1969 423

Executive Committee: Feb. 12, 1969 428

EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 1802 North Illinois Street, Indianapolis 46202. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 3935 N. Meridian, Indianapolis 46208.

Advertising rates will be furnished on request. Copy must be received by the 5th of the month preceding month of issue. (Scientific manuscripts must be received at least two weeks earlier if geared for a specific issue.)

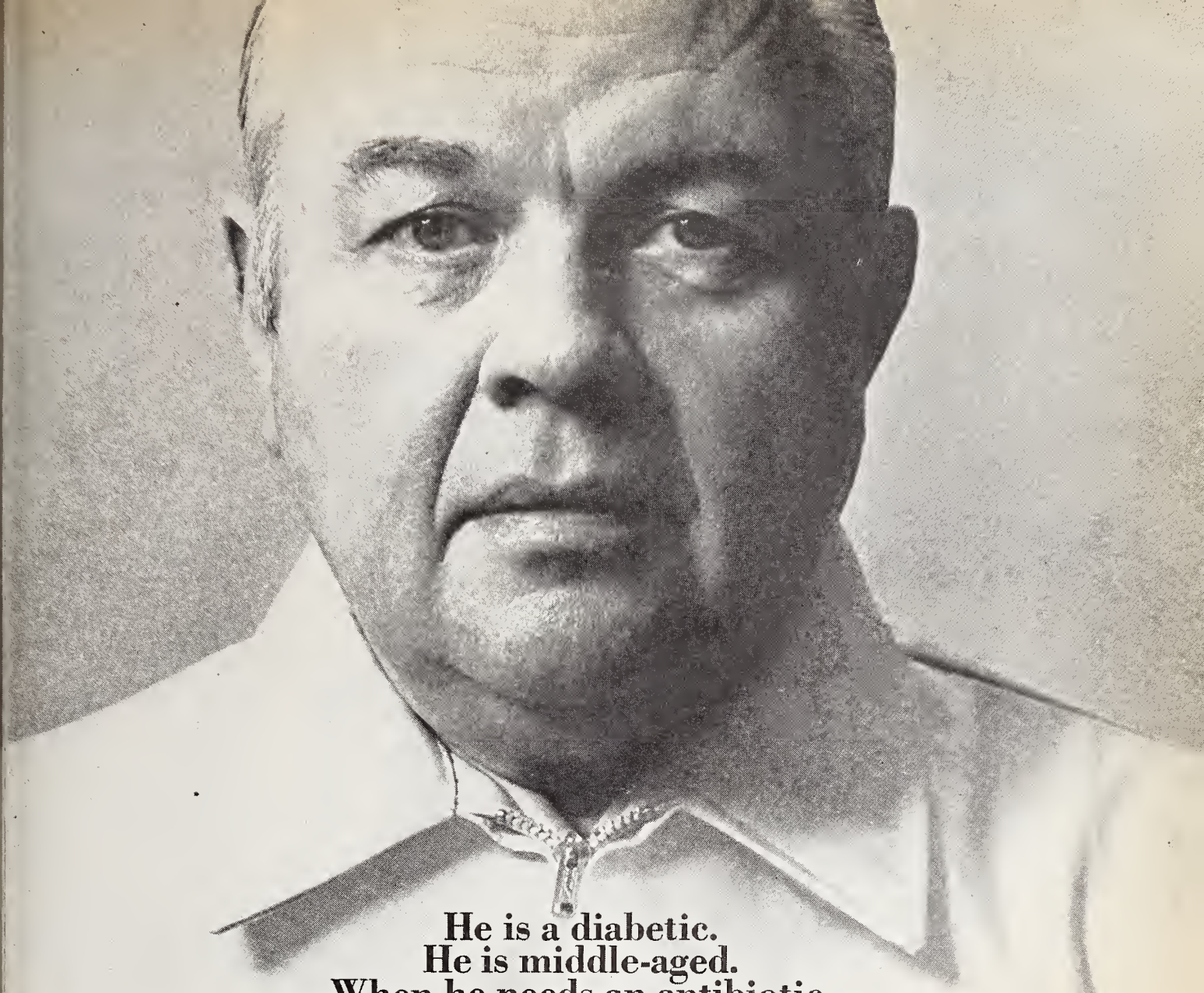
Representative for national advertising is the State Medical Journal Advertising Bureau, 510 N. Dearborn St., Chicago, Ill.

Entered as second class matter January 25, 1933, at the Postoffice at Indianapolis, Indiana. Copyright, 1969 by the Indiana State Medical Association. Published monthly at 3935 N. Meridian, Indianapolis 46208.

Second-class postage paid at Indianapolis, Indiana and at additional mailing office.

All issues of 1967 and subsequently may be obtained on microfilm. Address **The Journal** for details.

About Our Cover
on page 360.



He is a diabetic.
He is middle-aged.
When he needs an antibiotic
he may be a candidate for

DECLOSTATIN® 300

Demethylchlortetracycline HCl 300 mg
and Nystatin 500,000 units
CAPSULE-SHAPED TABLETS Lederle

b.i.d.

To guard susceptible patients against intestinal monilial overgrowth during broad-spectrum therapy—the protection of nystatin is combined with demethylchlortetracycline in DECLOSTATIN.

For your susceptible candidates, prescribe DECLOSTATIN—the broad-spectrum therapy that prevents monilial overgrowth.

Effectiveness: Because its antibacterial component is DECLOMYCIN Demethylchlortetracycline, DECLOSTATIN should be equally or more effective therapeutically than other tetracyclines in infections caused by tetracycline-sensitive organisms. The antifungal component, Nystatin, protects against superinfection by antibiotic-resistant fungal overgrowth (particularly monilia) in the intestinal tract.

Contraindication: History of hypersensitivity to demethylchlortetracycline or nystatin.

Warning: In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, lower than usual doses are indicated, and, if therapy is prolonged, serum level determinations may be advisable. A photodynamic reaction to natural or artificial sunlight has been observed. Small amounts of drug and short exposure may produce an exaggerated sunburn reaction which may range from erythema to severe skin manifestations. In a smaller proportion, photoallergic reactions have been reported. Patients should avoid direct exposure to sunlight and discontinue drug at the first evidence of skin discomfort. Necessary subsequent courses of treatment with tetracyclines should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. Skin—maculopapular and erythematous rashes; a rare case of exfoliative dermatitis has been reported. Photosensitivity; onycholysis and discoloration of the nails (rare). Kidney—rise in BUN, apparently dose related. Transient increase in urinary output, sometimes accompanied by thirst (rare). Hypersensitivity reactions—urticaria, angioneurotic edema, anaphylaxis. Teeth—dental staining (yellow-brown) in children of mothers given this drug during the latter half of pregnancy, and in children given the drug during the neonatal period, infancy and early childhood. Enamel hypoplasia has been seen in a few children. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Demethylchlortetracycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Should be given 1 hour before or 2 hours after meals, since absorption is impaired by the concomitant administration of high calcium content drugs, foods and some dairy products. Treatment of streptococcal infections should continue for 10 days, even though symptoms have subsided.

Lederle

LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, New York

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

ANNUAL CONVENTION—OCTOBER 13-16, 1969—INDIANAPOLIS

OFFICERS FOR 1968-69

President—Patrick J. V. Carcoran, 3700 Bellemeade, Evansville 47715.

President-Elect—Lowell H. Steen, 2450 169th St., Hammand 46323.

Treasurer—Lester H. Hoyt, M.D., Methodist Hospital, Indianapolis 46202.

Assistant Treasurer—Malcolm O. Scamahorn, Pittsboro 46167

Executive Secretary—Mr. James A. Waggener, 3935 N Meridian, Indianapolis 46208.

TRUSTEES

District	Term Expires
1—Gilbert M. Wilhelmus, Evansville	Oct. 1971
2—Joe Dukes, Dugger	Oct. 1969
3—Donald M. Kerr, Bedford	Oct. 1970
4—Robert M. Reid, Columbus	Oct. 1971
5—Wilbert McIntosh, Riley	Oct. 1969
6—Stephen D. Smith, Knightstown	Oct. 1970
7—James H. Gosman, Indianapolis	Oct. 1971
8—Donald R. Taylar, Muncie (Chairman)	Oct. 1969
9—Peter R. Petrich, Attica	Oct. 1970
10—Vincent J. Santare, Munster	Oct. 1971
11—Lowell Hillis, Logansport	Oct. 1969
12—William R. Clark, Fort Wayne	Oct. 1970
13—Otis R. Bowen, Bremen	Oct. 1971

ALTERNATES

District	Term Expire
1—Eugene Austin, Evansville	197(
2—Betty Dukes, Dugger	197
3—Elmer L. Wallace, New Albany	197
4—Jack E. Shields, Brownstown	197(
5—Cleon M. Schauwecker, Greencastle	197(
6—Frank Green, Rushville	196
7—John O. Butler, Indianapolis	196
8—Paul Sparks, Winchester	197(
9—Lindley Wagner, Lafayette	197
10—Charles T. Disney, Gary	196
11—James A. Harshman, Kokomo	197
12—Frederic L. Schoen, Fort Wayne	197
13—G. Beach Gattman, Elkhart	197(

SECTION OFFICERS 1968-69

Section on Surgery:
Chairman—Henry Larzelere, Marian
Vice-chairman—Austin Gardner, Indianapolis
Secretary—Robert Rang, Washington

Section on Internal Medicine:
Chairman—Louis Sandack, South Bend
Vice-chairman—Evart M. Beck, Indianapolis
Secretary—Robert L. Rudesill, Indianapolis

Section on Ophthalmology and Otolaryngology:
Chairman—David E. Brown, Indianapolis
Vice-chairman—Kenneth F. Isenogle, Fort Wayne
Secretary—George A. Clark, Indianapolis

Section on Anesthesiology:
Chairman—Robert W. Vermilya, Lafayette
Vice-chairman—William M. Sholty, Lafayette
Secretary—Adolph P. Walker, East Chicago

Section on General Practice:
Chairman—Robert W. Mouser, Indianapolis
Vice-chairman—Richard Juergens, Fort Wayne
Secretary—Robert Acher, Greensburg

Section on Obstetrics and Gynecology:
Chairman—Tom W. Wachob, Jr., Kokomo
Vice-chairman—Charles R. Echt, Indianapolis
Secretary—Barton T. Smith, Marion

Section on Public Health and Preventive Medicine:
Chairman—Bertram F. Duckwall, Terre Haute
Vice-chairman—
Secretary—Louis E. How, South Bend

Section on Radiology:
Chairman—John A. Robb, Indianapolis
Vice-chairman—Robert E. Beck, Evansville
Secretary—Dale B. Parshall, Elkhart

Section on Nervous and Mental Diseases:
Chairman—Robert O. Bill, Indianapolis
Vice-chairman—Richard L. Shriner, South Bend
Secretary—Wesley A. Kissel, Indianapolis

Section on Pathology and Forensic Medicine:
Chairman—Robert J. Frost, Michigan City
Vice-chairman—Harley P. Palmer, Franklin
Secretary—Robert L. Costin, Indianapolis

Section on Pediatrics:
Chairman—Roland E. Miller, Lafayette
Vice-chairman—Gustaf W. Erickson, South Bend
Secretary—Morris Green, Indianapolis

Section on Directors of Medical Education:
Chairman—Donald T. Olson, South Bend
Vice-chairman and Secretary—Franklin A. Bryan, Fort Wayne

Section an Cutaneous Medicine:
President—Stephen R. Phelps, South Bend
Secretary—Paul V. Chivington, Jr., Indianapolis

DELEGATES TO THE AMA

Terms expire December 31, 1969:

Delegates	Alternates
Guy A. Owsley, Hartford City	Maurice E. Glock, Fort Wayne
Jack E. Shields, Brownstown	Dwight W. Schuster, Indianapolis

Terms expire December 31, 1970:

Delegates	Alternates
Don E. Wood, Indianapolis	James A. Harshman, Kokomo
Eugene F. Senseny, Fort Wayne	Eugene S. Rifner, Van Buren
Frank H. Green, Rushville	Kenneth O. Neumann, Lafayette

1967-68 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	R. E. Weitzel, Princeton	Fred Smith, Tell City	May 15, 1969, Evansville
2.	Brad Bomba, Bloomington	J. S. Brown, Carlisle	
3.	Daniel H. Cannon, New Albany	Elmer L. Wallace, New Albany	April 2, 1969, New Albany
4.	Lloyd Hisrich, Batesville	William J. Warn, Milan	May 14, 1969
5.	Jack Somerville, Clinton	Milton Herzberg, Clinton	April 30, 1969, Terre Haute
6.	Stephen Smith, Knightstown	David Wynegar, Richmond	May 1, 1969, Richmond
7.	John O. Butler, Indianapolis	Donald E. Stephens, Indianapolis	April 26, 1969, Indianapolis
8.	F. E. Stout, Muncie	Richard N. Philbert, Muncie	June 11, 1969, Muncie
9.	Chester L. Waits, Lafayette	Anson F. Hughes, Lafayette	May 22, 1969, Lafayette
10.	R. J. Doherty, Crown Point	Lambro Dimitroff, Calumet City, Ill.	April 9, 1969, Gary
11.	John D. Pattison, Marion	Fred Poehler, La Fontaine	Sept., 17, 1969, Marion
12.	Kenneth F. Isenogle, Fort Wayne	Jahn J. Hartman, Angola	May 14, 1969, Fort Wayne
13.	John Kerrigan, Michigan City	John Hildebrand, South Bend	Sept. 17, 1969, South Bend

The AMBAR SCRAPBOOK of Obesity Oddities
FACT & LEGEND



ONTROL FOOD AND MOOD ALL DAY LONG WITH A SINGLE MORNING DOSE

AMBAR #2 EXTENTABS®

methamphetamine HCl 15 mg.,
phenobarbital 64.8 mg. (1 gr.)
(Warning: may be habit forming).

ıe Ambar Extentab before breakfast can ıp control most patients' appetite for up 12 hours. Methamphetamine, the appe- : suppressant, gently elevates mood and ıps overcome dieting frustrations. Pheno- rbital, the sedative in Ambar, controls irritability and xiety... helps maintain a state of mental calm and equa- nity. Both work together to ease the tensions that erode : willpower during periods of dieting.

so available: Ambar #1 Extentabs®—methamphetamine drochloride 10 mg., phenobarbital 64.8 mg. (1 gr.) (Warn- ;: may be habit forming).

BRIEF SUMMARY/**Indications:** Ambar suppresses appetite and helps offset emotional reactions to dieting. **Contraindications:** Hypersensitivity to barbiturates or sympathomimetics; patients with advanced renal or hepatic disease. **Precautions:** Administer with caution in the presence of cardiovascular disease or hypertension. **Side Effects:** Nervousness or excitement occasionally noted, but usually infrequent at recommended dosages. Slight drowsiness has been reported rarely. See package insert for further details.

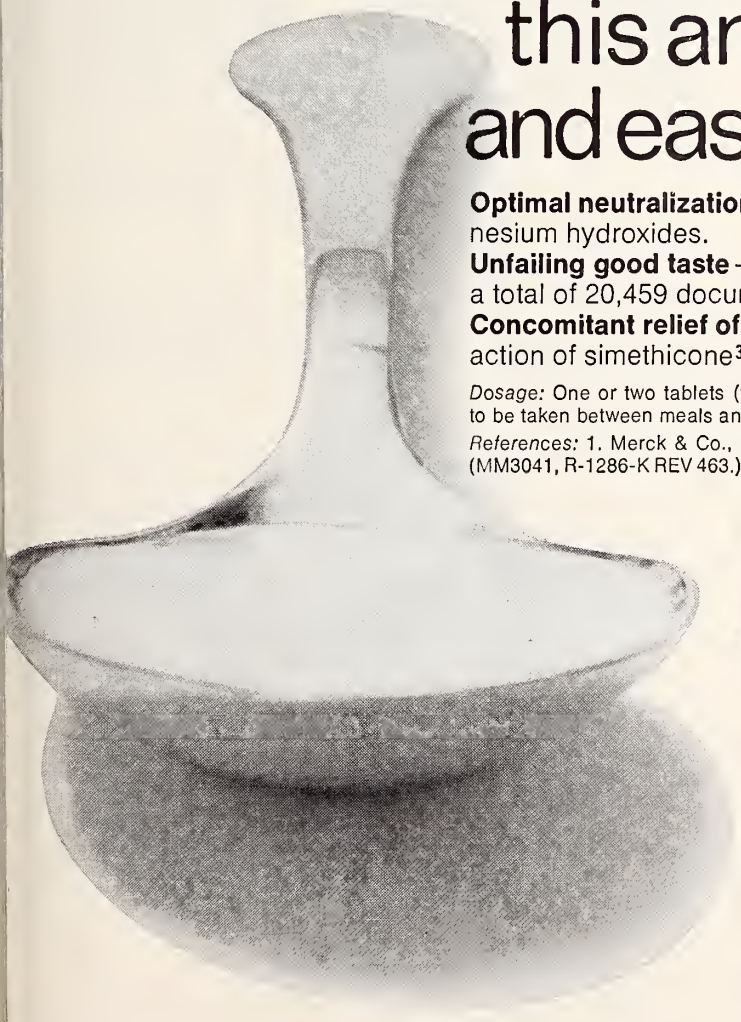
A. H. ROBINS COMPANY,
RICHMOND, VA. 23220
A·H·ROBINS

COUNTY MEDICAL SOCIETY DIRECTORY

COUNTY	PRESIDENT	SECRETARY
Adams	Arthur H. Girod, Decatur	Harold F. Zwick, 227 S. Second St., Decatur
Allen (Fort Wayne)	Frederic L. Schoen, Fort Wayne	Eugene E. Schmidt, Suite 725, Indiana Bank Bldg., Fort Wayne
		Mr. Larry L. Pickering, Exec. Secy., 212 Med. Ctr. Bldg., Fort Wayr
Bartholomew-Brown	Harold W. Richmond, Columbus	C. David Ryan, 2600 Sandcrest Blvd., Columbus
Benton	A. L. Coddens, Earl Park	D. L. McKinney, Box 398, Otterbein
Boone	James R. McAfee, Lebanon	Kathryn A. Jackson, 95 E. Oak St., Zionsville
Carroll	Carlos E. Amaya, Flora	Robert Seese, 101 W. North St., Delphi
Cass	B. R. Hall, Logansport	Edward L. TerBush, 216 Ninth Street, Logansport
Clark	Robert Witt, Jeffersonville	Claude Meyer, 119 S. Indiana, Sellersburg
Clay	Stanley Froderman, Brazil	Forrest R. Buell, 314 Lankford St., Clay City
Clinton	Lee F. Dupler, Frankfort	Francis E. Carrel, 209 S. Columbia St., Frankfort
Daviess-Martin	A. G. Blazey, Washington	Hamlin B. Lindsay, 511 E. Main St., Washington
Dearborn-Ohio	Fred D. Houston, Lawrenceburg	Leslie M. Baker, 501 Fourth St., Aurora
Decatur	Dale D. Dickson, Greensburg	Arnold D. Ducanes, 215 N. Franklin St., Greensburg
DeKalb	John C. Harvey, Auburn	C. Bishop Hathaway, 209 N. Jackson St., Auburn
Delaware-Blackford	Jack M. Walker, Muncie	Richard N. Philbert, 2810 Ethel Ave., Muncie
Dubois	H. G. Backer, Ferdinand	John Bretz, 302 Fourth St., Huntingburg
Elkhart	James R. Miller, Elkhart	Page E. Spray, 320 W. High St., Elkhart
Fayette-Franklin	R. G. Janes, Connersville	J. L. Steinem, 818 Grand Ave., Connersville
Floyd	William F. Ruoff, New Albany	Daniel H. Cannon, 1201 E. Spring St., New Albany
Fountain-Warren	Jack D. Furr, Kingman	Theodore Person, 601 N. Mill St., Veedersburg
Fulton	Wayne L. Knochel, Rochester	F. Richard Walton, 116 W. 9th St., Rochester
Gibson	Roland E. Weitzel, Princeton	Richard Noveroske, Gibson County Hospital, Princeton
Grant	Robert D. Cunningham, Marion	Robert G. Young, 1207 Northwood Ct., Marion
Greene	Robert Moses, Worthington	Harry Rotman, Jasonville
Hamilton	Claude M. Donahue, Carmel	John G. Haywood, 110 Lakeview Dr., Noblesville
Hancock	Bob R. Cagle, New Palestine	Ralph L. Rea, 120 W. McKenzie Rd., Greenfield
Harrison-Crawford	Carl Dillman, Corydon	Richard A. Jordan, Corydon
Hendricks	Joseph Kerlin, Danville	Malcolm O. Scamahorn, Pittsboro
Henry	Guido P. Wilhelm, New Castle	Paul T. KinKade, 1015 Broad St., New Castle
Howard	John L. Frazier, Kokomo	John H. Elleman, 416 W. Mulberry St., Kokomo
Huntington	Wayne S. Miller, Huntington	Stanton E. Cope, 1022 N. Jefferson St., Huntington
Jackson-Jennings	Kenneth E. Bobb, Seymour	William F. Blaisdell, 207 N. Pine, Seymour
Jasper	Francis E. O'Brien, Rensselaer	Ernest R. Beaver, Rensselaer
Jay	William H. Cripe, Portland	Eugene Gillum, 522 W. Arch St., Portland
Jefferson-Switzerland	Theodore C. C. Fong, Madison	Ott B. McAtee, Madison State Hospital, Madison
Johnson	Jack L. Walters, Franklin	Mac C. Roller, 1551 N. Main, Franklin
Knox	Charles L. Miller, Vincennes	Daniel J. Combs, 1325 McDowell Rd., Vincennes
Kosciusko	Wymond B. Wilson, Mentone	Arthur L. Moser, 600 Winona, Warsaw
LaGrange	Dean L. Mattox, Howe	Kenneth M. Lehman, Topeka
Lake	Joseph E. Kopcha, Gary	Reginald R. Barton, 427 S. Lake St., Gary
		Mr. John B. Twyman, Ex. Dir., 4640 W. 5th Ave., Gary
LaPorte	Charles K. Liddell, Michigan City	Frank McGue, 801 Washington St., Michigan City
		Mrs. Polly Dent, Exec. Dir., 903 Indiana Ave., LaPorte
Lawrence	Reid C. Crosby, Bedford	L. E. Benham, 301 Stone City Bank, Bedford
Madison	D. L. Buckles, Anderson	William M. Stinson, 333 Jackson St., Anderson
Marion	Hugh K. Thatcher, Indianapolis	A. Alan Fischer, 3500 Lafayette Rd., Suite 203, Indianapolis
		Mr. Arthur G. Loftin, Exec. Secy., 211 N. Delaware St., Indianapolis
Marshall	James Hampton, Argos	Harry Stoller, 109 N. Walnut St., Plymouth
Miami	Parker W. Snyder, Peru	Gordon S. Crates, Denver
Montgomery	V. G. Viray, Crawfordsville	W. E. Shannon, 408 W. Market St., Crawfordsville
Morgan	William P. Winter, Martinsville	Maurice A. Turner, 490 E. Pike St., Martinsville
Newton	John Parker, Goodland	Arthur Schoonveld, Brook
Noble	O. Thomas Slough, Kendallville	Joseph Greenlee, Avilla
Orange	Charles X. McCalla, Paoli	Phillip T. Hodgin, Orleans
Owen-Monroe	Richard J. Schilling, Bloomington	Robert D. Robinson, P. O. Box 1149, Bloomington
Parke-Vermillion	John Somerville, Clinton	J. Franklin Swaim, 111 N. Market St., Rockville
Perry	Robert Gilbert, Tell City	Gene E. Ress, 507 Main St., Tell City
Pike	M. H. Omstead, Petersburg	M. H. Omstead, Petersburg
Porter	Thomas J. Covey, Valparaiso	John R. Crise, Portage Clinic, Portage
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
Pulaski	William R. Thompson, Winamac	Charles Heinsin, Winamac
Putnam	Fred Haggerty, Greencastle	Anne S. Nichols, 707 E. Seminary, Greencastle
Randolph	Lowell W. Painter, Winchester	Hector S. Quiambao, Ridgeville
Ripley	Lloyd W. Hisrich, Batesville	William J. Warn, Milan
Rush	Donald I. Dean, Rushville	Charles E. Sheets, Manilla
St. Joseph	Jacob Rosenwasser, Mishawaka	L. F. Sandock, 503 Sherland Bldg., South Bend
		Mr. Harry Davis, Exec. Secy., 106 W. Monroe, South Bend
Scott	Marvin L. McClain, Scottsburg	Dominador F. Llamas, 618 W. Main St., Austin
Shelby	P. M. Inlow, Shelbyville	R. P. Inlow, 103 W. Washington St., Shelbyville
Spencer	Michael O. Monar, Rockport	John C. Glackman, Jr., Rockport
Starke	Howard J. Henry, Knox	W. Allen Palmer, Knox
Steuben	Mary H. Cameron, Angola	Richard W. Artz, 416 E. Maumee St., Angola
Sullivan	M. H. Bedwell, Sullivan	J. S. Brown, Carlisle
Tippecanoe	Hugh Steele, Lafayette	Anson F. Hughes, 2424 Ferry St., Lafayette
Tipton	Harold Ericson, Windfall	Jean V. Carter, 130 N. Main St., Tipton
Vanderburgh	Ralph Carlson, Evansville	Mr. Arthur P. Tiernan, Exec. Secy., 109½ S. E. 3rd., Evansville
Vigo	Fred Dierdorf, Terre Haute	Edward M. Johnson, 221 S. Sixth St., Terre Haute
Wabash	Fred C. Poehler, LaFontaine	Frank Smyrniotis, 645 Spring St., Wabash
Warrick	Peter B. Hoover, Boonville	Robert C. Colvin, Newburgh
Washington	Roy L. Fultz, Salem	Charles B. Carty, Pekin
Wayne-Union	John H. Mader, Richmond	John Dohner, Reid Memorial Hospital, Richmond
Wells	D. W. Meier, Bluffton	Louis F. Bradley, 303 S. Main St., Bluffton
White	M. Ali Jehanyar, Monticello	Kingdon Brady, White Co. Memorial Hospital, Monticello
Whitley	Thomas Hamilton, Columbia City	Frank M. Thompson, 510 N. Main St., Columbia City

the thousandth teaspoonful

Peptic ulcer patients find the thousandth dose of this antacid as effective and easy-to-take as the first!



Optimal neutralization[1] — provided by the combination of aluminum and magnesium hydroxides.

Unfailing good taste — confirmed by 87.5% of 104 patients in one study, after a total of 20,459 documented days on Mylanta Liquid or tablets.[2]

Concomitant relief of G. I. gas distress — provided by the proven antiflatulent action of simethicone[3].

Dosage: One or two tablets (well chewed or allowed to dissolve in the mouth); one or two teaspoonsful to be taken between meals and at bedtime, or as directed by physician.

References: 1. Merck & Co., Merck Chemical Division: Antacid Literature Survey, Rahway, New Jersey. (MM3041, R-1286-K REV 463.) 2. Danhof, I.E., report on file. 3. Hoon, J.R.: Arch. Surg. *93*:467 (Sept.) 1966.

Mylanta®

LIQUID/TABLETS

aluminum and magnesium hydroxides *plus* simethicone

Stuart Division/ATLAS CHEMICAL INDUSTRIES, INC./Pasadena, Calif. 91109

ISMA Committees and Commissions for 1968-1969

COMMITTEES

Executive

Ralph V. Everly, Indianapolis, chairman; Burton E. Kintner, Elkhart; P. J. V. Corcoran, Evansville, President; Lowell H. Steen, Hammond, President-Elect; Donald Taylor, Muncie, Chairman of the Board of Trustees; Lester H. Hoyt, Indianapolis, Treasurer; Malcolm O. Scamahom, Pittsboro, Assistant Treasurer.

Grievance

Edgar C. Stuntz, West Lafayette; Kenneth L. Olson, South Bend; Earl W. Mericle, Indianapolis; Eugene S. Rifner, Van Buren; Richard Bloomer, Rockville; Robert G. Young, Marion; John M. Paris, New Albany; Wilson L. Dalton, Shelbyville; William R. Noe, Bedford.

Student Loan

Lester D. Bibler, Indianapolis, chairman; James O. Ritchey, Indianapolis, vice-chairman; Patrick J. V. Corcoran, Evansville; Lester H. Hoyt, Indianapolis; Glenn W. Irwin, Indianapolis; Joe Dukes, Dugger.

Medical-Legal Review

Raymond L. Newnum, Evansville, chairman; Walter Able, Columbus, vice-chairman; Joseph G. S. Weber, Terre Haute, secretary.

COMMISSIONS

Aging

A. W. Cavins, Terre Haute, chairman; Wallace R. Van Den Bosch, Lafayette, vice-chairman; Raymond Duncan, Bedford, secretary; Bernard B. Rosenblatt, Evansville; R. E. Buckingham, Bloomington; John O. Butler, Indianapolis; R. D. Williams, Anderson; George M. Young, Gary; George W. Wagoner, Delphi; Nathan Salon, Fort Wayne; Thomas A. Elliott, Elkhart; Andrew C. Offutt, Indianapolis; Wendell C. Anderson, Indianapolis; James R. Guthrie, Richmond.

Constitution and Bylaws

George W. Willison, Evansville; Paul B. Arbogast, Vincennes; Eli Goodman, Charlestown; Gordon S. Fessler, Rising Sun; Donald B. Garvin, Brazil; Joseph F. Ferrara, Franklin; B. D. Wagoner, Union City; Chester L. Waits, Lafayette; Thomas Tyrrell, Calumet City, Ill.; Richard L. Glendening, Logansport; Jerome C. Schubert, Fort Wayne; Edwin C. Mueller, LaPorte; William M. Sholty, Lafayette; Eugene W. Austin, Evansville.

Convention Arrangements

Richard B. Hovda, Evansville, chairman; John L. Ferry, Whiting, vice-chairman; Charles H. Aust, Fort Wayne, secretary; William F. Howard, Bloomington; Harold W. Richmond, Columbus; John E. Freed, Jr., Terre Haute; John Mader, Richmond; William M. Kendrick, Mooresville; Francis E. Stout, Muncie; Howard R. Marvel, Lafayette; Tom W. Wachob, Jr., Kokomo; Samuel E. Bechtold, South Bend; Charles Fisch, Indianapolis; S. O. Waife, Indianapolis; James Mount, Bedford.

Governmental Medical Services

Jerome E. Holman, Jr., Indianapolis, chairman; Glen V. Ryan, Indianapolis, vice-chairman; Roman B. Dubois, Lafayette, secretary; Cola K. Newsome, Evansville; Francis H. Gootee, Jasper; Herman Echsner, Columbus; Dick J. Steele, Greencastle; Tom S. Shields, Richmond; Robert P. Scott, Indianapolis; J. F. Hinchman, Parker; Edward J. Dierolf, Gary; Donald K. Winter, Logansport; Michael J. Mastrangelo, Fort Wayne; D. D. Swihart, Elkhart.

Inter-Professional Relations

A. Alan Fischer, Indianapolis, chairman; William E. Dye, Oakland City, vice-chairman; Richard L. Veach, Bainbridge, secretary; A. Wayne Ratcliffe, Evansville; Charles X. McCalla, Paoli; John W. Ripley, Seymour; William S. Robertson, Spiceland; Willis W. Stogsdill, Indianapolis; Richard N. Philbert, Muncie; Paul E. Ludwig, Crawfordsville; John J. Reed, Hobart; H. H. Dunham, Wabash; Pierre C. Talbert, Bluffton; Richard W. Holdeman, South Bend.

Legislation

Don E. Wood, Indianapolis, chairman; Eugene F. Senseny, Fort Wayne, vice-chairman; Joseph C. Finneran, Indianapolis, secretary; Robert E. Arendell, Evansville; Harold Manifold, Bloomington; Joseph D. McPike, Bedford; Leslie M. Baker, Aurora; Fred W. Dierdorf, Terre Haute; John Davis, Flat Rock; Jack L. Alexander, Muncie; Max N. Hoffman, Covington; Daniel Ramker, Hammond; Lester Renbarger, Marion; Otis R. Bowen, Bremen; Jack W. Hickman, Indianapolis.

Medical Economics and Insurance

Thomas J. Conway, Terre Haute, chairman; Kenneth O. Neumann, Lafayette, vice-chairman; Paul M. Inlow, Shelbyville, secretary; Charles M. Sinn, Evansville; Paul W. Holtzman, Bloomington; Edward J. Ploetner, Jasper; William Scharbrough, Ewing; Morris E. Thomas, Indianapolis; Charles E. Geckler, Muncie; A. S. Kobak, Valparaiso; Lloyd H. Smith, North Manchester; Thomas G. Hamilton, Columbia City; Jack W. Hannah, Elkhart; Chester A. Stayton, Jr., Indianapolis; Willard Barnhart, Evansville.

Medical Education and Licensure

John L. Cullison, Muncie, chairman; Franklin Bryan, Fort Wayne, vice-chairman; Betty Dukes, Dugger, secretary; Gilbert J. Himebaugh, Evansville; John M. Paris, New Albany; George G. Morrison, Jr., Lawrenceburg; Wayne Crockett, Terre Haute; Frank Coble, Richmond; George T. Lukemeyer, Indianapolis; William Ringer, Williamsport; Leo Radigan, Gary; Lowell J. Hillis, Logansport; Jene R. Bennett, South Bend; Merritt O. Alcorn, Madison; Peter J. Pilecki, Michigan City; Glenn W. Irwin, Jr., Indianapolis, Ex-Officio.

Public Health

Roy L. Fultz, Salem, chairman; Henry G. Nester, Indianapolis, vice-chairman; James S. Robertson, Plymouth, secretary; Daniel Hare, Evansville; William B. Sigmund, Columbus; Cleon M. Schauwecker, Greencastle; Wilson L. Dalton, Shelbyville; Stanley W. Burwell, Muncie; Theodore C. Person, Veedersburg; Philip J. Rosenbloom, Gary; Paul Sparks, Winchester; Wyant J. Shively, Evansville.

Public Information

William B. Challman, Mt. Vernon; Thomas O. Middleton, Bloomington; Louis H. Blessinger, Corydon; Kenneth D. Schneider, Columbus; Richard S. Bloomer, Rockville; Robert D. Spindler, Shelbyville; Robert W. Harger, Indianapolis; Don W. Boyer, Lebanon; Seymour W. Shapiro, Gary; Reeve Peare, Huntington; Fred Dahling, New Haven; William G. Moore, LaPorte; Victor Johnson, Evansville.

Special Activities

Marvin E. Priddy, Fort Wayne, chairman; Ray H. Burnikel, Evansville, vice-chairman; William H. Garner, Jr., New Albany, secretary; John C. Linson, Seymour; Harold C. Ochsner, Indianapolis; Henry Bibler, Muncie; Adolph Walker, East Chicago; Everett F. Donnelly, South Bend; K. G. Hill, New Castle; Robert P. Acher, Greensburg; Norbert Welch, Vincennes.

Voluntary Health Agencies

Norman R. Booher, Indianapolis, chairman; M. O. Scamahorn, Pittsboro, vice-chairman; Wayne Endicott, Greenfield, secretary; Albert Ritz, Evansville; Robert H. Rang, Washington; T. A. Neathamer, Scottsburg; Harry R. Baxter, Seymour; William G. Bannon, Terre Haute; Lowell W. Painter, Winchester; Albert E. Applegate, Frankfort; Walfred A. Nelson, Gary; Lloyd L. Hill, Peru; Richard Willard, Bluffton; Frank J. McCue, Michigan City; Charles Rushmore, Indianapolis.

Future Planning Committee

G. O. Larson, LaPorte, chairman; A. W. Ratcliffe, Evansville, vice-chairman; Ed Tyler, Indianapolis, secretary; Maurice E. Glock, Fort Wayne; James Fitzpatrick, Portland; Paul A. F. Walter, III, Evansville; Charles F. Gillespie, Indianapolis; Leslie Baker, Aurora; (Ex-Officio Members)—Patrick J. V. Corcoran, Evansville; Lowell H. Steen, Whiting; Donald R. Taylor, Muncie; Ralph V. Everly, Indianapolis; Frank B. Ramsey, Indianapolis.

Emergency Medical Services

John S. Farquhar, Jr., Fort Wayne, chairman; Raymond W. Nicholson, Evansville, vice-chairman; Robert M. Brown, Marion, secretary; William F. Kerrigan, Connersville; Rolla D. Burghard, Indianapolis; R. James Bills, Gary; James D. Finfrock, Elkhart; Charles A. Rau, Columbus; Larry W. Sims, Evansville; James W. Kress, Muncie; William W. Drummy, Terre Haute; Frederic L. Schoen, Fort Wayne.

Committee on Sports and Medicine

Brad J. Bomba, Bloomington; James H. Belt, Indianapolis; James B. Wray, Indianapolis; Thomas A. Brady, Indianapolis; Gilbert M. Wilhelmus, Evansville; Arthur L. Moser, Warsaw; Leland G. Brown, Muncie.

Committee on Medicine and Religion

Helen M. Calvin, South Bend; Burton E. Kintner, Elkhart; John C. Slaughter, Jr., Evansville; Donald E. Wood, Indianapolis; John E. Read, Chesterton; Edwin B. Bailey, Linton; Richard M. Nay, Indianapolis.

In the complex picture of moderate to severe anxiety...



there is a new reason for prescribing Mellaril (Thioridazine HCl)

effectiveness in mixed anxiety-depression

Long recognized for its usefulness in the treatment of moderate to severe anxiety, Mellaril is now also known to be effective against mixed anxiety-depression.

Often the symptoms of anxiety states are difficult to sort out—even with the most careful probing. The patient may manifest symptoms of agitation, restlessness, insomnia, somatic complaints. But what of the depression that may be mixed in the total picture? It is reassuring to know that Mellaril may be prescribed—with strong possibilities of success—when there is anxiety alone or a mixture of anxiety and depression.

Before prescribing or administering, see Sandoz literature for full product information, including adverse reactions reported with phenothiazines. The following is a brief precautionary statement.

Contraindications: Severe central nervous system depression, comatose states from any cause, hypertensive or hypotensive heart disease of extreme degree.

Warnings: Administer cautiously to patients who have previously exhibited a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to phenothiazines. Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides. During pregnancy, administer only when necessary.

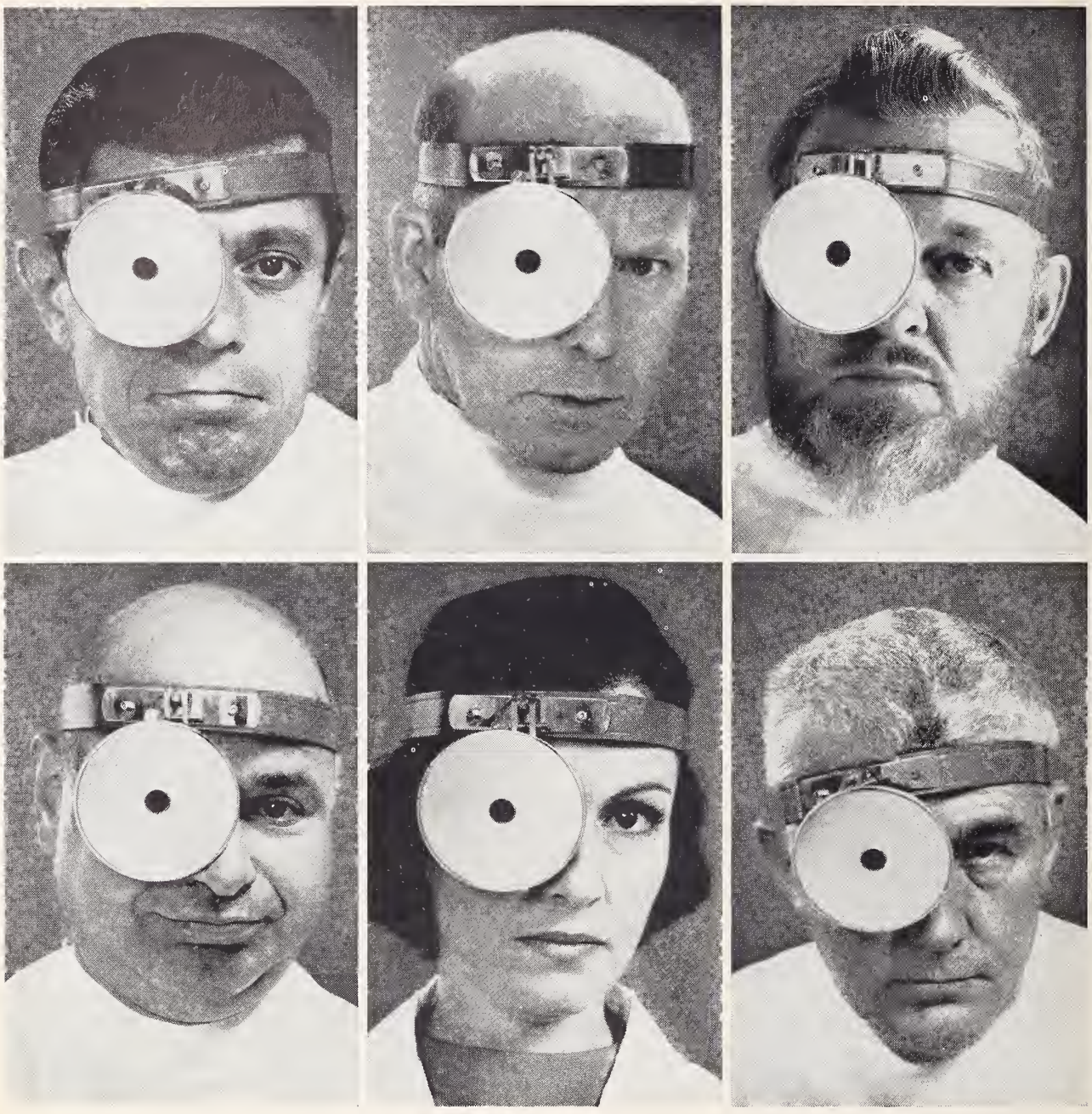
Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures. In epileptic patients, anticonvulsant medication should also be maintained. Pigmentary retinopathy may be avoided by remaining within the recommended limits of dosage. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving). Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension. Daily doses in excess of 300 mg. should be used only in severe neuropsychiatric conditions.

Adverse Reactions: *Central Nervous System*—Drowsiness, especially with large doses, early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; nocturnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. *Autonomic Nervous System*—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. *Endocrine System*—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. *Skin*—Dermatitis and skin eruptions of the urticarial type, photosensitivity. *Cardiovascular System*—Changes in the terminal portion of the electrocardiogram have been observed in some patients receiving the phenothiazine tranquilizers, including Mellaril (thioridazine hydrochloride). While there is no evidence at present that these changes are in any way precursors of any significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients previously showing electrocardiographic changes. The use of periodic electrocardiograms has been proposed but would appear to be of questionable value as a predictive device. *Other*—A single case described as parotid swelling.

Mellaril®
(Thioridazine HCl)
25 mg. t.i.d.

for moderate to severe anxiety and mixed anxiety-depression

SANDOZ SANDOZ PHARMACEUTICALS, HANOVER, N. J. 68-170



"All Otolaryngologists are Alike"

Just look at them and you can see how much they have in common. Besides, they all go through pretty much the same training, and pass the same kinds of tests, and measure up to the same sort of standards. Therefore, all otolaryngologists are alike. Right?

Wrong! But that's no more preposterous than what some people say about aspirin. Namely: since all aspirin is at least supposed to come up to certain required standards, then all aspirin tablets must be alike.

Bayer's standards are far more exacting. In fact, there are at least nine *specific differences* involving moisture content, purity, potency and speed of tablet disintegration, which make the manufacture of Bayer® Aspirin so different.

These Bayer standards result in significant product benefits, including gentleness to the stomach and product stability, that enable Bayer Aspirin tablets to *stay* strong and gentle until they are taken.

So next time you hear someone say that *all* aspirin tablets are alike, you can say, with confidence, that "it just isn't so."

You might also say that all otolaryngologists aren't alike, either.



President's Page

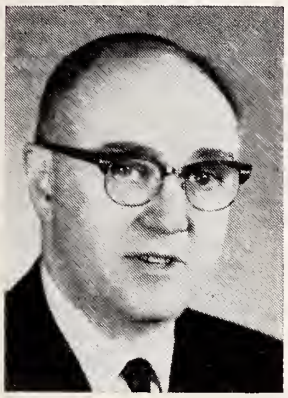
Moral Imperatives

This issue of *The Journal* is devoted to cancer. In this context we may also consider malignant processes which can eat at the social fabric of our lives.

Changing societal attitudes bring changes in our standards of conduct, which can affect the physical and moral health of our people.

One of these is the permissiveness which fosters dissent, sometimes violent, which condones sexual freedoms and which tolerates non-medical uses of medications.

Our sexually-charged culture provides insistent, repetitive, libidinous stimuli which assail us on all sides—from breakfast to bed time. This can produce boredom and erotic fatigue with lowered levels of responsiveness. This may be followed by efforts to re-kindle flagging ardor and occasional recourse to novelty or to variant behavior, sometimes with overtones of sadism or masochism. Bizarre events can result if coupled with alcohol or psychedelic drugs.



The impact and the effect of violence, pornography or abnormal behavior through various forms of communication have not—in my opinion—been conclusively evaluated. We should encourage or sponsor definitive studies of these.

We should be concerned with what we regard as good—in style—in taste—and in manners. We should quietly and steadfastly adhere to these in our personal lives and unpretentiously exemplify them in our family and in our working environment. These are some of our moral imperatives.

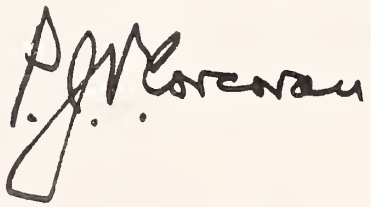
In A Personal Vein

I am recuperating from an emergency appendectomy, done on the heels of a busy period of practicing medicine. Such a hiatal interlude totally reorients one to basic verities. It is first of all a chilling reminder of the impermanence of life itself. The profound intervention of anesthesia and the postoperative management involve real readjustments. Regaining each of the simplest of biologic functions often involves a struggle, but every step toward normalcy brings with it some gratification and a renewed appreciation of those "little" necessary functions that we accept so unheedingly.

Your interests become quite self-centered; if a bit reminiscent of the infantile period, they nonetheless reflect the sophistication of your training. As a microcosm, your perceptions are now inner-directed upon the marvelous intricacies of your own physiologic processes—visualizing as best you can the stabilizing factors of homeostasis, the symphonic interplay of the endocrines, the marshalling of immunologic responses, and the step-by-step cellular progress of wound-healing.

A burden peculiar to a doctor is the awareness of the possible complications and untoward results of illness; of these the non-professional can be blissfully unknowing when he is ill.

The wondrous enigmas of life are brought into better focus. Reappraisal of values is salutary, with special benefits for us whose work deals with life and the problems of living.





MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

WASHINGTON, D.C.—The American Medical Association told Congress that the Internal Revenue Service acted arbitrarily and completely ignored the facts in imposing a tax on revenue from drug advertising in journals of tax-exempt medical associations.

BERNARD D. HIRSH, AMA general counsel, testified before the House Ways and Means Committee, that the relation between the tax-exempt purposes of a medical association, national or state, and the drug advertising in its journal is self-evident.

"DRUG ADVERTISING alerts and stimulates the physician's interest in new drugs as they become available, and also serves to remind him of the broad spectrum of useful time-proven drugs," Hirsh said. "Obviously physicians should not and do not rely upon drug advertisements as their principal source of information, but drug advertisements often provide an important step in the process through which physicians become educated in the therapeutic value and risks of new drugs and a wider variety of useful drugs

"NO OTHER ADVERTISING provides as much complete and objective information."

HIRSH SAID the IRS regulations taxing medical associations on their advertising revenues represents an attempt to change the law without congressional action. The IRS officials made a mistake, he said.

"WE URGE that this mistake be rectified expeditiously and in the most practical way possible," Hirsh said.

SPOKESMEN for numerous other tax-exempt associations joined the AMA in opposing the tax on their advertising revenues. These included the American College of Physicians, the American College of Obstetricians and Gynecologists, the American Psychiatric Association, the American Dental Association, the Boy Scouts of America, the Girl Scouts of America, the American Chemical Society and the Society of National Association Publications.

REPRESENTATIVES of commercial publishing firms contended in testimony before the committee that the previous tax exemption gave the journals of the associations an unfair advantage in competition for advertising dollars. When the IRS announced the new tax regulations 15 months ago, it stated that the purpose of the regulations was not to raise federal revenue but to remove a competitive advantage of the tax-exempt associations.

Continued

t your program of insurance protection today, while premiums are low with a Term-Life Plan meets today's needs with a protective look towards the future.

sional Life & Casualty Company which ade a career of serving the life and dis- insurance needs of members of the al community introduces its new nteed Convertible Term-Life Plan de- d for students, interns and residents re commencing a career in the medical sion.

lan is designed for maximum protection nominal premium you can afford, prior r productive earning years.

ow annual premium provides a level t of life insurance during a period when ay have real need for the financial tion and benefit of your family and dents or of anyone financing your tion.

ANNUAL DIVIDENDS

This is a 'participating plan' which means you participate in annual dividends to policyholders. You may elect to have your Annual Dividends *paid in cash*, applied to reduce your annual premium or accumulated at interest (see item 9 of application).

LOW, FIXED ANNUAL PREMIUM

Your Annual Premium is based on your age at issue (nearest birthday) and remains the same for the duration of the policy. *It cannot be changed by the Company.*

NON-DECREASING COVERAGE

You may select either $10,000 or $20,000 of life insurance. Your insurance will continue for the amount and term you select (10 year or 15 year term period) and *cannot be reduced or terminated by the Company.*

GUARANTEED CONVERSION

Your term policy may be converted to our Participating Whole Life Plan at any time during the policy period *without any restrictions or limitations.*

THE IMPORTANCE OF CONVERSION TO PLC's PARTICIPATING WHOLE LIFE PLAN

Your Term Plan guarantees you the right to obtain PLC's participating Whole Life Plan which has been rated the No. 1 "low net cost" plan by a nationwide statistical service.

The rating was based on comparisons with similar plans issued by the 25 largest U. S. life insurance companies as well as with similar plans issued by the 100 lowest 'net cost' life insurers in the nation.

your own plan and compare! Prove it to yourself that here is a maximum protection plan you d . . . and you can afford.

GUARANTEED CONVERTIBLE TERM INSURANCE

Premiums for $10,000 POLICY

e At Issue est Birthday)	10 YEAR TERM Annual	10 YEAR TERM Semi-Annual	15 YEAR TERM Annual	15 YEAR TERM Semi-Annual
28	$36.50	$19.00	$38.50	$20.00
29	37.00	19.50	40.00	21.00
30	37.50	19.75	42.00	22.00
31	38.00	20.00	44.00	23.00
32	39.50	20.50	46.00	24.00
33	41.00	21.50	48.50	25.00
34	43.50	22.50	52.00	27.00
35	45.50	23.50	55.00	28.50
36	48.50	25.00	59.00	30.50
37	52.00	27.00	63.00	32.50

miums for $20,000 Policy are double the above s

miums for Ages not shown will be provided on uest

Professional Life & Casualty Company

HOME OFFICE: 720 N. Michigan Ave., Chicago, Illinois 60611

DIRECTORS

CHAIRMAN—Edwin S. Hamilton, M.D.

PRESIDENT—Edward L. Compere, M.D.

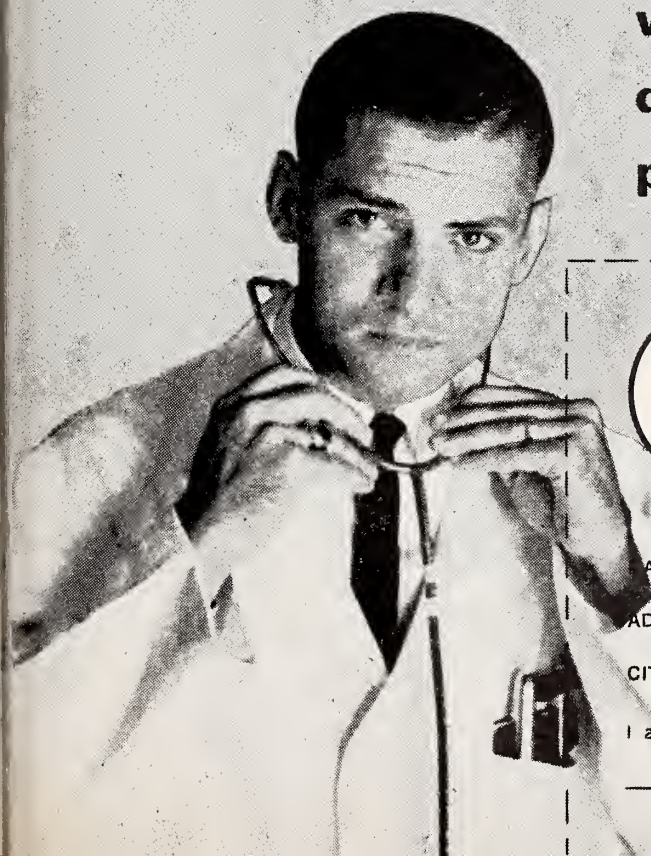
Nicholas Egnatz, M.D. — Robert F. Purtell, M.D.

Stanley K. Nord, M.D. — William H. Walton, M.D.

William B. Hildebrand, M.D.

GENERAL MANAGER & ACTUARY—Norman R. B. King

Now we have a Term-Life Plan with premiums you can afford, designed for conversion to permanent life protection.



Professional Life & Casualty Company

HOME OFFICE: 720 N. Michigan Ave., Chicago, Illinois 60611

AME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

	YES	NO
I am interested in: Whole Life—Ledger Statement, Illustration	☐	☐
Term life insurance data	☐	☐

ALL RESPONSES & INFORMATION PROVIDED BY MAIL

Continued

IN AN ANNOUNCEMENT not directly connected with the House committee hearings, the IRS said it also is considering taxing the income tax-exempt associations get from rental of exhibit and display space at conventions.

EXTENSIVE PROGRAM TO COMBAT ALCOHOLISM URGED

A SPECIAL advisory committee urged an extensive national program to combat alcoholism.

THE NATIONAL ADVISORY Committee on Alcoholism said in an interim report that attention should be given to alcoholism problems in all federally supported health and welfare programs. The committee also recommended:

ELIMINATION by hospitals of discriminatory policies denying admission to alcoholic patients; health insurance coverage for alcoholics; increased support for research; prevention and control of alcoholism as a vital part of national highway safety programs.

THE ADVISORY COMMITTEE provides advice and guidance to the secretary of Health, Education and Welfare concerning the department's activities related to alcoholism. Robert Straus, Ph.D., professor of medical sociology at the University of Kentucky Medical School, is chairman of the committee. It was created in October, 1966. Its members represent all sections of the country and include experts from the fields of medicine, psychiatry, sociology, vocational rehabilitation, law, and public health.

"THE MAGNITUDE of the problem is enormous," Dr. Straus said. "Our country has more than five million alcoholics. Their suffering alone is intolerable, but the need for increased action is made even more imperative by the fact that affected families may include as many as 20 million Americans."

HE ALSO POINTED OUT that alcoholism has a tremendous impact on business, causing absenteeism and loss of productivity.

GRANT AWARDED FOR ALCOHOLISM RESEARCH PROGRAM

THE NATIONAL Institute of Mental Health awarded a first-year grant of $250,000 for a major alcoholism research program at the State University of New York, Downstate Medical Center, New York, N.Y.

THE FIVE-YEAR PROGRAM will include experimental and clinical studies, training, and drug trials. In one study, 60 newly admitted patients between the ages of 25 and 55 with at least a five-year history of alcoholism will be studied to determine the effects of experimentally induced intoxication and withdrawal on the subjects' sleep patterns, behavior and biochemistry. The investigators will focus upon the mechanisms underlying the development of physical and psychological dependence.

AMONG THE DRUGS to be tested are haloperidol, dexoxadrol, disulfiram (antabuse), paraldehyde and chlordiazepoxide alone and in combination with a tranquilizer and an antidepressant.

NATIONWIDE PROGRAM OF INOCULATION FOR GERMAN MEASLES PLANNED

THE FEDERAL GOVERNMENT is planning to launch a five-year, nationwide program of inoculation against rubella, or German measles, as soon as a vaccine is licensed and available in sufficient quantities. It is expected a vaccine will be available by next fall.

TWO DRUG MANUFACTURERS had announced before March 1 the development of a vaccine. Two others were developing one. Merck & Co., Rahway, N.J., was the first to announce completion of testing of such a vaccine. The Merck vaccine, which is of the HPV-77 strain, was reported 95% effective in vaccination of 18,000 children and adults. Merck also has been testing a one-shot vaccine against German measles, common measles and mumps.

PEPI INC., New York, N.Y., said that it had developed a modified live virus vaccine, also of the HPV-77 strain, for the disease and that, after being licensed, it would be marketed by Philips Roxane Laboratories and Parke Davis & Co. PEPI said initial production would be primarily a single-dose vaccine for use in pediatric practice, but that later production would include dosage forms suitable for government-sponsored mass-vaccination programs.

THE OTHER TWO COMPANIES developing a rubella vaccine are Smith, Kline & French Laboratories, Philadelphia, and Eli Lilly & Co., Indianapolis. Eli Lilly has been developing an HPV-77 strain. Smith, Kline & French was working on a Cendehill strain. It had proved 95% effective in inoculations of more than 25,000 persons, according to the manufacturer. Another vaccine, using a rubella strain RZ 27-3, has been developed at the University of Pennsylvania.

NEW LEGISLATION AIMED AT PHYSICIANS' CORPORATIONS

REP. ANCHER NELSEN (R., Minn.) has introduced legislation calling for the same federal tax treatment for professional corporations of physicians organized under state law as for business corporations.

"WE ARE OVERDUE in acting to guarantee this same right of organization to professional persons that we have always given other forms and types of businesses," Nelson told the House.

HE NOTED THAT the federal government's so-called Kintner regulations issued in 1960 primarily keyed taxation of professional corporations to state law.

"AS A RESULT," he said, "many states, Minnesota included, passed laws enabling incorporation under these regulations. Assuming the air was cleared, many corporations were formed. However, in 1965, the Internal Revenue Service issued new regulations reversing its position, which if upheld, make it almost impossible to create a professional corporation, regardless and in spite of state laws permitting the same.

"NO BUSINESS CAN OPERATE without some basis of continuity of the ground rules. If any set of rules should be stable, the rules governing the basic tax classification of businesses for tax purposes should be stable and not subject to administrative whim. Businesses, almost without exception—except for the professions with which this bill deals—are now allowed to decide whether to

Continued

Continued

adopt the partnership, association or corporate form under applicable state laws. There is no logical reason for denying this choice to persons who are rendering personal services in the medical or legal fields. Fairness and equity in application of the federal income tax laws demands that all businesses be treated alike in this sense.

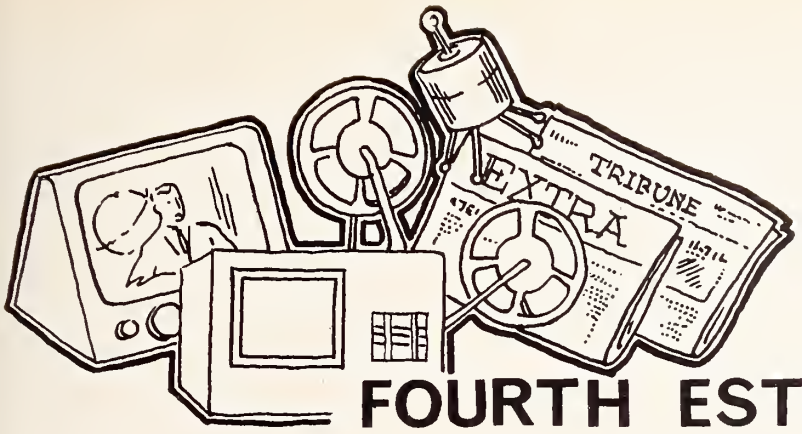
"THE ONLY apparent reason for the 1965 amendments to the regulations was to prevent a possible reduction in federal revenues. I am certainly convinced that this is not an adequate reason for ignoring years of legal precedent and congressional intent in this field. Furthermore, the providing of health, pension and profit-sharing plans through tax incentives under the corporate structure is a worthy objective and a legitimate use of the tax laws. Indeed, I am advised that any possible total tax revenue loss will be minimal when it is realized that most profits will be ultimately taxable, even though such taxation might be immediately deferred.

"THE POSITION TAKEN by the Internal Revenue Service in 1965 is untenable. It violates fairness, equity, reasonableness, years of legal precedent, and the intent of Congress as to the tax treatment of business organizations operating legitimately under state law. I would urge all my colleagues to support hearings and passage of this needed legislation at the earliest possible date."

NEW MEDICARE-MEDICAID BILL INTRODUCED

SEN. CLINTON ANDERSON (D.,N.M.) introduced a bill to tie medicare and medicaid payments to hospitals and nursing homes to local Blue Cross allowances. The bill complements a measure introduced by Sen. George D. Aiken, (R., Vt.) earlier this year which ties physicians' charges to Blue Shield schedules. Aiken co-sponsored Anderson's bill. Co-sponsoring both bills are Sen. Mike Mansfield, (D., Mont.) and Sen. Winston L. Prouty (R., Vt.). Anderson co-sponsored Aiken's bill.

ANDERSON ALSO SAID he supports the idea of Sen. John J. Williams (R., Del.) that Congress should give medicare and medicaid programs a close look, perhaps a full-dress investigation. ◄



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Envy, Despair

The fantastic chemical processes that occur ceaselessly in a living organism are the envy and despair of scientists who seek to duplicate them in the laboratory.

At normal pressures and temperature. all forms of life perform innumerable chemical reactions that are the essence of digestion, perception and growth. To copy these reactions chemists often require elaborate equipment working at high pressures and temperatures.

The key to these many subtle and incredibly precise chemical changes in living things are enzymes, each of them a catalyst that triggers a particular chemical reaction precisely and rapidly. Without enzymes there could be no life.

It is this background that explains the enormous significance of the recent announcement that two independent teams of chemists—one from Rockefeller University and the other from Merck & Co.—have for the first time synthesized an enzyme which performs exactly as does the same enzyme produced in living creatures. If one enzyme can thus be made artificially. then the way is open for producing others. The potential uses of this capacity are likely to prove great in combating disease and in increasing men's knowledge of many important life processes.

Science is rich, of course, in past instances of simultaneous, independent discovery. The invention of the calculus by Newton and Leibniz is perhaps the most famous example. But in this biochemical breakthrough the two teams synthesized ribonuclease by quite different laboratory techniques.

Their accomplishment is an impressive demonstration of how powerfully mankind's ability to probe the most intimate biological processes is growing—with all the hope that ability offers for future progress against cancer and other ailments that now kill or disable millions.—*The New York Times.*

Family Doctor-specialist

There is a new breed of family doctor on the way—and not a minute too soon either.

Of the more than 300,000 physicians in the United States, only 72-000 are now general practitioners. The number has declined about two percent a year since World War II. Fewer than two percent of all 1967 medical school graduates selected general practice over specialties.

Now, the medical profession has announced the establishment of a new specialty of family medicine.

This new breed of family doctor will be trained in psychology, sociology and the other behavioral sciences. His "bedside manner" will be turned scientific.

The new specialty was approved by the Council on Medical Education of the American Medical Association and the Advisory Board for Medical Specialties.

Dr. Maynard I. Shapiro, President of the American Academy of General Practice, said the recognition of family practice as a specialty will give it status, privileges and pay to induce medical students to enter the field.

Physicians passing new certification board examinations will become "Diplomates in Family Medicine," with the same specialty rank and status of those in surgery, psychiatry, internal medicine and other specialties.

Study and residency requirements will be comparable to those for other specialties. with three years of graduate work following four years in medical school.

It is hoped that the new specialty will make the family doctor a more accepted part of the medical fraternity, instead of being shunned as he has been in the past.

There seems little doubt that the public will be glad to see more family doctors. And the image of the American doctor—sadly tarnished in recent years—may be helped greatly if that kindly old family doctor turns out to be a guy who specialized in knowing how to treat the ills of a family.

For the public. and the medical profession itself. have often forgotten that the general practitioner who knows when and what kind of a specialist to send a patient to, is much more valuable than

that specialist himself.—*Marion Chronicle-Tribune*, Feb. 20, 1969.

Public Servants?

Parramore Hospital's esteemed board of governors must think they're running an exclusive place.

Their executive officer, Dr. Norman Wilson. says the press isn't welcome at their meetings. The press is kept out. The public is left without.

"These are meetings of the board of governors," Wilson explains. We wonder if Dr. Wilson is aware that the hospital and its board are public entities; that neither is the personal toy of individuals no matter their personal egotism.

Dr. Wilson refuses to see the press. Perhaps he is so isolated in his administrative ivory dome, he's unaware that even the world's most powerful official—the President of the United States—makes himself available to the press in its role as a representative of the public.

Parramore Hospital is a public facility, supported in great measure by taxpayers' money. Dr. Wilson is a public employee as is everyone else on the hospital's staff. The employers—the taxpayers—are vitally interested in knowing—certainly entitled to know—what kind of job the hired hands are doing.

We're equally positive the taxpayers want to know how their money is spent. Reminded that spending of public tax funds is the public's business, one of the hospital's "governors" is reported ignorant of laws to that effect. His confession is not conducive to great confidence in that particular corner of officialdom.

It is pleaded that the hospital is different from other tax-supported agencies because it uses funds from other sources.

Flapdoodle.

That hokum leads to the conclusion that private contributors have access to hospital affairs while the public does not.

Nor does it make sense for the board to claim immunity from public scrutiny simply because it may consider matters pertaining to patients. Everyone admits that discussion of such matters must be private. But it is no excuse for concealing the board's handling of public affairs.

Public officials—and the "governors" are public officials—do business in full view of their constituents. These officials are aware that in our system of government, the people must know—by logic, by tradition and by law—what's going on and why.

Enlightened officials also realize that by permitting the people every chance to watch them in action, they can demonstrate their capability and their fitness.

Not so Parramore's board of governors: It thumbs its nose at the people.—*The Hammond Times*, Jan. 28, 1969.

Medical School Options

It is well to get Dean Glenn Irwin of the Indiana University Medical School on record as seeing that steps taken thus far have done precious little, if anything, to solve Lake County's doctor shortage problem.

Whether his specific recommendations for nearly immediate corrective action are the best approach we leave to those more precisely involved with the technical details.

What Irwin has suggested at a meeting with Lake County senators and a county elective official pushing for action is the beginning, probably next year, of first year medical courses at both the Northwest (Gary and East Chicago) campus of Indiana University and of the Purdue Calumet campus in Hammond. He suggests that those first year courses could be followed soon with a fourth-year course with others to be interspersed later, gradually building up a full four-year program.

A meeting next week may elicit some evidence as to how strongly such proposals might be backed by other officials of the two big state universities.

Even if that is forthcoming, there could be a danger of a step-by-step approach being stopped somewhere along the line and interfering with the ultimate need, which must be a fully-accredited medical course available for the area.

The need, repeatedly cited, was underscored more forcibly by statistics from the Lake County coroner, Dr. Alexander Williams, who pointed out that, despite a new I.U.-sponsored intern program, there is only one intern working now in Gary hospitals, and that, on the basis of national standards, Lake County remains 108 doctors short of what its population requires.

As with other developments in the medical school effort, Irwin's suggestions need to be weighed carefully. They cannot, however, be accepted to the exclusion of other possible avenues. The medical school need is real. County proponents of its creation must keep their options open.—*Gary Post-Tribune*, Jan. 23, 1969. ◄



vacation in a vial: the spasm reactors in your practice deserve

"the Donnatal® Effect"

	each tablet, capsule or 5 cc. of elixir (23% alcohol)	each Donnatal No. 2	each Extentab®
hyoscyamine sulfate	0.1037 mg.	0.1037 mg.	0.3111 mg.
atropine sulfate	0.0194 mg.	0.0194 mg.	0.0582 mg.
hyoscine hydrobromide	0.0065 mg.	0.0065 mg.	0.0195 mg.
phenobarbital	(¼ gr.) 16.2 mg.	(½ gr.) 32.4 mg.	(¾ gr.) 48.6 mg.
(Warning: may be habit forming)			

Brief Summary. Blurring of vision, dry mouth, difficult urination, and flushing or dryness of the skin may occur on higher dosage levels, rarely on usual dosage. Administer with caution to patients with incipient glaucoma or urinary bladder neck obstruction. Contraindicated in acute glaucoma, advanced renal or hepatic disease or a hypersensitivity to any of the ingredients.

A. H. ROBINS COMPANY, RICHMOND, VIRGINIA 23220

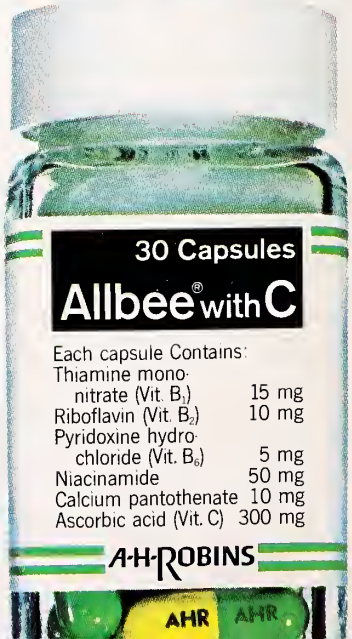
A·H·ROBINS

Two ways to provide your patients with a month's therapeutic supply of Vitamin C:

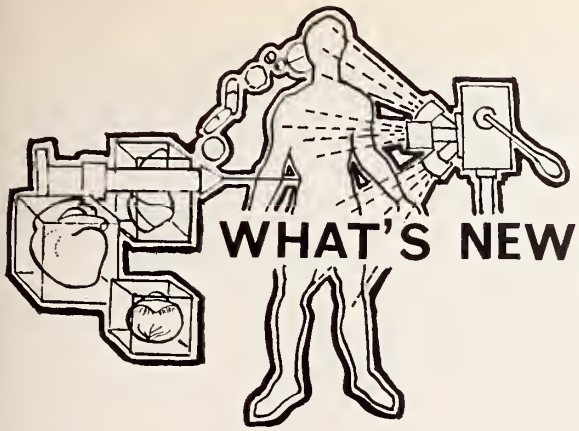


290 tangerines or 30 Allbee® with C.

Your patient would have to peel and eat 290 tangerines a month, almost 10 every day, to get as much Vitamin C as is contained in just one bottle of 30 Allbee with C capsules (taken one capsule daily). In addition, each capsule provides full therapeutic amounts of the B-complex vitamins. For example, as much niacin as 2 pounds of sirloin steak. This handy bottle of 30 Allbee with C capsules gives your patient a month's supply at a very reasonable cost. Also the economy size of 100. Available at pharmacies on your prescription or recommendation.



A. H. Robins Company, Richmond, Va. 23220



WHAT'S NEW?

The Institute of Rehabilitation Medicine of New York University Medical Center has published a 25-page manual on "How To Use The Bulb Syringe Method of Colostomy Irrigation." Copies may be obtained at 50 cents each from the Institute at 400 E. 34th St., New York City 10016.

* * *

Parke-Davis is releasing a new biological for the prevention and treatment of tetanus—IMMU-Tetanus. It is a sterile, concentrated solution of human tetanus antitoxin as gamma globulin. It was originally introduced in the fall of 1967 through eight selected branches and now is nationwide. Each vial contains 250 units.

* * *

McNeil is introducing a new neuroleptanalgesic, Innovar® Injection for use as premedication for anesthesia, and as an adjunct to the induction and maintenance of anesthesia. It consists of McNeil's Sublimaze® (fentanyl) with Inapsine® (droperidol) a neuroleptic agent. The combination is both tranquilizing and analgesic.

* * *

Wyeth is producing and distributing the first U. S. licensed and produced Antivenin for protection against the eastern coral snake. This is a public service drug—Wyeth has donated supplies to the Public Health Service and to state health departments and poison control centers in the states of Georgia, Florida, Alabama, Arkansas, Louisiana, Mississippi, North Carolina, South Carolina and Texas, which comprise the habitat of the snake. The Antivenin is not effective against the poison of the coral snake found in New Mexico and Arizona. Emergency requests for Antivenin from outside the nine-state area should be referred to the National Communicable Disease Center, 1600 Clifton Road, N. E., Atlanta, Ga., telephone 404-633-3311.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

VACANCY FOR ASSOCIATE MEDICAL DIRECTOR

This position in a large company offers opportunity for advancement and has a modern benefit program. Salary open.

Applicant may be a generalist with a sincere interest in industrial type practice, or have special training.

Applicant must have Indiana license or be eligible for same and be in good health.

This is an excellent opportunity in Occupational Medicine which should be investigated to appreciate.

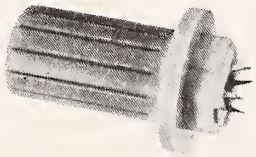
CONTACT: Joseph T. Noe, M.D.
Medical Director
Inland Steel Company
Indiana Harbor Works
East Chicago, Indiana 46312
Telephone: 397-2300, Ext. 2577
Area Code 219

INLAND

An Equal Opportunity Employer
In the Plans for Progress Program

TB is still around.

In 1967 almost 45,000 new active cases were reported. Isn't that a good reason to make tuberculin testing with the white LEDERTINE™ Applicator a routine part of your physical examinations?



TUBERCULIN TINE TEST
(Rosenthal) with Old Tuberculin

Precautions: With a positive reaction, consider further diagnostic procedures. Use with caution in persons with active tuberculosis or known allergy to acacia. Vesiculation, ulceration, or necrosis may occur at the test site in highly sensitive persons.

Lederle LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, N.Y.
472-9


Darvon®
Compound-65
Each Pulvule® contains 65 mg. propoxyphene hydrochloride, 227 mg. aspirin, 162 mg. phenacetin, and 32.4 mg. caffeine.
Lilly
Additional information available upon request.
Eli Lilly and Company
Indianapolis, Indiana 46206.
900252

The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 62 -- April 1969 -- Number 4

Significant palliation and remission of advanced and inoperable malignancy of the G.I. tract is reported.

Methotrexate Therapy of Advanced Gastrointestinal Malignancy

WILL W. WARD, Jr., M.D.
FITZHUGH MULLINS, M.D.
Louisville, Ky.*

ADVANCED or metastatic cancer of gastrointestinal origin has generally evoked thoughts of hopelessness and often caused the withholding of specific therapy. Surgical treatment of carcinoma of the stomach and pancreas has been particularly disappointing. This has largely been due to tumor extension at the time of diagnosis. An optomistic and aggressive approach to an unresectable tumor has not been possible because of the lack of a suitable therapeutic agent. Although folic acid antagonists were introduced to clinical use by Farber[1] as long ago as 1948, the true usefulness of this class of drugs is yet to be fully defined. We believe that renewed interest in the use of Methotrexate** against solid tumors is justified. The alteration of doses and schedules based on a better understanding of tumor biology and the drug's pharmacology can be translated into effective clinical therapy. Three patients with extensive and metastatic cancer of the upper gastrointestinal tract in whom intermittent intensive therapy with Methotrexate gave significant remission prompted this report.

* From the Departments of Medicine and Surgery, Norton Memorial Infirmary, Louisville, Ky.

Requests for reprints should be sent to: Dr. Ward, 506 Fincastle Bldg., Louisville, Ky. 40202.

** Lederle Laboratories, Pearl River, N.Y.

Case Reports

Patient 1. This 66-year-old man was admitted to the hospital in March, 1968, because of abdominal pain. He had been anoretic and had lost between 15 and 20 pounds during the preceding six months. X-rays showed tumor involving the entire body of the stomach. Extensive pressure defects were noted in the first portion of the duodenum presumed to be from either enlarged nodes or liver. Irregularity of the superior aspect of the transverse colon suggested tumor infiltrating the gastrocolic omentum. Exploratory laparotomy was performed after four units of blood had corrected a rather severe anemia. Ascites with peritoneal carcinomatosis from carcinoma of the stomach confirmed the preoperative impression. Linitis plastica best describes the gastric change. Only a few centimeters of the fundus of the stomach were grossly free of tumor. A large flat mass of tumor presented on the peritoneal surface of the anterior abdominal wall directly in the line of surgical incision. The small bowel mesentery as well as the gastrocolic omentum was invaded with tumor plaques in a number of areas. A large Meckel's diverticulum measuring 8 to 10 cm. in length with a tumor nodule on its tip was noted. The liver appeared normal except for a few tiny plaques on the surface. Microscopic interpretation of biopsy material from the abdominal wall confirmed the diagnosis of adenocarcinoma originating in the stomach. No further surgery was done.

Methotrexate in a dose of 5 mg. every 24 hours by continuous intravenous drip was started on the third postoperative day. Therapy was

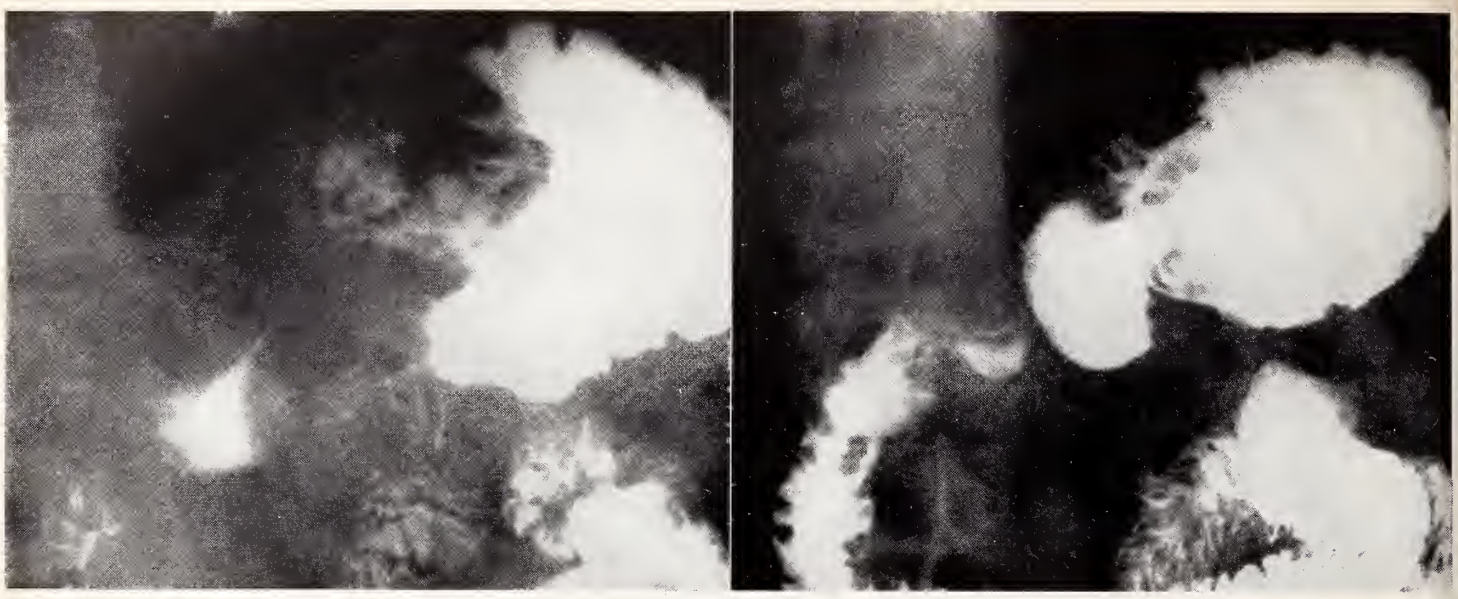


FIGURE 1

CARCINOMA of the stomach in Patient 2 showing extensive infiltration of distal portion (left) and almost complete resolution of the abnormality (right) after four months therapy.

monitored by daily white cell count and the drug was discontinued after the eighth day of infusion when the white cell count reached 4,000. Stomatitis developed three days following this and remained mildly severe. After five days, the drug was resumed on a schedule of 2.5 mg. by mouth every 12 hours for five days each week. White cell counts obtained twice weekly and the presence of oral ulceration guided the duration of each drug course. One-week rest periods were advised for white cell counts below 3,000 or for definite soreness of the mouth.

Objective response in terms of tumor shrinkage was evident three weeks after drug treatment was started. Palpable metastatic tumor in the anterior abdominal wall began to regress at this time and subsequently completely disappeared. The gastric mass in the epigastrium receded to about half its previous size during this period and was barely palpable at six weeks. Ascites diminished and at the same time weight increased. Fourteen weeks after drug treatment was begun, repeat barium studies revealed only narrowing of the body of the stomach with loss of mucosal folds. The previously distorted area of stomach above and below this was now pliable and exhibited normal folds and peristalsis. The pressure defects of the duodenum and transverse colon no longer existed. The patient's sense of well-being markedly improved and he enjoyed normal activities at home for seven months while taking Methotrexate regularly. Relapse occurred and hospitalization for a repeat course of intravenous drug did not induce the previous degree of measurable improvement, although he did benefit.

Comment

Ample reason for a therapeutic trial with a new drug or new drug regimen can be found in the depressing survival statistics of cancer. About nine of 10 patients with gastric cancer die of the disease within five years. A recent retrospective study by Moertel[2] of 307 patients with adenocarcinoma of the stomach indicates a median survival of four months from the time of histologic proof of incurable tumor. This period of survival occurs with little or no effort made against the malignancy itself. The quality of life during this unaltered course of cancer is obviously poor. With intensive prolonged drug therapy, our patient has survived eight months at the time of this writing and continues to live comfortably at home. No question exists as to the high grade of the malignancy or the aggressive form of disease based on the clinical course prior to drug control.

Patient 2. The patient was a 51-year-old man who presented with a suspected persimmon phytobezoar in March, 1966. Exploration revealed an extensive cancer of the stomach with posterior fixation. The tumor was considered inoperable and pathologically proved to be a small cell carcinoma. He was initially treated with a course of 5-fluorouracil* but because of increasing epigastric pain was readmitted to the hospital on May 12, 1966 and given a 10 day intravenous infusion of 5 mg. of Methotrexate every 24 hours. Symptoms were relieved and he was able to return to his work as an engineer on June 6, 1966. At this time he began the first of a number of courses of 1.25 mg. of Methotrexate by mouth every six hours. These courses averaged six to eight days with intervals between of seven to 10 days depending on the degree of leukopenia or oral ulceration. He was able to follow a regular diet, maintain normal activity, and require only minimal symptomatic

* Roche Laboratories, Nutley, N.J.

medication. Serial gastrointestinal x-rays showed an apparent steady decrease in the extent of tumor (Figure 1). For this reason it was felt that the tumor might prove to be resectable on re-exploration. The last course of Methotrexate was completed on December 30, 1966 and exploration carried out January 13, 1967. The stomach was freely mobile at this time and contained what appeared to be a chronic ulcer. Frozen sections of multiple biopsies showed no evidence of tumor. A subtotal gastric resection was carried out because of the likelihood of remaining viable tumor. The patient became febrile 24 hours following surgery and died on the second postoperative day in irreversible shock. Blood culture revealed an enterococcus and the clinical picture was consistent with septicemia. Postmortem examination showed intact suture lines. Although the resected specimen showed no tumor and the remainder of the stomach was grossly normal, a few sections of the postmortem material showed residual nests of malignant cells deep in the gastric wall. No metastatic tumor could be found in any organ.

Comment

This patient died of a disseminated septic process. Methotrexate had been discontinued 13 days prior to surgery and the white cell count had returned to normal. However, we feel that decreased host resistance related to the therapy must have been a major factor in his death. The port of entry of the infecting organism was most likely the intestinal tract. In retrospect a preoperative course of intestinal antisepsis might have prevented his death. Our present policy is to treat with a broad spectrum antibiotic or non-absorbable sulfa any patient who develops a fever while on Methotrexate until afebrile. Due to drug response this patient was able to return to his previous work and lived a relatively comfortable life for a period of nine months following the diagnosis of inoperable tumor.

Patient 3. The patient was a 61-year-old woman who developed abdominal pain and jaundice while vacationing in Florida in December, 1967. Exploration there on December 29, 1967 revealed extensive malignancy involving the gallbladder, hilus of the liver, common duct, and head of the pancreas. The tumor was thought to have originated in the gallbladder. She returned to her home in Southern Indiana and was hospitalized in Louisville in late January, 1968. Significant physical findings included deep jaundice, an epigastric mass, and 3.5-4 cm. in diameter left supraclavicular nodes. Multiple excoriations of the skin due to pruritus were noted. With the hope of establishing biliary drainage prior to initiating chemotherapy, re-exploration was carried out on February 1, 1968. Malignant tissue so involved the upper abdomen that the common and hepatic ducts could not be identified. Biopsy suggested adenocarcinoma most probably of pancreatic origin.

Continuous intravenous infusion of 5 mg. of Methotrexate daily was begun on February 6, 1968. After three days the cervical nodes were definitely smaller and on the seventh day, when the infusion was discontinued because of oral ulcerations, the nodes had virtually disappeared. Itching subsided promptly. Serial bilirubin and alkaline phosphatase determinations as related to courses of therapy are summarized in Figure 2. Intermittent courses of oral Methotrexate in a dose of 1.25 mg. every six hours were started on February 25, 1968. The patient returned to her work operating a restaurant on March 6, 1968. The total bilirubin had fallen to 1.4 mg.% on April 8, 1968. Abdominal pain began to occur on the fifth day of each course of Methotrexate. She voluntarily decreased the drug to 1.25 mg. every eight hours. Severe epigastric pain necessitated readmission to the hospital on June 1, 1968. Total serum bilirubin had increased to 42.6 mg.%. The bilirubin then decreased to 17.6 mg.% at the time of discharge eight days later, apparently as a result of the course of treatment completed just prior to admission. She did relatively well until increasing weakness required readmission to the hospital in July, 1968. Death due to apparent hepatic coma occurred on July 29, 1968.

Comment

Initially this patient was extremely uncomfortable due to epigastric pain and severe itching. The family had been told that no treatment was available for the very unpleasant and incapacitating symptoms. Despite our inability to surgically re-establish biliary drainage, the patient's jaundice subsided following treatment and acholic stools became normal in color. Metastatic nodes dramatically

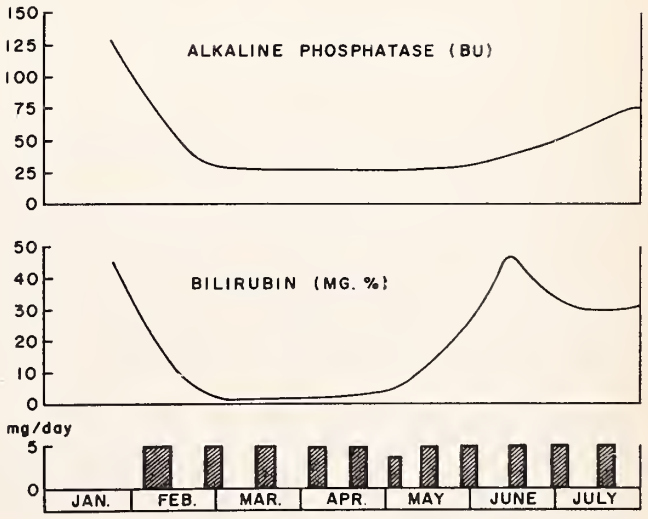


FIGURE 2
LIVER function tests in adenocarcinoma of the pancreas (Patient 3).

receded and itching was to a large extent relieved. A seven month period of survival during which the patient was able to work and carry on most of her normal activities was substituted for one of suffering and increasing disability. Ultimately, the tumor became drug resistant and death resulted from destruction of the liver by tumor and biliary cirrhosis.

Discussion

Worthwhile prolongation of survival by the use of systemic chemotherapy was accomplished in these three patients with advanced upper gastrointestinal cancer. Sullivan and co-workers in 1959[3] introduced the concept of prolonged and continuous arterial infusion of antimetabolites. This method was proposed in order to expose all cells of the tumor population to the destructive action of the drug as they randomly entered active reproduction and were therefore in a drug-sensitive phase. Advanced solid tumors which have been reported as responding poorly to conventional chemotherapy seem to be characterized by a high percentage of temporarily nondividing cells and a correspondingly low percentage of dividing cells. The regimen we have been encouraged to use is based on two premises. First, continuous slow intravenous infusion results in a high serum level of drug and this leads to high intracellular levels of Methotrexate. Total drug exposure forces lethal amounts of drug to diffuse into tumor cells. The drug then remains in the cell ready to react with the enzyme system which produces desoxyribonucleic acid once division starts. Second, maintenance therapy is necessary because cancer cell populations divide more slowly than normal cell populations such as the bone marrow and epithelium of the intestine. Protection against infection and hemorrhage is provided by low dosage while relative total tumor cell exposure is obtained by the duration of therapy.

Initiation of chemotherapy in the hospital where close observation for toxicity can be carried out is mandatory. Methotrexate toxicity is often severe. Any impairment of kidney function multiplies the danger since about 85% of any given dose is excreted by the kidneys in the first 24 hours. Rigid schedules cannot be pursued, but once a tolerable dosage is established, it can be used for long periods. Methotrexate has the advantage of good absorption from the gastrointestinal tract. We have one patient with metastatic cancer of the breast who has taken Methotrexate in a dosage of 5 mg. per day for five days each week for two years. The true value of Methotrexate in the treatment of cancer of the upper gastrointestinal tract warrants further investigation in additional patients to verify increased absolute survival from the time of onset of therapy.

Summary

Three cases of advanced metastatic malignancy originating in the gastrointestinal tract were treated with an intermittent schedule of oral and intravenous Methotrexate. The drug was administered intravenously in a dose of 5 mg. given continuously over a 24 hour period and orally in a dose of 1.25 mg. given four times daily. This method of treatment has resulted in a substantial, relatively symptom free period during which the patient has been able to return to normal activity. We strongly advocate this approach to treatment rather than one of therapeutic nihilism in the management of the patient with inoperable cancer. A brief review of development and rationale for this therapy is included.

REFERENCES

1. Farber, S., Diamond, L. K., Mercer, R. D., Sylvester, R. J., Jr., Wolff, J. A.: Temporary Remissions in Acute Leukemia in Children Produced by Folic Acid Antagonist, 4-amino — pteroylglutamic acid (aminopterin), *New Eng. J. Med.* 238:787-793, (June 3), 1948.
2. Moertel, C. G.: The Natural History of Advanced Gastric Cancer, *Surg., Gynec., Obstet.* 126:1071-1076, (May), 1968.
3. Sullivan, R. D., Miller, E., Sykes, M. P.: Antimetabolite-metabolite Combination Chemotherapy; Effects of Intra-arterial Methotrexate — Intramuscular Citrovorum Factor Therapy in Human Cancer, *Cancer* 12:1248-1262, (Nov.-Dec.), 1959. ◄

Communications Must Be Convincing

"Communications is not what you say, or how you say it; it's whether the person you are communicating with understands, and believes, what you say."—Robert Leys, vice president, Allstate Insurance Co.

With the broad Polycillin (ampicillin trihydrate) spectrum...



...you have a lot going for you in the wide range of bacterial infections.

PRESCRIBING INFORMATION. For complete information consult Official Package Circular. **Indications:** Infections due to susceptible strains of Gram-negative bacteria (including Shigellae, *S. typhosa* and other Salmonellae, *E. coli, H. influenzae, P. mirabilis, N. gonorrhoeae* and *N. meningitidis*) and Gram-positive bacteria (including streptococci, pneumococci and nonpenicillinase-producing staphylococci).

Contraindications: A history of allergic reactions to penicillins or cephalosporins and infections due to penicillinase-producing organisms.

Precautions. Typical penicillin-allergic reactions may occur, especially in hypersensitive patients. Mycotic or bacterial superinfections may occur. Experience in newborn and premature infants is limited and caution should be used in treatment, with frequent organ function evaluations. Safety for use in pregnancy is not established. In gonorrheal therapy, serologic tests for syphilis should be performed initially and monthly for 4 months. Assess renal, hepatic and hematopoietic function intermittently during long-term therapy.

Adverse Reactions: Skin rash, pruritus, urticaria, nausea, vomiting, diarrhea and anaphylactic reactions. Mild transient elevations of SGOT or SGPT have been noted. Black tongue has been noted in some patients receiving the Chewable Tablets.

Usual Dosage: Adults—250 or 500 mg. q. 6 h. (according to infection site and offending organisms). Children—50-100 mg./Kg./day in 3 to 4 divided doses (depending on infection site and offending organisms). Bacterial meningitis —150-200 mg./Kg./day in 6 to 8 divided doses. Children weighing more than 20 Kg. should be given an adult dose when prescribing orally. In parenteral administration, children weighing more than 40 Kg. should be given an adult dose. Beta-hemolytic streptococcal infections should be treated for at least 10 days.

Supplied: Capsules—250 mg. in bottles of 24 and 100. 500 mg. in bottles of 16 and 100. For Oral Suspension—125 mg./5 ml. in 60, 80 and 150 ml. bottles. 250 mg./5 ml. in 80 and 150 ml. bottles. Chewable Tablets—125 mg. in bottles of 40. Injectable—for I.M./I.V. use—vials of 125 mg., 250 mg., 500 mg., and 1 Gm. Pediatric Drops—100 mg./ml. in 20 ml. bottles.

11-1/2/69 **A.H.F.S. Category 8:12.16**

Polycillin®
(ampicillin trihydrate)

BRISTOL LABORATORIES
Division of Bristol-Myers Co.
Syracuse, New York 13201

BRISTOL

The penicillin you use like a broad-spectrum antibiotic

About Our Cover

The cover this month portrays one facet of cancer control—the demonstrated relationship of lung cancer and cigarette smoking and indicates the physician's role in advising his patients concerning preventative health measures.

Every physician should be keenly aware of his potential role in motivating his patients to give proper attention to health needs.

A recent study carried out by the American Cancer Society indicates that four out of five persons who have never had a physical checkup for cancer would have such examinations regularly if their personal physician so advised.

In the public mind, one of the most convincing testimonies to the relationship between cigarette smoking and disease is the fact that more than 100,000 doctors have quit the habit. A decade ago, roughly two out of three doctors had smoked cigarettes at some time during their life. Today, half of these physicians have quit.

Help your patients to give up this health hazard by putting the force of your advice behind quitting.

The American Cancer Society, through its Indiana Division, Inc. and its county units, continues to emphasize cancer control through public and professional educational programs in addition to primary support of basic cancer research within this state.

Literature to aid Indiana physicians in presenting the facts of cancer control and its prevention to their patients is available from every ACS Unit.

RETURN FORM TO:

AMERICAN CANCER SOCIETY
INDIANA DIVISION, INC.

445 North Pennsylvania Street
Indianapolis, Indiana 46204

..... Please provide the "I Advise My Patients Not to Smoke Cigarettes" free desk sign for my office.

NAME

ADDRESS

CITY COUNTY ZIP CODE.....

(Our thanks to the Medical Committee of the American Cancer Society, Indiana Division, Inc., Dr. Edwin E. Pontius and to David Willoughby, medical photographer at Methodist Hospital, for the inspiration, art work and layout of this month's cover).



introducing alginates to antacids

for a difference in taste you can feel

Derived from seaweed, and long used to impart velvety consistency to foods, alginates—a Warner-Chilcott contribution to antacid palatability—help 1) erase the chalkiness and grittiness found with some other antacids; 2) dispel unpleasant aftertaste. Like ice cream, Gelusil-M is smooth and creamy; and it has a cool mint flavor. Thus, for your patients Gelusil-M may be better to start on and easier to stay on.

introducing new

GELUSIL®-M*

each 5 ml. teaspoonful contains:
500 mg. magnesium trisilicate
250 mg. aluminum hydroxide (Warner-Chilcott)
200 mg. magnesium hydroxide

*U.S. Patent No. 3,326,755

a consistent buffering anticostive† antacid

†Avoids constipation.

See next page for prescribing information ▶

GELUSIL–one name to remember...and a dosage form for every patient.



Gelusil®-M Liquid

especially for the constipation-prone patient

Indications: Gelusil-M is indicated for prompt and dependable symptomatic relief of peptic ulcer, gastritis, heartburn, hiatal hernia, esophagitis, and other conditions for which control of gastric hyperacidity is required.

Precaution: Prolonged or intensive therapy in patients with severe renal insufficiency may lead to hypermagnesemia.

Dosage: One to two teaspoonfuls (5 ml. to 10 ml.) between meals and at bedtime or whenever symptoms occur. Certain conditions, such as acute peptic ulcer, may require individualized dosage. If diarrhea occurs, reduce dosage or discontinue use.

Supplied: Gelusil-M (spearmint-flavored)—light green bottles of 12 fl. oz.; and a **special hospital pack.** Keep tightly closed—shake vigorously.

Gelusil® Tablets

the universal take-along antacid

Easy to take along / easy to take / pleasantly mint-flavored. An antacid with adsorbent and demulcent properties which contains in one tablet: 0.25 Gm. aluminum hydroxide (Warner-Chilcott) and 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 tablets—or more—between meals and at bedtime, or whenever symptoms occur. Tablets should be chewed.

Regular Gelusil® Liquid

when constipation is not a problem

Pleasant mint flavor...ideal for hospital or home. Available in 12 fl. oz. and 6 fl. oz. bottles and a special hospital pack. An antacid which contains adsorbent and demulcent agents in each 4 ml. teaspoonful: 0.25 Gm. aluminum hydroxide (Warner-Chilcott), 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 teaspoonfuls (4 ml. each)—or more—between meals and at bedtime, or whenever symptoms occur.

Also Available: Gelusil® Flavor-Pack, Gelusil-Lac®.

WARNER-CHILCOTT
Morris Plains, New Jersey
GM-IN-91-40

Leiomyosarcoma of the duodenum is rare and only 64 cases have been reported so far in the literature. It occurs with equal frequency in men and women; most cases occur between the ages of 40 and 60. It arises from the smooth muscle of the small bowel. Until comparatively recently, the prognosis was poor, but with modern safer methods of pancreatoduodenectomy, the prognosis is much better. One added case of leiomyosarcoma of the duodenum is presented. The patient died of liver metastasis, having survived the pancreatoduodenectomy for seven years.

Leiomyosarcoma of the Duodenum Treated by Pancreatoduodenectomy

NALIN G. SHAH, M.B.B.S., B. Sc. (Medical)*
LALL G. MONTGOMERY, M.D.**
Muncie

LEIOMYOSARCOMA of the duodenum is a rare entity. The present case is an addition to the literature, treated by pancreatoduodenectomy.

Case Report

The patient,[8] a 64-year-old white male carpenter, was admitted to the hospital on 12-18-58 because of massive gastrointestinal bleeding leading to fainting episodes. In 1955 he had had severe gastrointestinal hemorrhage but was not hospitalized and did not have x-ray studies. In September, 1957, he had a second hemorrhage, was hospitalized elsewhere and received transfusions. He was told at that time he had a "deformity of the duodenum on x-ray." Gastric resection was recommended but was refused. The patient stated that for four or five years, he had been having episodes of pain in the epigastrium which were increased by ingestion of greasy foods and alcohol. An "ulcer diet" did not completely relieve his symptoms but the epigastric distress was usually relieved by soda, which led to belching. On the week prior to this admission, the patient noticed black stools for the first time since the episode in 1957. There was no history of any other significant illness.

The patient was an extremely pale man of average build who appeared chronically ill but seemed younger than his stated age. The blood pressure was 150/70; pulse 80 per minute; temperature 98.0°F.; respirations 20 per minute; weight 175 pounds and height 174 cms. The abdomen was scaphoid. There was a freely movable, slightly tender mass in the right upper quadrant about 10 to 12 cm. in diameter. The liver was normal on palpation, and distinctly separate from the mass. Rectal examination revealed gross blood which was partly bright red. There were no other remarkable physical findings. The chest radiogram was considered normal. Barium by mouth showed no abnormality of the esophagus, stomach or duodenal cap, but the duodenal loop was widened and displaced anteriorly. In the third portion of the duodenum, an ulcerated lesion extended toward the pancreas. In this area there appeared to be some lines of barium outside the duodenum in the region of the pancreas. (In retrospect this was barium extending into the necrotic center of the tumor described below.)

Laboratory Findings

On 12-18-58, the urinalysis revealed: specific gravity 1.020, no albumin or glucose, 4+ leukocytes, 2+ epithelial cells. The blood contained hemoglobin of 5.7 gm.%, erythrocytes 3.27 million per cu. mm., leukocytes 11,350.0 per cu. mm., with a normal differential count and a hematocrit of 22.0%. The Mazzini was negative. Additional laboratory data included a direct bilirubin of 0.1 mg.%, and the total bilirubin 0.6 mg.%. The fasting blood sugar was 90.0 mg.%, and blood urea nitrogen 19.5 mg.%. The electrocardiogram was within normal limits. Gastric analysis revealed 38.0 units of free hydrochloric acid. Immediately after admission the patient re-

* Formerly Fellow in Pathology, Department of Pathology and Laboratory Medicine, Ball Memorial Hospital, Muncie 47303.

** Pathologist, Department of Pathology and Laboratory Medicine, Ball Memorial Hospital, Muncie 47303.

Requests for reprints should be sent to: Dr. Nalin G. Shah, Resident in Pathology, Jewish Chronic Disease Hospital, E. 49th St. and Rutland Rd., Brooklyn, N.Y. 11203.

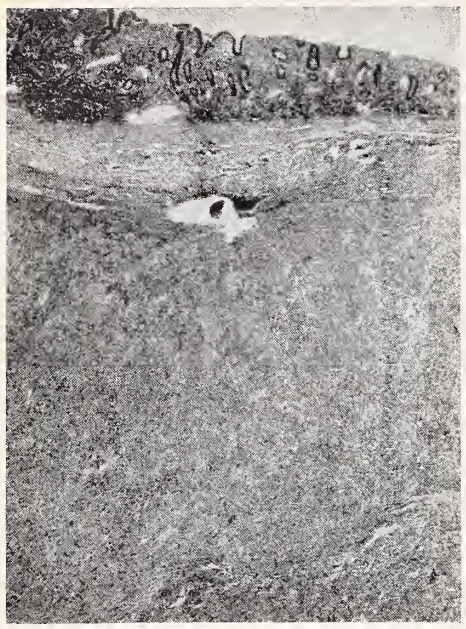


FIGURE I
LEIOMYOSARCOMA of the duodenum, primary. The tumor is present in the submucosa. The duodenal mucosa can be seen above; and just to the right of this was the area of ulceration (hematoxylin and eosin x 30).

ceived 4,500.0 ml. of blood and the day after surgery the hemoglobin was 12.6 mg.%. On 12-23-58, a pancreatoduodenectomy was performed, the patient had a relatively uneventful postoperative course and was discharged 12 days after operation. He continued in apparent good health except for mild "dumping" symptoms.

On examination of the surgical specimen a tumor, 8.0 cm. in average diameter, and estimated to weigh 50.0 grams, was noted in the duodenum immediately distal to the ampulla of Vater. It displaced the pancreatic tissue. The cut surface of the tumor was homogeneous except for central necrosis which communicated with the duodenal lumen and produced the ulceration of overlying duodenal mucosa. It was apparent that the gastrointestinal bleeding had come from this necrotic area. The tumor appeared to be encapsulated and the capsule and the lymph nodes associated with the specimen contained no microscopic tumor invasion. Another subserosal encapsulated tumor measuring 1 cm. in average diameter was found in the prepyloric area of the stomach which was found to be neurofibroma or hemangiopericytoma without any evidence of malignancy.

The patient was seen again in 1960 by the same surgeon for a cut on his forehead, sustained during a fight while drinking. At this time there was no evidence of any recurrence of the tumor. In February, 1964, his upper abdomen was explored by another surgeon, a mass was found in the liver and serous fluid was drained from which Escherichia coli were grown on culture. The patient was thought to have a liver abscess and from that time he continued to have trouble. Following this illness he lost weight and finally developed jaundice prior to the last admission on 1-29-66. At that time the patient was noted to be emaciated. The blood pressure was 120/78, and the pulse was 100 beats per minute. There was bilateral pedal edema. The patient had a continuous purulent discharge from a draining sinus in the upper right abdominal wall. Physical examination otherwise was essentially negative.

Laboratory findings revealed that the urine specific gravity was 1.009 and contained 1+ protein and no glucose. There were 40-50 leukocytes per high power field as well as 2-4 erythrocytes and 5-10 epithelial cells. Motile bacteria were noted. The blood hemoglobin was 10.3 gm.%, with a hematocrit of 33.0%. The leukocyte count was 11,330 per cu. mm., and the differential count was normal. The plasma appeared icteric. The prothrombin time was 56.0% of normal. The total serum bilirubin was 5.3 mg.% and the indirect serum bilirubin was 3.6 mg.%. Proteus species and Aerobacter species were isolated from the wound drainage. On x-ray examination, the right side of the diaphragm was elevated, with associated focal pulmonary atelectasis. The patient was operated after several transfusions on 2-1-66, multiple biliary calculi were removed from the common bile duct and a choledochojejunostomy was performed. In addition a draining area over the surface of the liver was probed and was found to be a fistula into the hepatic flexure of the colon. This was also repaired. The jaundice progressed, weight loss continued, the serum albumin-globin ratio became reversed, and by 4-7-66, the serum bilirubin was 9.8 mg.% and the indirect serum bilirubin was 5.7 mg.%. The serum alkaline phosphatase was 8.6 units, the serum chlorides were 85.7 milliequivalents per liter, serum sodium 132.0 milliequivalents per liter and serum potassium 2.6 milliequivalents per liter. The patient developed vomiting, diarrhea and incontinence of urine and died on 5-10-66, approximately three months after the last operation.

Postmortem Examination

The autopsy was performed on 5-12-66. Except for bronchopneumonia in both lungs, the findings of importance were in the abdomen. The choledochojejunal and gastrojejunal anastomoses were anatomically patent. The liver weighed 1,900 gms. and was adherent on its anterior and superior surfaces to the diaphragm and chest wall and hepatic flexure of the colon by fibrotic adhesions gr. iii. In the anterosuperior part of the right lobe of the liver

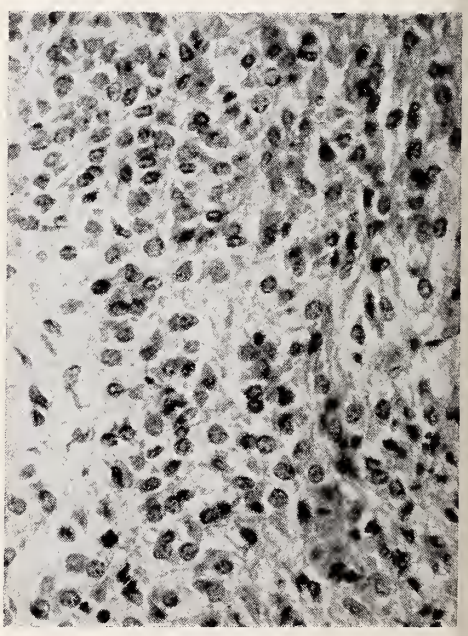


FIGURE II
HIGH power view of Figure 1 shows the tumor with cellularity, pleomorphism, hyperchromasia and mitotic figures (hematoxylin and eosin x 425).

there was an abscess which was 6.0 cm. in average diameter. It was surrounded by a grayish-white friable tissue which was about 1.0 cm. thick. It contained grayish-white necrotic material. There was a second adjacent abscess measuring 5.0 cm. in average diameter in the superior part of the right lobe of the liver, to the left of the larger abscess. It did not communicate with the other abscess cavity.



FIGURE III
LIVER (transsection) showing a large tumor metastasis with central necrosis and cavitation.

Microscopic

The microscopic section contained the tumor compressing the liver parenchyma to a marked extent, producing a false capsule. The tumor was markedly cellular and contained pleomorphic cells with presence of mitotic activity. In some areas the cells were spindle shaped and showed pallisading. Some fascicle formation could be seen. The tumor had the same histologic characteristics as the one seen seven years before (Figures I, II, III and IV).

Discussion

Leiomyosarcoma of the duodenum is a rare tumor as evidenced by the fact that in 327 cases of malignant tumors of the small bowel reported by Pagtalunan et al.,[1] 47 or approximately 14.0% of the cases were leiomyosarcoma, and of these, nine (approximately 3.0%) were in the duodenum. Out of 78 cases of small bowel neoplasms reported by Strouch et al.,[2] four, (approximately 5.0%) were leiomyosarcoma and two (approximately 2.5%) were in the duodenum. Starzi et al.,[3] reviewed the literature in 1960 and found 61 cases of leiomyosarcoma of the duodenum occurring with equal frequency in men and women. Most cases occurred between the ages of 40 and 60 and 53.0% of the leiomyosarcomas of the duodenum were in the second part. The remaining 47.0% were in the first, third, and fourth parts of the duodenum, in that order of frequency. The high incidence in the second part is true also of adenocarcinoma of the duodenum.

The most common symptoms in cases of duodenal leiomyosarcoma are abdominal pain, gastrointestinal bleeding and weight loss, and less commonly vomiting, diarrhea, fever and jaundice may be present. One case was associated with acute peritonitis.[3]

On physical examination, anemia with associated pallor, dyspnea and tachycardia may be found. A mass is present in about half of the cases, and this may be tender or non-tender, smooth or irregular, and may not be ballotable. Jaundice may be present; however, in the survey of Starzi et al.,[3] 22 cases out of 32, (approximately 66%) involving the second part of the duodenum, had no jaundice. As reported by Perry et al.,[4] one case presented as a massive extraluminal hemorrhage.

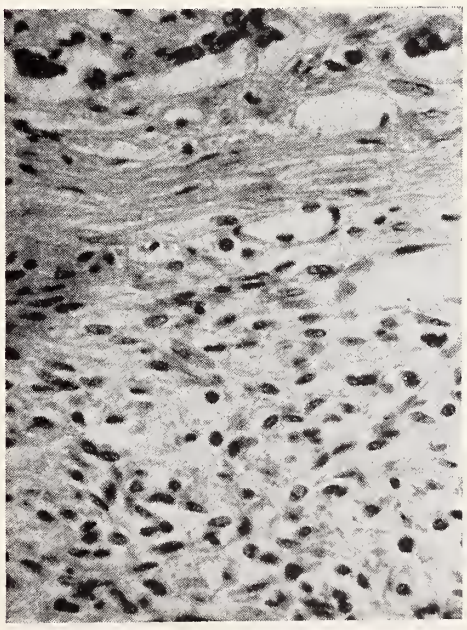


FIGURE IV
PHOTOMICROGRAPH of Figure III shows compressed liver cells, with a relatively acellular fibrous pseudo-capsule and the tumor. Note the resemblance of the tumor cells to those of the primary tumor (Figure II). (Hematoxylin and eosin x 425).

The tumor arises from the smooth muscle and may vary in size from 1.0 to 10.0 cm. It may be intraluminal, intramural, or exenteric, and when it is exenteric, it is likely to be large.[5] They are usually nodular and firm, but not as hard in consistency as carcinoma. They may be cystic or partially cystic, and even where extraluminal, the tumor may be associated with ulceration through the mucosa of the duodenum. Central necrosis may occur because the tumor has a tendency to outgrow its blood supply and this may cause pain, fever, and hemorrhage, and is responsible for the characteristic x-ray appearance of ulceration. Fistulous connections may occur with adjacent viscera or even the peritoneal cavity. It may be difficult to differentiate the malignant from the benign smooth muscle tumors of the gastrointestinal tract, either grossly or microscopically. Either one may become adherent to the surrounding structures, but if there is an actual invasion, the tumor is likely to be malignant.

Microscopically both leiomyosarcoma and leiomyoma consist of im-

mature muscle cells grouped into bundles and bands, with more or less fibrous stroma. The most significant differentiation is the apparent rate of mitosis, and if this is high, the tumor is most likely to be malignant. The degree of cellularity and extent of pleomorphism of the cells are less important criteria in the differentiation between benign and malignant tumors. Melnic[6] reported a case of histopathologically benign leiomyoma of the stomach with liver metastasis, which is an example of how difficult microscopic differentiation may be. Metastasis may occur in the liver and rarely in the lymph nodes, but may be widespread. Peritoneal seeding following surgical procedures is described. Lymph node metastasis is rare although one case of regional lymph node metastasis is reported by Strouch et al.[2] Das Gupta[7] reviewed a case of leiomyosarcoma of the jejunum with metastasis to the inguinal lymph nodes.

In the last decade, 23 patients have been treated surgically for leiomyosarcoma of the duodenum and only two deaths have occurred. This low death rate is probably due to modern safer methods of pancreatoduodenectomy.

REFERENCES

1. Pagtalunan, R. J. G., Mayo, C. W., Dockerty, M.D.: Primary Malignant Tumor of Small Intestine, *Amer. J. Surg.* 108:13-18, (July 18), 1964.
2. Strouch, G. O.: Small Bowel Neoplasms. Elusive Source of Abdominal Symptoms, *Surgery* 55:240-247, (February), 1964.
3. Starzi, T. E., Bernhard, Victor, Henlger, George C.: Leiomyosarcomas of Duodenum, *Surg., Gynec., Obstet.* 110:313-322, (April), 1960.
4. Perry, M. O., McClelland, R.N.: Leiomyosarcoma of Duodenum, *JAMA* 196:195-196, (June 6), 1966.
5. Starr, G. F., Dockerty, M.D.: Leiomyomas and Leiomyosarcomas of the Small Intestine, *Cancer* 8:101-111, (Jan.-Feb.), 1955.
6. Melnic, P. J.: Metastasizing Leiomyoma of Stomach, *Amer. J. Ca.* 16:890-902, (July), 1932.
7. Das Gupta, T. K., Kold, L. H., Griber, J. G.: Multiple Leiomyosarcoma of the Jejunum with Metastasis to Inguinal Lymph Nodes, *Amer. J. Surg.* 102:861-864, (December), 1961.
8. Butz, Ralph O., Hurley, Anson G., Saperstein, Morris, Montgomery, Lall G.: Leiomyosarcoma of Duodenum Treated by Pancreatoduodenectomy, *J. Abd. Surg.* 2:14-16, (January), 1960. ◄

I.U. School of Medicine Postgraduate Courses

(Division of Postgraduate Medical Education)

DATE	COURSE TITLE	LOCATION	COURSE DIRECTOR
Apr. 15, 16, 17, 18	Radiology of Trauma	I.U.M.C.	John Compbell, M.D.
Apr. 13-Apr. 27	Anatomical ond Clinicol Otoloryngology	I.U.M.C.	Dovid Brown, M.D.
April 23	Manogement of Common Dermotologic Conditions	Marion County Generol Hospital	Victor Hockney, M.D.
Moy 13/14	Indiono Multidisciplinory Child Core Conference	Stouffer's Inn	Morris Green, M.D.
Moy 21	Orthopedics for the Generol Practitioner	I.U.M.C.	James B. Wroy, M.D.
May 22	Psychiatry in Everydoy Proctice	Elks Country Club, Sullivon, Ind.	Betty Dukes, M.D.



ELECTROCARDIOGRAM OF THE MONTH

Atropine in A-V Block

CHARLES FISCH, M.D.
*Indianapolis**

ATROPINE is a very useful drug in the management of slow rhythms, particularly those complicating myocardial infarction. The action of the drug is probably more predictable when used to control disturbances of the SA node such as SA block or suppression (arrest) than in the management of A-V conduction delays, although it should be tried in the latter. Atropine is expected, by blocking the vagus, to increase the rate of the SA node and accelerate A-V conduction. It is less well recognized that in smaller doses it may decrease the heart rate which is probably due to stimulation of the medullary vagal nuclei (Goodman, L. S., Gilman, A.: *The Pharmacological Basis of Therapeutics*, The Macmillan Company, N.Y., p. 527, 1965).

The accompanying figure is an example of improved A-V conduction following administration of atropine, most likely secondary to slowing of the SA rate with a resultant decreased rate of attempted A-V penetration. The control strip was recorded from a patient with an acute inferior myocardial infarction and discloses second degree A-V block with an SA rate of slightly under 100 per minute. Following intravenous administration of 0.6 mg. atropine, the SA rate declined to about 75 (middle row) and became irregular with a rate varying from 75 to 60 in the bottom row. As a result of this slowing, the A-V node was able to recover between each P wave and the atrial impulses were all conducted to the ventricles after a considerable delay and a P-R interval of .38-.40 sec.

* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

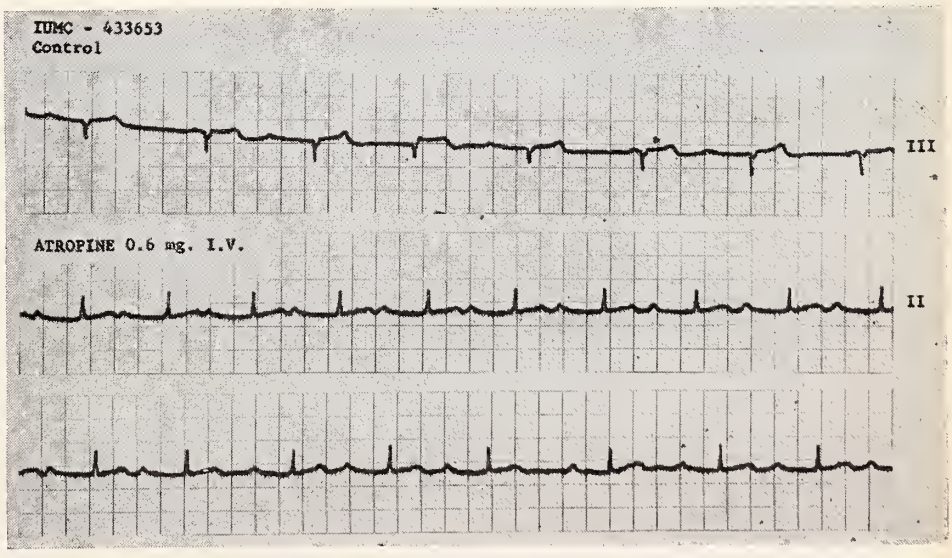
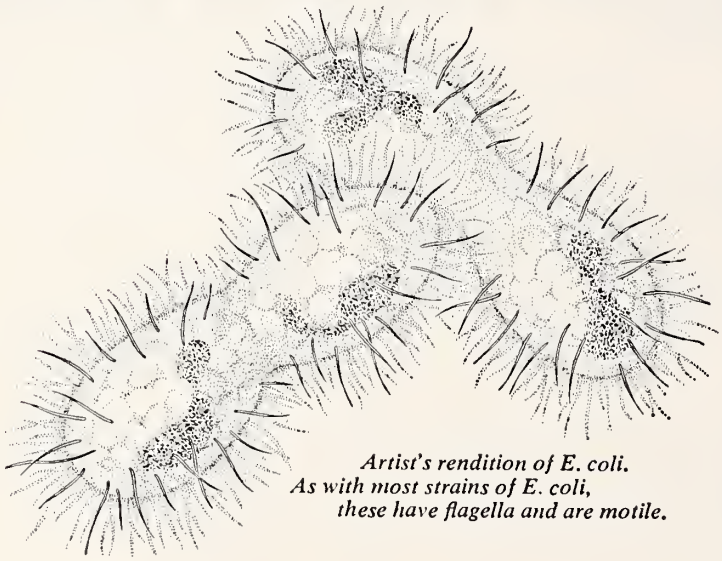


FIGURE 1

REVERSION of second degree A-V block to first degree A-V block by atropine (see text for details).

To help avert chronicity in acute cystitis



Artist's rendition of E. coli. As with most strains of E. coli, these have flagella and are motile.

Although it may coexist wit chronic pyelonephritis or prost titis, many cases of chronic cyst tis may result from incomple treatment of a simple, acute cyst tis. For this reason, it is beir increasingly recommended th appropriate antibacterial therap in full dosage be maintained f up to two weeks or longer.

Most frequently, the dominar pathogen is gram-negative, us ally *E. coli;* most often, you wi find Gantanol® (sulfametho azole) effective against *E. co* and other sensitive organisms gram-positive and gram-negativ —commonly seen in cystitis an other urinary tract infection Wide clinical usage of Gantan has confirmed the efficacy of th wide-spectrum antimicrobi agent in the treatment of cystiti

The rapidity of bacterial mu tiplication in a favorable urinar environment is well know Prompt control of acute bladd infection is therefore essenti

Before prescribing, please consult cor plete product information, a summary which follows:

Indications: Acute and chronic urina tract, respiratory and soft tissue infe tions due to susceptible microorganism prophylactically following diagnostic i strumental procedures on genitourina tract.

Contraindicated in sulfonamide-sensiti patients, pregnant females at term, pr mature infants, or newborn infants du ing first 3 months of life.

Warnings: Use only after critical a praisal in patients with liver or ren damage, urinary obstruction or bloo dyscrasias. Deaths reported from h persensitivity reactions, Stevens-Johns syndrome, agranulocytosis, aplastic an mia and other blood dyscrasias. In close intermittent or prolonged therapy, bloo counts and liver and kidney function tes should be performed. Clinical data insu ficient on prolonged or recurrent therap in chronic renal diseases of children u der 6 years.

Precautions: Occasional failures may o cur due to resistant microorganisms. N effective in virus and rickettsial infe tions. Sulfonamides not recommend

not only to reduce the patient's discomfort but to prevent chronicity and possible ascending infection.

Gantanol (sulfamethoxazole) provides antibacterial activity within two hours of the initial 2-Gm dose, and subsequent 1-Gm doses, taken morning and evening, maintain therapeutic blood and urine levels lasting up to 12 hours. Significant symptomatic response is frequently achieved within 24 to 48 hours in acute, uncomplicated cystitis and other responsive urinary tract infections. In addition, Gantanol is usually well tolerated. Should prolonged therapy be required, the convenient *b.i.d.* dosage helps to minimize the problem of skipped doses.

Over eight years' clinical use has thoroughly demonstrated the qualities that make Gantanol a good choice for initial therapy of most urinary tract infections, including acute cystitis.

for therapy of acute infections caused by group A beta-hemolytic streptococci. At present, penicillin is drug of choice in acute group A beta-hemolytic streptococcal infections; although Gantanol has produced favorable bacteriologic conversion rates in this infection, data insufficient on long-term follow-up studies as to its effect on sequelae of rheumatic fever or acute glomerulonephritis. If other treatment cannot be used and Gantanol is employed in such infections, *important that therapy be continued in usual recommended dosage for at least 10 days.* Observe usual sulfonamide therapy precautions, including adequate fluid intake. Use with caution if history of allergies and/or asthma. Follow closely patients with renal impairment since this may cause excessive drug accumulation. Need for indicated local measures or surgery not obviated in localized infections.

Adverse Reactions: Depending upon the severity of the reaction, may withdraw drug in event of headache, nausea, vomiting, urticaria, diarrhea, hepatitis, pancreatitis, blood dyscrasias, neuropathy, drug fever, Stevens-Johnson syndrome, skin rash, injection of the conjunctiva and sclera, petechiae, purpura, hematuria and crystalluria.

Gantanol®
(sulfamethoxazole)
assures rapid, sustained, antibacterial activity with b.i.d. dosage

Gantanol® B.I.D.
(sulfamethoxazole)

ROCHE
Roche
LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

The Cancer You View

Edited by
Edwin E. Pontius, M.D.
Indianapolis

JOHN PITTMAN, M.D.
HARRY SIDERYS, M.D.
Indianapolis

A 50-year-old man came to his physician with complaints of a cough, shortness of breath, and occasional wheezing of three weeks' duration. His physician requested a chest x-ray after he had completed his examination and noted his medical history.

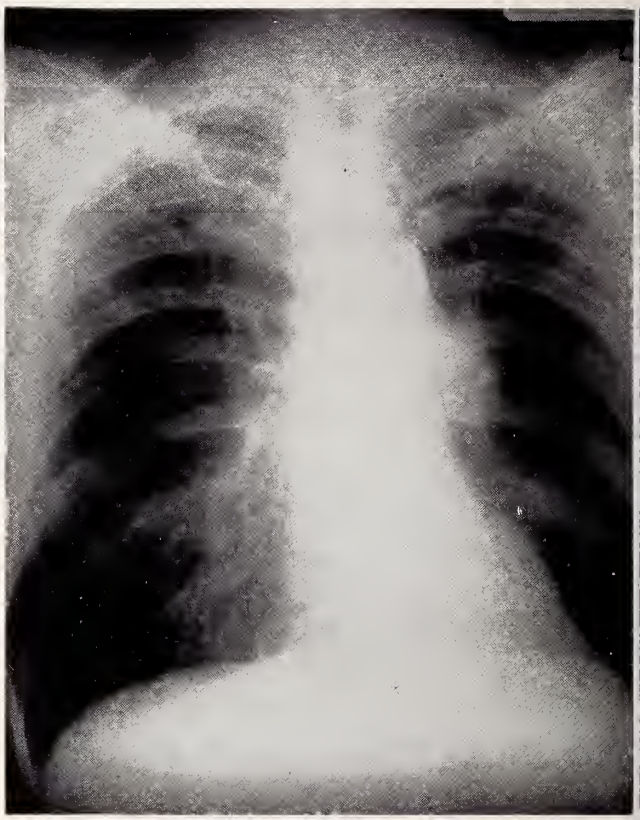
Where is the abnormality?

What diagnostic studies would you request?

What other information would you request from the patient?

For diagnosis and discussion see page 391.

Supported in part by a grant from the American Cancer Society, Indiana Division, Inc.

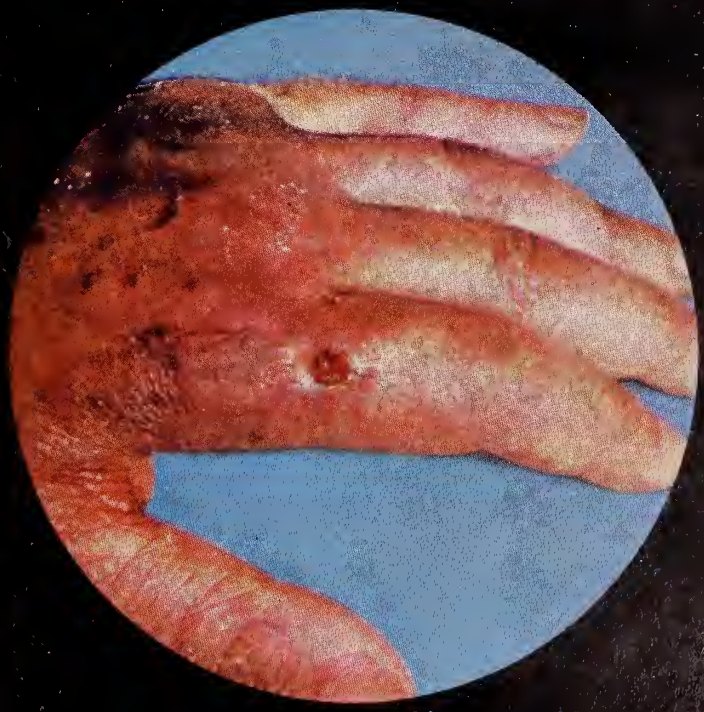


this ulcer did not heal...until its surface was cleared of dead tissue and debris



FIRST APPLICATION
ELASE Ointment is applied to a deep ulceration of a finger.

EIGHTEEN DAYS LATER
Healing has progressed rapidly without interruption or interference from any accumulated purulence or necrotic tissue. Greatly reduced size of lesion and minimal scar tissue indicate quality and vigor of healing which is almost complete.



to aid in debridement
to facilitate healing
in chronic cutaneous ulcers...

Elase® Ointment

(fibrinolysin and desoxyribonuclease, combined, [bovine] ointment)

PARKE-DAVIS

By helping to remove dead tissue and debris from the ulcer's surface, ELASE Ointment creates a better environment for the elimination of infection, for healthy granulation . . . *for healing.* Its lytic enzymes effectively break down DNA in dead leukocytes and other debris . . . the fibrin in blood clots, serum, and purulent exudates . . . and the denatured proteins in necrotic tissue. Protein elements of *living* tissue are relatively unaffected. ELASE Ointment is indicated in stasis ulcers and in other infected or inflamed ulcers caused by circulatory disturbances. In cases requiring skin grafting, it is used preoperatively for debridement. For ambulatory patients debridement with ELASE Ointment is a convenient therapy and a regimen likely to be followed. *Precautions:* Observe usual precautions against allergic reactions, particularly in persons with a history of sensitivity to materials of bovine origin or to mercury compounds. *Adverse Reactions:* Side effects attributable to the enzymes have not been a problem at the dose and for the indications recommended. *Discussion:* Successful use of enzymatic debridement depends on several factors: (1) dense, dry eschar, if present, should be removed surgically before enzymatic debridement is attempted; (2) the enzyme must be in constant contact with the substrate; (3) accumulated necrotic debris must be periodically removed; (4) the enzyme must be replenished at least once daily; and (5) secondary closure or skin grafting must be employed as soon as possible after optimal debridement has been attained. It is further essential that wound-dressing techniques be performed carefully under aseptic conditions and that appropriate systemically acting antibiotics be administered concomitantly if, in the opinion of the physician, they are indicated. *Available:* ELASE Ointment is supplied in 30-Gm. tubes containing 30 units (Loomis) of fibrinolysin and 20,000 units of desoxyribonuclease with 0.12 mg. thimerosal (mercury derivative); and in 10-Gm. tubes containing 10 units of fibrinolysin and 6,666 units of desoxyribonuclease with 0.04 mg. thimerosal. ELASE Ointment has a special base of liquid petrolatum and polyethylene; contains sodium chloride and sucrose used during manufacture; is stable at room temperature through the expiration date stated on the package.

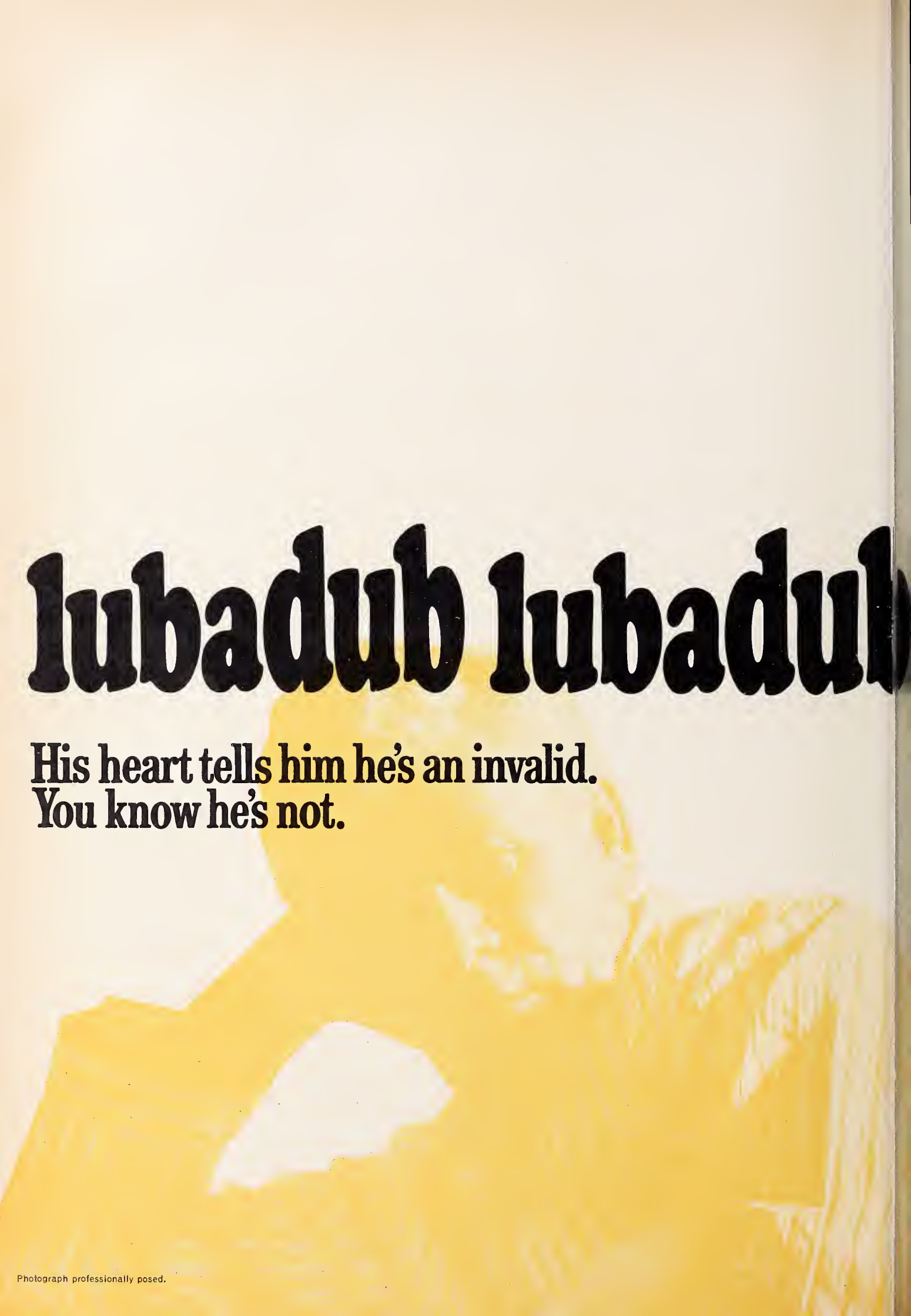
Parke, Davis & Company, Detroit, Michigan 48232

PARKE-DAVIS

48168

lubadub lubadub

**His heart tells him he's an invalid.
You know he's not.**



Photograph professionally posed.

Contraindications: History of sensitivity to meprobamate.

Important Precautions: Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves. Excessive prolonged use has been reported to result in dependence or habituation in susceptible persons, as alcoholics, ex-addicts, and other severe psychoneurotics. After prolonged excessive dosage, reduce dosage gradually to avoid possibly severe withdrawal reactions. Abrupt discontinuance of excessive doses has sometimes resulted in epileptiform seizures.

Warn patients of possible reduced alcohol tolerance, with resultant slowing of reaction time and impairment of judgment and coordination.

Reduce dose if drowsiness, ataxia or visual disturbance occurs; if persistent, patients should not operate vehicles or dangerous machinery.

Side Effects include drowsiness, usually transient; if persistent and associated with ataxia, usually responds to dose reduction; occasionally concomitant CNS stimulants (amphetamine, mephentermine sulfate) are desirable. Allergic or idiosyncratic reactions are rare, but such reactions, sometimes severe, can develop in patients receiving only 1 to 4 doses who have had no previous contact with meprobamate. Previous history of allergy may or may not be related to incidence of reactions. Mild reactions are characterized by itchy urticarial or erythematous maculopapular rash, generalized or confined to groin. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever have been reported. One fatal case of bullous dermatitis following intermittent use of meprobamate with prednisolone has been reported. If allergic reaction occurs, meprobamate should be stopped and not reinstituted. Severe reactions, observed very rarely, include angioneurotic edema, bronchial spasms, fever, fainting spells, hypotensive crises (1 fatal case), anaphylaxis, stomatitis and proctitis (1 case) and hyperthermia. Treat symptomatically as with epinephrine, antihistamine and possibly hydrocortisone. Aplastic anemia (1 fatal case), thrombocytopenic purpura, agranulocytosis and hemolytic anemia have occurred rarely, almost always in presence of known toxic agents. A few cases of leukopenia, usually transient, have been reported on continuous administration.

Meprobamate may sometimes precipitate grand mal attacks in patients susceptible to both grand and petit mal. Extremely large doses can produce rhythmic fast activity in the cortical pattern. Impairment of accommodation and visual acuity has been reported rarely. After excessive dosage for weeks or months, withdraw gradually (1 or 2 weeks) to avoid recurrence of pretreatment symptoms (insomnia, severe anxiety, anorexia). Abrupt discontinuance of excessive doses has sometimes resulted in vomiting, ataxia, tremors, muscle twitching and epileptiform seizures. Prescribe very cautiously and in small amounts for patients with suicidal tendencies. Suicidal attempts have resulted in coma, shock, vasomotor and respiratory collapse and anuria. Excessive doses have resulted in prompt sleep; reduction of blood pressure, pulse and respiratory rates to basal levels; and occasionally hyperventilation. Treat with immediate gastric lavage and appropriate symptomatic therapy. (CNS stimulants and pressor amines as indicated.) Doses above 2400 mg./day are not recommended.

Composition: Tablets, 200 mg. and 400 mg. meprobamate. Coated Tablets, WYSEALS® EQUANIL (meprobamate) 400 mg. (All tablets also available in REDIPAK® [strip pack], Wyeth.) Continuous-Release Capsules, EQUANIL L-A (meprobamate) 400 mg.

Wyeth Laboratories Philadelphia, Pa.

ubadubdub lubad

Anxiety is expected in the cardiovascular patient. A little may even be desirable.

But when anxiety is exaggerated . . . when it interferes with sleep . . . when it aggravates cardiovascular symptoms, your help may be needed.

Naturally, you'll want to reassure the patient.

And perhaps prescribe Equanil (meprobamate) as adjunctive therapy. It helps relieve anxiety and tension specifically, yet gently.

Almost 15 years' use has shown that Equanil is usually well tolerated as well as effective. Side effects are generally limited to transient drowsiness; serious, therapy-interrupting side effects are rare.

Equanil®

(meprobamate) Wyeth®


P
M
P
M

A little sunshine for summer cold and allergy sufferers.

Novahistine LP can brighten things in a hurry for your summer cold and allergy patients.
These continuous-release, decongestant tablets contain a vasoconstrictor-antihistamine formulation that goes to work promptly and usually provides effective relief even in those cases of nasal congestion caused by repeated allergic episodes.
And, convenient twice-a-day dosage with Novahistine LP lets most patients enjoy relief all day and all night.
Use with caution in patients with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution ambulatory patients that drowsiness may result.

PITMAN-MOORE Division of
The Dow Chemical Company,
Indianapolis, Indiana.

Novahistine® LP decongestant

(Each tablet contains 25 mg. of phenylephrine hydrochloride and 4 mg. of chlorpheniramine maleate.)

DOW

FRACTURES AND ORTHOPEDIC PROBLEMS

"Fractures and Orthopedic Problems" is a feature which will appear regularly. It will outline conditions involving bones and joints which will be of interest to physicians in general and special types of practice. It is edited by George F. Rapp, M.D., of Indianapolis. The submission of short illustrated articles to this feature is invited.

Conservative Management of Periarthritis of the Shoulder

R. H. DENHAM, Jr., M.D.
A. F. DINGLEY, Jr., M.D.
South Bend

MANY authors have discussed the syndrome known as "periarthritis" or "frozen shoulder" in the last decade, and it is only because we question the necessity for the aggressive therapeutic measures advocated by some[3,4,6] that we review this subject again.

The causes for development of limited motion in the shoulder are many and have been carefully enumerated by Coventry.[1] In broad terms, any condition which causes pain in the arm, shoulder, neck or upper chest or which restricts shoulder motion for an appreciable length of time, may result in the development of periarthritis. Its onset is more common when one of these factors occurs in an apprehensive person with a low pain threshold.

Pathology

The pathology of the process is still in dispute. Neviaser[9,10] has shown that there is a thickening and shortening of the capsule, particularly anteroinferiorly. Lippman,[6] Hitchcock,[4] and Crenshaw[3] have pointed out the existence of inflammation about the tendon of the long head of the biceps. McLaughlin[8] found the subdeltoid bursa "smaller and dryer" than normal. Simmonds[13] found the subdeltoid bursa and the rotator cuff thickened and Kernwein[5] pointed out the reduced capacity of the joint. Which of these changes is primarily responsible for the pain and loss of motion is still unknown, but one is on fairly solid ground in stating that there is a loss of elasticity in the soft tissues about the shoulder and that bony and cartilaginous changes other than secondary osteoporosis are usually absent.

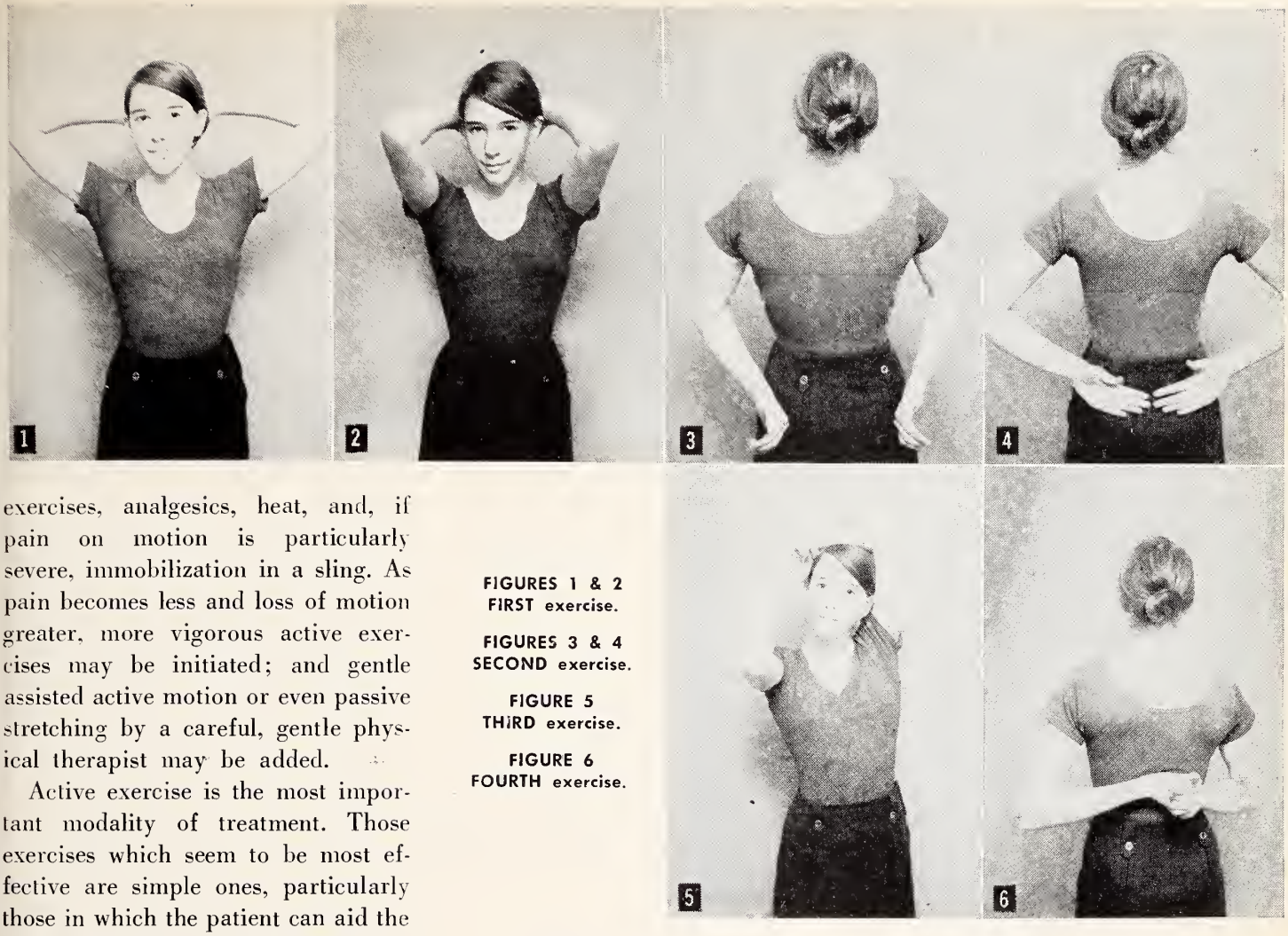
These soft tissue changes are reversible, and most observers agree that, with or without treatment, pain subsides and motion returns eventually, although this may take one to two years from the onset of symptoms. It is extremely important to keep the natural course of the disease in mind in deciding upon a plan of treatment, particularly when the necessity for surgical treatment is being considered. As McLaughlin[7] has aptly put it, "maintain motion at a maximum and symptoms at a minimum in the confident expectation that nature will eventually cure the disease."

Recognition of the condition is a relatively straightforward matter. The patient usually states that there has been a gradual onset of pain which is aggravated by motion but which is also present at rest, particularly at night, and that a decrease in shoulder motion was noted sometime after the onset of the pain. On examination, one finds a limitation of scapulohumeral motion in the absence of heat, swelling, fever, or abnormal laboratory findings. There may be atrophy of the muscles about the shoulder, particularly the deltoid, and occasionally, the x-ray shows generalized decalcification of the bones of the shoulder.

When the diagnosis has been made, one should attempt to ascertain the precipitating cause, for treatment of the causative condition may shorten the length of time necessary for resolution of the periarthritis. The "stage" of the involvement should also be determined. During the first stage, there is severe pain and only minimal or moderate limitation of motion. As the condition progresses and limitation of motion becomes more marked, the pain begins to decrease, and the second stage, marked by severe limitation of motion and decrease in the night pain, supervenes. Lippman[6] has suggested that this may represent the point where a bicipital tenosynovitis with filmy, easily ruptured adhesions is replaced by a subsiding tenosynovitis with firm adhesions.

Treatment

The basic program of treatment in the first stage consists of gentle active exercises, particularly swinging



FIGURES 1 & 2
FIRST exercise.

FIGURES 3 & 4
SECOND exercise.

FIGURE 5
THIRD exercise.

FIGURE 6
FOURTH exercise.

exercises, analgesics, heat, and, if pain on motion is particularly severe, immobilization in a sling. As pain becomes less and loss of motion greater, more vigorous active exercises may be initiated; and gentle assisted active motion or even passive stretching by a careful, gentle physical therapist may be added.

Active exercise is the most important modality of treatment. Those exercises which seem to be most effective are simple ones, particularly those in which the patient can aid the active movements of the effected [sic] shoulder with his sound arm and hand. Simplicity is important so that the program can be carried out regularly at home without assistance. A patient whose initial severe pain has been controlled may be started with the following program:

1. Lock the fingers of the two hands behind the neck and alternately extend and flex the shoulders (Figures 1 and 2.)
2. Place one hand behind each buttock and alternately flex and extend the shoulders (Figures 3 and 4.)
3. Grasp the wrist of the effected [sic] arm with the other hand and raise the hand on the effected [sic] side as far as possible over the top of the head (Figure 5.)
4. With the hands behind the back, grasp the wrist of the effected [sic] arm with the other hand and raise the hand as far as possible towards the sound shoulder (Figure 6.)
5. With a rope thrown over a door and the ends grasped in the two hands, raise alternately one hand and then the other.

As treatment progresses, other exercises involving the use of a shoulder wheel, a baton, fingersteps, and wall weights are helpful in offering variety to the program to prevent the patient's interest from flagging, but are by no means essential.

While the exercise program is the primary means of treatment, little success can be expected without certain ancillary measures. Perhaps the most important of these is the establishment in the mind of the patient the conviction that he will eventually be relieved of his pain and recover his motion. As noted above, the frozen shoulder often occurs in an apprehensive individual. In order to set his mind at ease and gain his cooperation, the physician must be positive in his approach, and convincing as he details the self limited nature of the condition and outlines the prime importance of the active exercise program for which the patient must take most of the responsibility. When the services of a physiotherapist are used, the therapist must be careful not to push the exercise program to the point where the patient has severe pain. He must exhibit a sympathetic attitude as well as confidence that the patient will improve. Both the patient and the therapist should understand that exercises which cause severe pain, persisting after the therapy session is completed, are harmful and should be avoided.

Analgesics are very important. Codeine, salicylates and propoxy-

phene hydrochloride*, are more effective in our hands than the so-called "muscle relaxants," and should be used liberally, particularly in the early stage. The corticosteroids and ACTH taken by mouth or parenterally have been found helpful by some workers.[2,14] We have not found them to be of great value. Used for a week or two when treatment is started, they sometimes make the exercise program more easily tolerated.

One should look for acutely tender areas about the shoulder. These are most commonly present over the bicipital groove, but sometimes may be found at the subscapularis insertion on the lesser tuberosity, over the greater tuberosity, or over the tip of the coracoid process. When an acutely tender area is present, it should be injected with a local anesthetic agent and one of the locally acting corticosteroid preparations. Frequently, such an injection will relieve some of the patient's pain and facilitate the early days of the exercise program.

One should not anticipate rapid relief from pain or return of motion from these measures and should forewarn the patient that recovery will be slow, although, over the long course, fairly certain. He should understand that the duration of the pain and stiffness will be inversely proportional to the vigor and regularity with which he performs his exercises. We believe that one may with honesty inform him that recovery will, in most instances, be as rapid with this program as it would be with manipulation under anesthesia or a surgical procedure.

There is, perhaps, a place for manipulation under anesthesia in a small group of patients who have a low pain threshold and whose motion does not begin to return with a well supervised exercise program after the first stage has passed and there is no longer pain at rest. If one decides that manipulative treatment is indicated, the procedure described in detail by Quigley[12] should be followed, taking due care to avoid a fracture of the humerus or injury to the brachial plexus. With attention to the details of the exercise program and with the confidence in it one gains with its use in a large number of patients, manipulative treatment becomes less often necessary.

A similar case might be made for the surgical treatment advised by Lippman,[6] Hitchcock,[4] Crenshaw[3] and others, consisting of attachment of the tendon of the long head of the biceps to the humerus with or without sectioning or removing the intra-articular portion. We have had no personal experience with this method.

The use of heat or cold, massage, and other physical measures have a place, as they may make a patient more receptive to active and passive exercises, but of themselves are of little value. X-ray therapy, once fairly widely used, is of no proven value. D.M.S.O. which has been used in a few instances,[11] has not been found definitely beneficial.

Personal Experience

One hundred cases which we managed in the described manner were reviewed. The periarthritis was apparently secondary to some other condition in 64 and idiopathic in 36 (Table 1). Patients often did not return to keep appointments after the acute pain had begun to subside and the range of motion had begun to increase; therefore, the follow-up was not sufficiently long for determination of the eventual outcome in half of these cases. Fifty-six were followed long enough to assess the time necessary for relief of pain (Table 2). The average time was found to be 2.5 months. Forty-six were followed until they had at least 85% return of motion. The average time for this return was 4.5 months (Table 3). Twenty-two of these shoulders had been injected and eight manipulated. It is perhaps indicative of the increasing confidence in conservative management that only one of the last 50 cases was treated by manipulation. Of the 22 injections, 19 were done in the last 50 cases. One cannot be certain whether this signified anything more than that steroid injections are in vogue at this time.

Comparison of these patients with the statistics presented by Crenshaw,[3] whose patients, treated operatively, averaged one month for recovery from acute pain, five months for recovery from mild pain, and six

ETIOLOGY IN 100 CASES OF PERIARTHRITIS

Idiopathic	36
Shoulder injury	16
Fracture, upper extremity	12
Tendinitis, rotator cuff	11
Cervical arthritis	5
Cervical neuritis	4
Abdominal or thoracic surgery	4
Heavy use	3
Stroke	2
Biceps tendinitis	2
Upper respiratory infection	2
Neck injury	1
Osteopathic manipulation	1
Intravenous injection	1
Total	100

TABLE 1

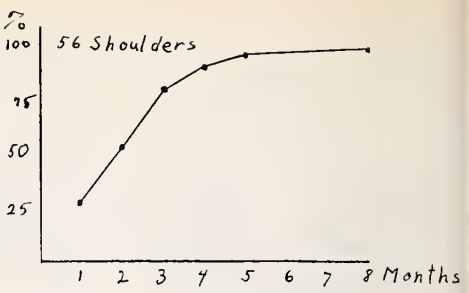


TABLE 2
TIME necessary for relief of pain.

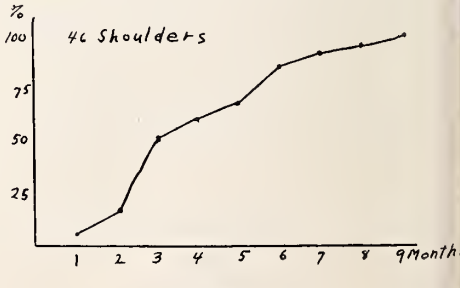


TABLE 3
TIME required for return of at least 80% of normal motion.

* Darvon, Eli Lilly & Co., Indianapolis.

months for recovery of 75% of motion, suggests that there is little to be gained by operative intervention.

Summary

Periarthritis of the shoulder should, in most instances, be treated by means of a conservative program consisting primarily of active exercises supplemented by analgesics, corticosteroid injections of local tender points in the shoulder, and physiotherapeutic measures such as heat, massage and assisted exercises. Manipulation under anesthesia may occasionally be necessary in resistant cases. A review of 100 cases treated in this manner indicates that the results compare favorably with those obtained by operative measures designed to eliminate tenosynovitis of the intra-articular portion of the tendon of the long head of biceps.

BIBLIOGRAPHY

1. Coventry, M. B.: Problem of Painful Shoulder, *JAMA* 155:177-185, Jan. 17, 1953.
2. Coventry, M.B.: Use of Cortisone and Hydrocortisone (Compound F) in Treatment of the Painful Shoulder, *Proc. Staff Meetings Mayo Clinic* 29:58-62, Jan. 27, 1954.
3. Crenshaw, A. H., Kilgore, W. E.: Surgical Treatment of Bicipital Tenosynovitis, *J. Bone and Joint Surg.* 48-A:1496-1502, Dec., 1966.
4. Hitchcock, H. H., Bechtol, C. O.: Painful Shoulder, *J. Bone and Joint Surg.* 30A:263-273, Apr., 1948.
5. Kernwein, G. A., Roseberg, B., Sneed, W. R.: Arthrographic Studies of the Shoulder Joint, *J. Bone and Joint Surg.* 39A:1267-1279, Dec., 1957.
6. Lippman, R. K.: Bicipital Tenosynovitis, *New York State J. Med.* 44:2235-2240, Oct. 15, 1944.
7. McLaughlin, H. L.: Reconstruction of the Shoulder Joint. Am. Academy of Orthopaedic Surgeons, Lectures on Reconstructive Surgery, 343-358, J. W. Edwards, Ann Arbor, 1944.
8. McLaughlin, H. L., Asherman, E. G.: Lesions of the Musculotendinous Cuff of the Shoulder, *J. Bone and Joint Surg.* 33A:76-86, Jan., 1951.
9. Neviaser, J. S.: Adhesive Capsulitis of the Shoulder, *J. Bone and Joint Surg.* 27:211-222, Apr., 1945.
10. Neviaser, J. S.: Adhesive Capsulitis of the Shoulder, Am. Academy of Orthopaedic Surgeons, Instructional Course Lectures 6:281-291, J. W. Edwards, Ann Arbor, 1949.
11. Parsons, J. L., Shepard, W. L., Fosdick, W. M.: D.M.S.O. as an Adjutant to Physical Therapy in the Chronic Frozen Shoulder, *Ann. New York Acad. of Sci.* 141:569-571, March 15, 1967.
12. Quigley, T. B.: The Use of Steroids in the Treatment of Painful and Stiff Shoulders, *Clinical Orthopaedics* 10:182-189, fall, 1957.
13. Simmonds, F. H.: Shoulder Pain with Particular Reference to the "Frozen" Shoulder, *J. Bone and Joint Surg.* 31B: 426-432, Aug., 1949.
14. Voltanen, E. J.: Methylprednisolone Acetate in the Management of Periarthritis of the Shoulder and External Humeral Epicondylitis Resistant to Physical Therapy, *Ann. Med. Intern. Fenn.* 56:61-63, 1967.

919 E. Jefferson
South Bend 46522

A Dubious Companion

As an additional cautionary reminder about the health effects of cigarette smoking, the AMA has published a new Timely Tip — "The Cigarette — A Dubious Companion."

This Timely Tip points out that "an alarming number of Americans persist in making cigarettes their constant companions," although scientific evidence shows that cigarette smoking is dangerous to health.

"The Cigarette — A Dubious Companion" describes the effects of each puff of smoke as it enters the breathing passages and air sacs of the lungs and stresses that certain conditions and diseases are believed to be aggravated by cigarette smoking.

Concluding that "cigarettes may seem to be harmless companions because their bad effects are not immediately noticeable," the tip cautions that "suddenly, without warning, a serious problem threatening health and even life may develop."

There are 100 Timely Tips to a set. Copies are available from the AMA Order Department at 20 cents each for 1-4 sets and 15 cents each for 5 or more sets.

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

Editar: Frank B. Ramsey, M.D., 1802 North Illinais Street, Indianapalis, Ind. 46202.

Associate Editars: A. W. Cavins, M.D., 221 Sauth Sixth Street, Terre Haute; Lall G. Mantgamery, M.D., Ball Memorial Hospital, Muncie; David A. Bickel, M.D., 515 Odd Fellaws Building, Sauth Bend; Samuel R. Mercer, M.D., 702 Medical Center Bldg., Fart Wayne; I. W. Wilkens, M.D., 1743 Shelby St., Indianapalis.

Editorial Board:	Term Expires
Jack W. Hickman, M.D., Indianapolis	Dec. 31, 1969
Frank H. Cable, M.D., Richmond	Dec. 31, 1969
Jene R. Bennett, M.D., Sauth Bend	Dec. 31, 1970
W. D. Snively, Jr., M.D., Evansville	Dec. 31, 1970
Alvin J. Haley, M.D., Fart Wayne	Dec. 31, 1971
Wei-Ping Loh, M.D., Gary	Dec. 31, 1971

Assistant Editor: Jackie Freers Stahl
Business Manager: James A. Waggener
3935 N. Meridian, Indianapalis, Indiana 46208.

The Best Medical Care

SOME things in the world cannot be given away. First class medical care is one of them. It is like democracy. Its acquisition requires the active and cooperative participation of the recipient.

These blessings depend so much on the attitude of the recipient that they cannot be gained or held for long unless all the resources of the beneficiary—mental, emotional and material—are available.

First class medical care is achieved when the careful and conscientious work of a physician is blended with the patient's will to live, his eagerness for return to health as quickly as possible, his faith in those who are helping him, his cooperation and a material contribution within his means.

The size of the material or financial element is not important. However, a financial contribution which the patient can afford is important because, human nature being what it is, the mental and emotional assets are usually furnished in proportion to the material.

First class medical care likewise cannot be obtained for money alone. No matter how much money is involved, the non-material elements are essential.

Because of this, all patient-physician relationships which are completely devoid of financial consideration or which are dependent entirely on financial consideration are at a disadvantage. Good medical care evolves only when the patient devotes all his assets, both worldly and intellectual, to the process of getting well.

For this reason the best medical care cannot be given away; its acquisition cannot be guaranteed, it cannot be bestowed on others and it cannot be furnished for money alone. Ordinary medical care might be considered as a right, but first class care is a privilege to be obtained by mutual cooperative effort.

Likewise, those who demand first class medical care aggressively and angrily are certain not to receive it because they lack their part of the bargain.

Lesser grades of medical care may be achieved in less than ideal circumstances, and frequently are. Any system of medical care will produce the better grades of care in proportion to its success in eliciting the patient's proper mental attitude. Humans tend to appreciate anything they pay for or help to pay for. First class medical care is best obtained when the patient pays what he can afford.

Guest Editorial

Business Action Needed To Push Ideas and Issues

HOW often do you read a report about some problem or proposition, express a random opinion about it, and then let the subject drop, in the belief that you have done all you can do about it?

If the report has been tedious, the reading a bore, do you get a special sense of satisfaction from having done the chore? And if your passing comment has been witty, do you perhaps feel in some vague way that you have made a contribution?

The next time you find yourself going through this routine—and it happens to us all—stop for a moment and consider a little more carefully what it means. Think of the difference between the Interested Man and the Action Man and decide which is preferred.

Every man-made thing you see on earth is the difference, really, between a thought and a deed; between interest and action.

Any report worth your studied attention is worth doing something about, if only to pass it along to someone else who may be in a better position to act than you are.

As a businessman and a reader

of reports, here is a way to be a Man of Action:

First, develop your own further ideas on the subject you are reading about, or add in your own experiences to the published information on the subject, and then go to special pains to get your material to the right action center.

If what you are concerned with is a public issue, and you belong to a local chamber or trade or professional association, that should be your destination.

The team on which you find yourself will, most likely, be working in league with the National Chamber in Washington. You will be backed up by a nationwide federation representing every community and all lines of trade in America. You will be contributing to a unified business effort.

I hope you will keep this in mind in the days and weeks ahead as you read summaries and excerpts from a flood of reports coming out of Washington.—**Arch N. Booth, Executive Vice President, Chamber of Commerce of the United States, Washington, D.C.**

Editorial Notes . . .

Aerospace technology is being applied to problems of public health and hospital management. North American Rockwell Corporation takes advantage of the fact that luminous microorganisms produce different intensities of light when they are in contact with toxic vapors. Contamination may be detected thusly in air, food or water. The company also has a high-rate oxidation process sewage reduction plant which produces high purity water and a large crop of algae which may be used as an agricultural food supplement. Rockwell scientists are studying the methods of applying aerospace techniques to the improvement of hospital management systems. Regional health programs are also susceptible to the new ideas.

Dartmouth Medical School, with the assistance of a $750,000 grant from the Commonwealth Fund, will expand medical education, beginning next year, and grant an M.D. degree to students within six years after graduation from high school. Dartmouth, until now, has operated a two-year basic science school. The new course is designed to train doctors for general work or for later specialty training. It will include the training ordinarily acquired in an internship in the six years. Both premedical education and the medical course have been reduced by one year. In addition to the university hospital, community hospitals of the region will be utilized.

There is enough evidence for the actuality of "Blue Monday" or the "Monday Syndrome" to influence workmen's compensation insurance carriers to advise physicians to recommend that sick or injured employees, on recovery, return to work on some day later in the week. Thursday or Friday is favored because the weekend provides a rest period before a full weeks work is attempted.

Extracorporeal beta irradiation of blood and lymph is now possible by the use of a portable device developed by Radiation Machinery Corporation. It has application in the treatment of leukemia and for immunosuppression in organ transplants and grafts. The beta source is from 90-strontium in equilibrium with 90-yttrium. The irradiator may be brought to the patient's bedside.

The simplification and standardization of health insurance forms, which was begun in the early 1950's by the Health Insurance Council and the AMA, has been continued recently. Some questions have been eliminated, others have been reworded and simplified. The all-purpose form, COMB-1, has been revamped to make it more adaptable to electronic data processing.

The Metropolitan Life Insurance Award for Safety Research in 1968 went to Drs. McGuire and Kersh of the University of California at Irvine. They conducted a study of the relationship of the method of learning to drive to accidents. Conclusion: "It appears that . . . high school driver education bears no causal relationship to either traffic violations or accident frequency." They recommend further study of the matter, but say that "If accidents are viewed as stemming largely from the psycho-social makeup of each individual . . . there is little reason that high school driver education should be expected to influence and change those attitudes and behavioral characteristics related to accidents."

The Pharmaceutical Manufacturers Association Foundation is a little over three years old and in that time has authorized $1.7 million in awards for fundamental research and education in the science of therapeutics. The foundation is supported entirely by contributions of drug manufacturers. Dr. Raymond M. Rice, Indianapolis, is vice president of the foundation; Thomas E. Hanrahan is executive director and Joseph Stetler is president. Career development programs in clinical pharmacology and studies in the field of pharmacologic-pathology are two of the principal interest areas for the foundation.

The VA is taking special precautions with tuberculosis which is contracted overseas. Returning military personnel have been found to be affected by strains of the bacillus which are resistant to the drugs presently in use. This applies particularly to oriental strains. Two new drugs, rifampin and ethambutal, have pro-

duced encouraging results against the resistant organisms.

The FDA hearings on new revised regulations on vitamins and minerals started almost a year ago and could easily continue for another year. There is said to be a strong feeling in government circles that the hearings have gone on too long already. It has been suggested that the FDA should rewrite the proposed regulations and put into effect the least controversial parts.

The Pharmaceutical Manufacturers Association is continuing its public service series of ads in the *Reader's Digest*. The fifth set of articles appeared in the February issue. All have been highly informative and some of them have been the best read advertisements of all time.

Maternal mortality in the United States has dropped by 85% since 1945. The decrease has been almost the same for whites and nonwhites—the nonwhite rates have been about four times the white rates during the whole period and still are. The death rate for teen-age mothers has improved the most. The United States, as a whole, suffers by comparison with European nations with homogeneous populations. However, in the New England region, in Minnesota, Wisconsin, Iowa and Washington, the rates are distinctly below the lowest reported for any country in Europe.

Schepp's Poly-Hi is an altered milk made and sold by Schepps Dairy of Dallas. It is made with fresh skimmed milk and liquid safflower oil as its principle ingredients. The purpose, of course, is to reduce the content of saturated fat. Prior to introduction, the dairy met with representatives of the Texas State Department of Health and the State Attorney Generals office and reached an agreement, according to Harmon Schepps, regarding the product, the package design and labeling. After one week of public sales, Mr. Schepps has announced that the same State Department of Health has filed suit against the Schepps Dairy for violation of Texas law. Mr. Schepps also reported that the American Heart Association is interested in the product because dietary habits formed during the developing years may continue life-long and influence the severity of atherosclerosis in later life. ◄

A hospital for the diagnosis and treatment of psychiatric illness

WABASH VALLEY HOSPITAL

(a not for profit corporation)

2900 North River Road (State Road 43 north)

West Lafayette, Indiana 47906 Phone 317-463-2555

Active Psychiatric Staff	(Phone)	
W. R. VanDenBosch, M.D.	447-6404	Robert K. Jones, Ph.D. Clinical Psychologist
David L. Evans, M.D.	447-9155	
Joe M. Martin, M.D. Edgar C. Stuntz, M.D.	463-2695	Mrs. Margaret Keedy, A.C.S.W. Psychiatric Social Worker
		Elizabeth J. Snyder, R.N. Director of Nursing Service
Limited private practice John H. Wilms, M.D. F. H. Spurlock, M.D. Alfred R. Heasty, M.D.	749-2441	James Jones, B.P.E. Director of Activity Therapy

Donald R. Kinzer, Hospital Administrator

John Sterzer, Business Manager

Admissions are arranged through referral to any active staff psychiatrist.

All general medical and surgical specialties in the community are available through physicians on the open consulting staff.

A "cold" fact



NTz® delivers relief of nasal symptoms

The *first spray*—1 or 2 squirts—of NTz opens the inferior part of the common meatus. The *second spray*, a few minutes later, shrinks the turbinates to promote adequate sinus drainage and ventilation—to help prevent sinusitis. Dosage may be repeated every three or four hours.

The fact is, NTz is more than a simple vasoconstrictor. It contains:

Neo-Synephrine® HCl 0.5%, a decongestant of unexcelled efficacy (in full adult strength) to shrink nasal membranes and allow comfortable breathing.

Thenfadil® HCl 0.1%, a topical antihistamine to help relieve itching and rhinorrhea.

Zephiran® Cl 1:5000, an excellent wetting agent and antiseptic preservative to aid rapid spread of components.

NTz, for temporary relief of nasal symptoms, is well tolerated, but overdosage should be avoided.

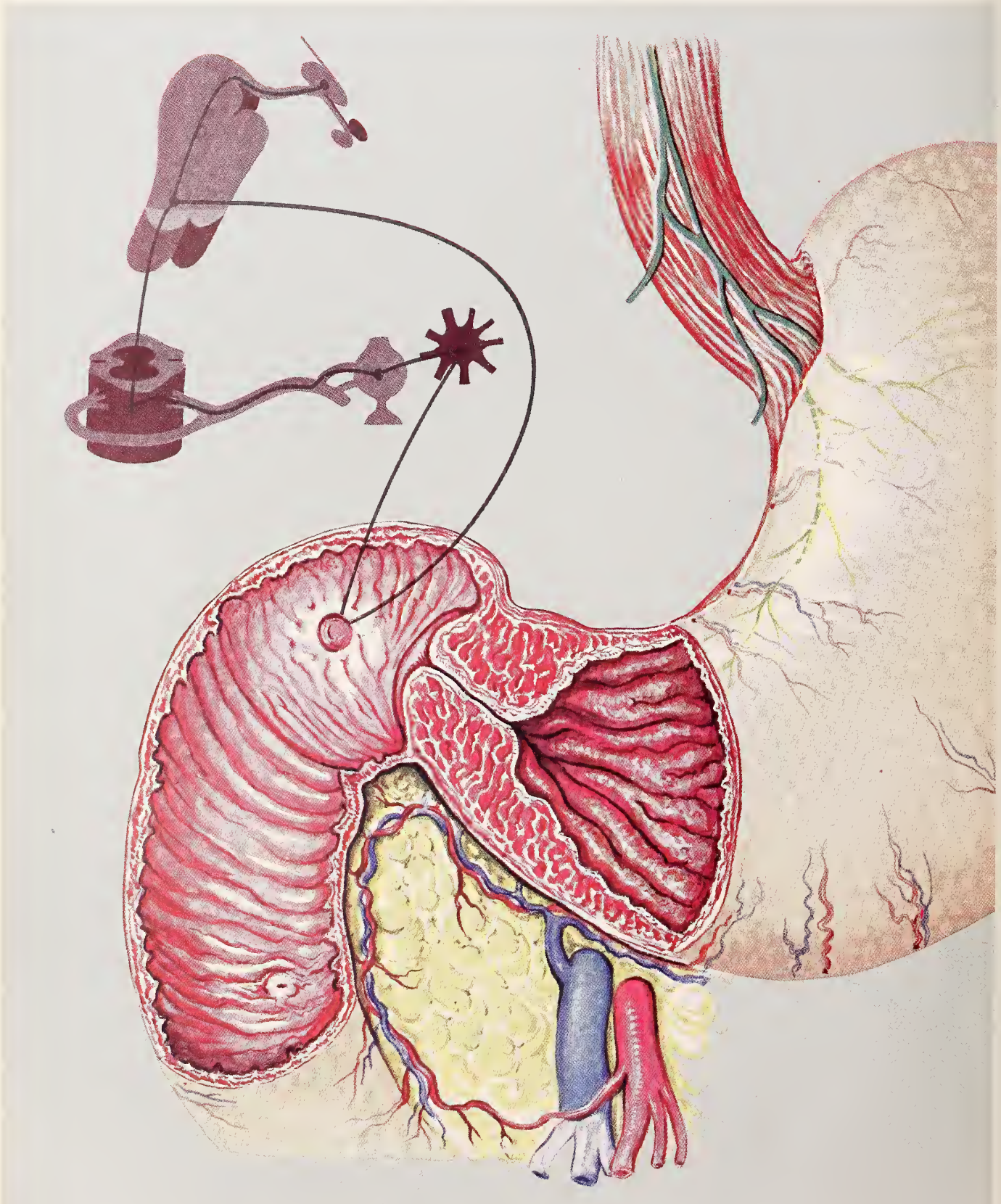
Available: NTz Nasal Spray in squeeze bottles of 20 ml.; NTz Solution in bottles of 1 oz. with dropper.

Winthrop

Winthrop Laboratories, New York, N.Y. 10016

(1286M)

Healing the ulcer crater



Pro-Banthine®

brand of
propantheline bromide

blocks ulcerogenic autonomic impulses

Therapeutic Activity—Pro-Banthine blocks ulcerogenic impulses at both parasympathetic effector sites and ganglia and at sympathetic ganglia.

This dual action, a capacity quite beyond that of belladonna derivatives, has been shown repeatedly to reduce gastric secretion, to suppress gastrointestinal motility and to relieve ulcer pain.

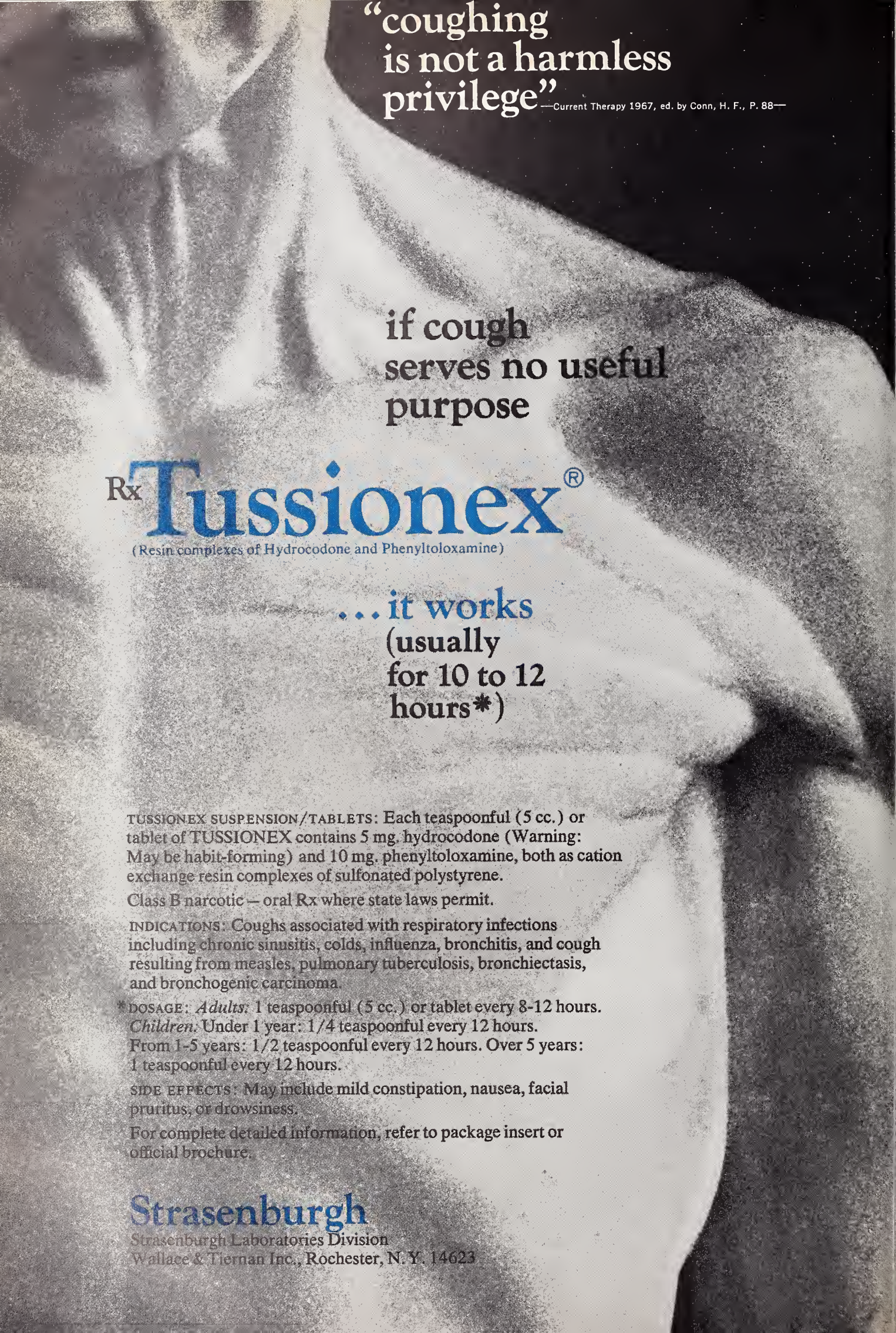
Healing Environment—Thus, Pro-Banthine, together with other standard measures, creates a favorable environment to hasten healing of the ulcer.

So widely is this ability recognized that for years Pro-Banthine has been the most widely prescribed medication for treating peptic ulcer.

Indications: Peptic ulcer, gastroenteritis, pylorospasm, biliary dyskinesia, functional hypermotility and irritable colon.
Contraindications: Glaucoma, severe cardiac disease.
Precautions: Since varying degrees of urinary hesitancy may occur in elderly men with prostatic hypertrophy, this should be watched for in such patients until they have gained some experience with the drug. Although never reported, theoretically a curare-like action may occur with possible loss of voluntary muscle control. Such patients should receive prompt and continuing artificial respiration until the drug effect has been exhausted.
Side Effects: The more common side effects, in order of incidence, are xerostomia, mydriasis, hesitancy of urination and gastric fullness.
Dosage: The maximal tolerated dosage is usually the most effective. For most adult patients this will be four to six 15-mg. tablets daily in divided doses. In severe conditions as many as two tablets four to six times daily may be required. Pro-Banthine (brand of propantheline bromide) is supplied as tablets of 15 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg. The parenteral dose should be adjusted to the patient's requirement and may be up to 30 mg. or more every six hours, intramuscularly or intravenously.

981 4/69

SEARLE *Research in the Service of Medicine*


"coughing is not a harmless privilege"
—Current Therapy 1967, ed. by Conn, H. F., P. 88—
if cough serves no useful purpose
Rx Tussionex®
(Resin complexes of Hydrocodone and Phenyltoloxamine)
... it works (usually for 10 to 12 hours*)
TUSSIONEX SUSPENSION/TABLETS: Each teaspoonful (5 cc.) or tablet of TUSSIONEX contains 5 mg. hydrocodone (Warning: May be habit-forming) and 10 mg. phenyltoloxamine, both as cation exchange resin complexes of sulfonated polystyrene.
Class B narcotic — oral Rx where state laws permit.
INDICATIONS: Coughs associated with respiratory infections including chronic sinusitis, colds, influenza, bronchitis, and cough resulting from measles, pulmonary tuberculosis, bronchiectasis, and bronchogenic carcinoma.
*DOSAGE: Adults: 1 teaspoonful (5 cc.) or tablet every 8-12 hours. Children: Under 1 year: 1/4 teaspoonful every 12 hours. From 1-5 years: 1/2 teaspoonful every 12 hours. Over 5 years: 1 teaspoonful every 12 hours.
SIDE EFFECTS: May include mild constipation, nausea, facial pruritus, or drowsiness.
For complete detailed information, refer to package insert or official brochure.
Strasenburgh
Strasenburgh Laboratories Division
Wallace & Tiernan Inc., Rochester, N. Y. 14623

The Woman's Auxiliary

REPORTS TO ISMA

The current auxiliary year closes with our April meetings in Fort Wayne; but the accent is on the beginning of the new auxiliary year. In this organization, like any other, few projects have a final stopping point; they remain as continuing concerns for those who follow, just as they were inherited from predecessors. It has been a privilege and a pleasure to serve this year as president of the auxiliary and to report to you monthly in these pages.



Membership is always of prime importance both in numbers and in participation. This year has shown encouraging growth in both aspects. Not only will the number of names on our roster increase, but the individual counties report better participation by their members in many of the projects undertaken. Thanks to you doctors for encouraging your wives to be involved members!

Development of worthwhile programs and projects is vital to any organization. Indiana can point with pride to accomplishments under all eight of our program extension chairmen. The incoming chairmen of these committees look forward to closer cooperation with their counterparts in your organization. We are conscious of being your auxiliary and hope to be more helpful in implementing your plans for health care concerns within your various communities.

Thank you for your many courtesies to me personally and to all the auxiliary members. We feel like Esther Long, president of the national auxiliary, who says, "We will have done well this year [when] we feel at its end that something from our hands lives and serves the future health of our communities."

Betty Kephart

Promoting Cooperative Effort in the Fight Against Heart Disease, Cancer, Stroke and Related Diseases

OPERATIONAL status for Indiana's developing Regional Medical Program for heart disease, cancer, stroke, and related diseases was assured recently with announcement that $1,644,429 in federal grants had been awarded through it for a variety of inter-related projects. The grants are for the 1969 calendar year.

Notice of the award was forwarded to members of Indiana's congressional delegation in the nation's capital by the Division of Regional Medical Programs, Bethesda, Md., an agency of the U.S. Department of Health, Education and Welfare.

In Indianapolis, Robert B. Stonehill, M.D., Coordinator of Indiana Regional Medical Program, said the grant would provide funds for the following projects:

1. A Regional Stroke Program, Mark L. Dyken, M.D., Associate Professor of Neurology, Indiana University School of Medicine, Project Director.

2. A Multi-Phasic Health Screening Program for Metropolitan Indianapolis, Robert DeFrantz, Director of Social Service, Community Organizations and Extended Services at Flanner House, Project Director.

3. The Development of a Network of Coronary Care Units Throughout the State of Indiana, Charles Fisch, M.D., Project Director. Dr. Fisch is a Professor of Medicine and Director of the Cardiovascular Division of the I.U. School of Medicine and Director of the Krannert Institute of Cardiology of Marion County General Hospital.

4. A Regional Cancer Program Feasibility Study in Tumor Registries, Robert J. Rohn, M.D., Project Director. Dr. Rohn is a Professor of Medicine and Cancer Coordinator at the I.U. School of Medicine.

5. Community Health Centers for Metropolitan Indianapolis, a planning grant proposal, Raymond H. Murray, M.D., Project Director. Dr. Murray is a Professor of Medicine at I.U. School of Medicine and President of the Metropolitan Health Council of Indianapolis, which developed the proposal.

Project directors said the grants would enable them to do the following work:

STROKE PROGRAM—Dr. Dyken, a neurologist, said the project is designed to improve existing care and to initiate care that is not available in the Indiana region for patients with cerebral vascular disease (stroke).

Teams consisting of a physical therapist, an occupational therapist and an aphasia therapist will be placed in five areas of the state to work with medical and hospital staffs in hospitals desiring to participate in the program, as many have indicated they will do. They will outline and supervise education and treatment programs throughout the entire region.

Dr. Dyken said that continuing education will be provided for nurses and therapists in an acute cerebral vascular disease ward at Robert W. Long Hospital at the medical school. Facilities of the ward and three nurses are being made available by the school's hospital division. Part of the training those involved in the stroke program will receive will be underwritten by the RMP grant funds, he explained.

MULTIPHASIC SCREENING—Mr. DeFrantz, who also is acting medical director of the Morgan Health Center at Flanner House, said that the program is a continuation of a feasibility study carried out there during 1967 and 1968 in which 1,358 persons from disadvantaged areas of the inner city have been screened to detect health abnormalities.

Specially trained technicians using automated, computerized instruments administer a battery of 25 tests in the screening process. People in the screening areas are encouraged to participate by community organizers.

To date, about 65% of those screened were found to have test abnormalities. Subsequent referrals to private physicians or to clinics at hospitals disclosed about 80% confirmation of these abnormalities by actual diagnosis.

Mr. DeFrantz said that plans call for screening up to 10,000 persons at two or more centers during the next year. The project will work closely with the Indianapolis Mayor's Model Cities Task Force and the Office of Economic Opportunity in coordinating the program.

Co-sponsors of the operational project are Flanner House, I.U. School of Medicine, Marion County General and Methodist Hospitals, the Lilly Laboratory for Clinical Research, the Indiana State Board of Health, a number of voluntary health agencies and the Regenstrief Foundation.

CORONARY CARE UNITS—Dr. Fisch, project director for this phase of the regional program, said that there now are 14 established coronary care units with a total of 67 monitored beds in hospitals in the state of Indiana. At last count, 42 other hospitals were planning to open such units in the future.

"There is little question at this time about the value and the role of coronary care units in the management of myocardial infarction (heart attack)," Dr. Fisch stated. He cited

statistics which showed that reductions in mortality figures of as much as 33% have been recorded in such units.

"They are now ready for application to the care of all patients with myocardial infarction," he said.

Dr. Fisch said that the project will use the five-bed coronary care unit at Marion County General Hospital in Indianapolis as a model demonstration and training unit for phycians in coronary care. It will be under the direction of Dr. Suzanne Knoebel, co-director of the project and director of the coronary care unit at Marion County General.

In addition, the central coronary care unit and its staff and the Krannert Institute of Cardiology of Marion County General will offer professional and technical consultation in establishing and operating coronary care units in outlying hospitals. The cardiology staff of the department of medicine at the school of medicine also will continue to cooperate with the I.U. School of Nursing to provide coronary care unit instruction to nurses throughout the region.

TUMOR REGISTRIES—This is a project to determine the feasibility for establishment of a program of regional tumor (cancer) registries as a method for upgrading the care of cancer patients throughout Indiana, Dr. Rohn, the project director, said.

Indiana University Medical Center has established a sophisticated computerized tumor registry which has collected considerable data about the cancer experience of patients admitted to medical center hospitals. A few other tumor registries are operative in the region, but large segments of the Indiana populace are not receiving the type of critical evaluation of their cancer experience that a registry provides, Dr. Rohn said.

The project proposes to form cancer committees in strategically placed population centers of the region. These committees would start tumor registries. Data collected would be transmitted to a regional center for collection and analysis. The data then would be fed back to the area registries to be used as teaching agents for medical, dental, nursing and cancer agency personnel and as guides for the proper utilization and upgrading of the resources of the area cancer committees.

Dr. Rohn said that a number of Indiana communities and hospitals have indicated interest in becoming a part of this proposed system.

COMMUNITY HEALTH CENTERS—Dr. Murray said that the grant would enable the Metropolitan Health Council to broaden the scope of its program. The purpose of the council is to provide modern, personal and efficient health care for the deprived urban areas of metropolitan Indianapolis.

"These funds will enable us to provide a high quality, continuing medical care in the areas of heart disease, cancer, and stroke and to inaugurate a strong program of health education and preventive medicine in the neighborhoods where our centers are located," Dr. Murray said.

He noted that the award to the council was in the nature of a planning grant and said that it would help the council to gain the experience on which to enlarge its activities at the end of a year.

The council is made up of representatives of most of the major health and social institutions and agencies in Indianapolis and Marion County. It was formed last year and has in operation three health centers: Martindale, at 1540 Columbia; Southeast, at Virginia Ave. and College; and Central Ave. at 12th and Central.

While it has sought and received federal planning money in this instance, the council has expressed its strong feeling that the major portion of the continuing support required for this project must come from the resources of Indianapolis, Marion County and Indiana, Dr. Murray said.

Dr. Stonehill pointed out that the Regional Medical Program grants will provide only partial support for these programs. Some of the projects also are being supported to varying degrees from state, local, private, voluntary health agency or other governmental sources.

This type of cooperative participation by varied health interests in programs is a desirable characteristic of the system of grants made through Indiana Regional Medical Program which is part of a nationwide effort to combat the problems of heart disease, cancer, stroke and related diseases.

Dr. Stonehill said that the operational phase of the Regional Medical Program will bring into action the results of the intensive planning and feasibility studies which the program has undertaken.

"It will help bring the new knowledge obtained through extensive medical research in recent years to the practicing physician in a fashion that will enable him to upgrade the care of his patients," the coordinator said.

He cited a report of the U.S. Surgeon General which described the goal of Regional Medical Programs as "clear and unequivocal. The focus is on the patient. The object is to influence the present arrangements for health services in a manner that will permit the best in modern medical care for heart disease, cancer, stroke, and related diseases to be available to all."

The Regional Medical Program works to create regional cooperative arrangements and encourage initiative among physicians, nurses, dentists, hospitals, the medical school, health organizations and allied health workers in the development of interrelated projects at the local level.

The Indiana Regional Medical Program has been in existence since January, 1967, when an original

three-year planning grant award of $821,505 was made by the Division of Regional Medical Programs. Since that time, a number of feasibility studies and extensive planning and development activities have been undertaken. The Indiana region is synonymous with the political boundaries of the state.

In Indiana, a 49-member Regional Advisory Group is the planning and policy-making body for the program. The Advisory Group must review and approve all requests for proposed operational grants in Indiana before they are forwarded to Washington for formal consideration. Representation on this group is from all the major public and private health organizations, including the following:

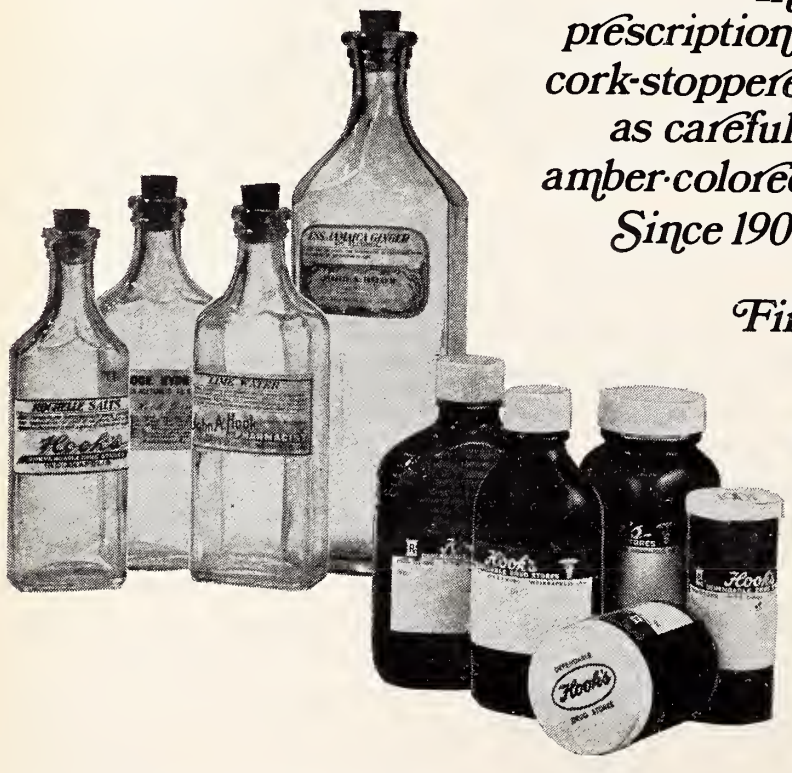
Indiana University School of Medicine, Indiana State Medical Association, Indiana Association of Osteopathic Physicians and Surgeons, Indiana State Board of Health, American Heart Association, American Cancer Society, Indiana Hospital Association, Indiana Dental Association, Indiana State Nurses Association and Indiana League for Nursing, Association of Medical Clinics and the State Department of Public Welfare.

Representatives from the ISMA include: Drs. Patrick J. V. Corcoran, Evansville; Eugene S. Rifner, Van Buren; John L. Cullison, Muncie; Joe Black, Seymour and Otis R. Bowen, Bremen.

Additional members come from groups representing the consumers of health services, including organized labor, the communications industry, health and life insurance, business, industry and social service. Universities in the state also have representation.

Dr. Joseph B. Davis of the Davis Clinic, Marion, a past president of the American Association of Medical Clinics, is chairman of the Regional Advisory Group. Dr. George T. Lukemeyer, Associate Dean of the School of Medicine, is chairman of the group's executive committee.

Offices for the program's central staff are located in the Union Building at the I.U. Medical Center, 1300 West Michigan Street, Indianapolis. ◄



In 1900, we poured our prescriptions carefully into old-fashioned, cork-stoppered bottles. Today, they go... just as carefully... into modern, protective amber-colored containers. Why? It's simple. Since 1900, Hooks has always been...

First of all, Drug Stores

Hook's
DEPENDABLE DRUG STORES

The Cancer You View

DISCUSSION

The main pathologic change in this man's roentgenogram is in the left hilum. Hilar lesions are often difficult to see because they are sometimes obscured by the vascular shadows. Prior x-rays of the chest are most helpful in evaluating current roentgenographic changes. An increased density and an elevation of the left hilum are present in this case. This man had smoked one pack of cigarettes a day since he was 18 years old.

He needs complete diagnostic studies which should include: 1) routine pathology laboratory work including CBC, urinalysis and a biochemical profile (BUN, serum glucose, protein, alkaline phosphatase, calcium and phosphorus); 2) electrocardiogram; 3) cytologic examinations of sputum for malignant cells; 4) chest fluoroscopy for diaphragm elevation and paradoxical motion; 5) tomographic studies may be helpful in delineating the lesion; 6) pulmonary function studies and exercise tolerance (stair climbing); 7) bone marrow aspiration for malignant cells; 8) bronchoscopy; 9) cervical mediastinal exploration.

It is apparent that the routine pathology laboratory studies are needed for complete evaluation of the physical status of this patient. The biochemical profile (now often available as a Chem-12 study) includes some tests, specifically the alkaline phosphatase and calcium that may reflect metastatic neoplasm in the liver or bones. Sputum studies for malignant cells should be repeated with three to five different specimens. The specimens should be from a deep cough and should be submitted immediately to the cytology laboratory to prevent deterioration by bacterial action. Patients who have productive coughs or who have experienced hemoptysis, of course, are more likely to exfoliate cancer cells which then can be identified in the sputum.

The indirect laryngoscopy may be performed at the time of the initial physical examination or may be done as a part of the bronchoscopy. If the patient has been hoarse, this examination is needed to evaluate vocal cord function. The recurrent laryngeal nerve is frequently involved by cancer arising in the left hilum since this nerve courses beneath the aortic arch in this area. Should the recurrent laryngeal nerve be paralyzed by carcinomatous invasion, surgical resection of the lung for cure is contraindicated.

The pulmonary function studies are needed to evaluate pulmonary reserve should surgical resection be planned. The bone marrow aspiration may reveal malignant cancer cells, especially in instances of anaplastic small cell or oat cell carcinomas which frequently metastasize early and widely to bone.[1] If positive, of course, surgery is contraindicated.

A skillfully executed bronchoscopy is mandatory in evaluation of all hilar lesions. Biopsy confirmation of the diagnosis is quite desirable. The extent of the neoplasm can often be ascertained and the thoracic surgeon can better plan the resection site across the bronchus proximal to the neoplasm.

Cervical mediastinal exploration (C. M. E.) is frequently helpful in evaluating hilar lesions.[2] Scalene nodes are first obtained. If these do not reveal the presence of metastatic cancer by frozen section examination, the mediastinal exploration can follow and nodes closer to the hilar area may be obtained for study.

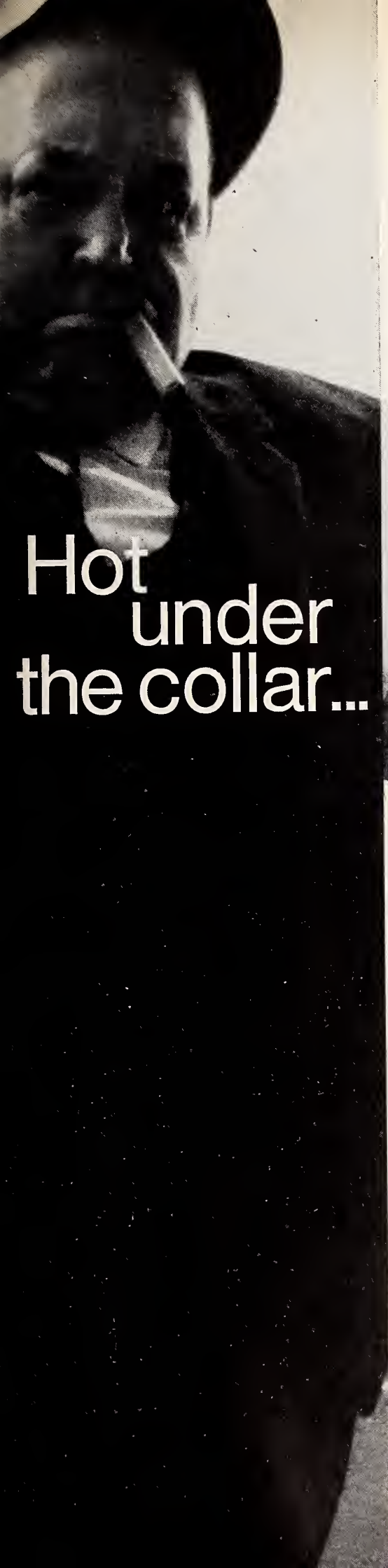
In this particular case, bronchoscopy revealed a neoplasm near the origin of the left upper lobe bronchus. The biopsy revealed poorly differentiated squamous cell carcinoma. Scalene nodes examined at the time of C. M. E. were negative for neoplasm; the mediastinal nodes on both sides of the trachea, however, did contain metastatic carcinoma. This precluded surgical resection for cure. The patient, therefore, was referred to the radiotherapist for irradiation therapy. Since the laboratory studies revealed no evidence of neoplasm outside the mediastinum and lung, no chemotherapeutic considerations were indicated.

Surgical therapy offers the best chance for cure in favorably located and "early" or small lesions that are limited to the lung at the time of diagnosis. The overall survival rates following surgical resection, radiotherapy, and chemotherapy or any combination of these are disappointingly low. Prevention of this cancer appears to be the major course of action available. Currently this involves the removal of carcinogenic stimuli—tobacco products, radioactive dusts and possibly the elements of urban smog—from the patient. The public education campaign against tobacco smoking is the most applicable preventive measure today.

REFERENCES

1. Stonier, P. F., Evans, P. V.: Carcinoma Cells In Bone Marrow Aspirates, *Amer. J. Clin. Path.* 45:722-727, 1966.
2. Siderys, H., Pittman, J. N.: Mediastinoscopy—A Safe, Practical Technic, *JISMA* 60:1359-1362, 1967. ◄

1815 N. Capitol Ave.
Indianapolis 46202



Hot under the collar...



high under the cuff.

Sometimes
he forgets he has hypertension, gets hot under the collar. . . high under the cuff.

For such patients, consider **Regroton®**

chlorthalidone	50 mg.
reserpine U.S.P.	0.25 mg.

To lower blood pressure
and allay anxiety in hypertension.

For brief summary of prescribing information, see next page.

RE-6392

Regroton®

Geigy

chlorthalidone 50 mg.
reserpine U.S.P. 0.25 mg.

the once-a-day tablet for anxious hypertensives

Regroton is a combination of two basic antihypertensives designed to lower blood pressure and allay anxiety in hypertension. With Regroton he can keep his shirt on and you can keep his blood pressure down.

Before prescribing, please review carefully the indications, contraindications, warning, precautions, adverse reactions and dosage information below.

Regroton®
Each tablet contains:
chlorthalidone 50 mg.
reserpine U.S.P. 0.25 mg.

Indications: Hypertension.
ContraIndications: History of mental depression, hypersensitivity, and most cases of severe renal or hepatic diseases.
Warning: With the administration of enteric-coated potassium supplements, which should be used only when adequate dietary supplementation is not practical, the possibility of small-bowel lesions (obstruction, hemorrhage, and perforation) should be kept in mind. Surgery for these lesions has frequently been required and deaths have occurred. Discontinue coated potassium-containing formulations immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Discontinue one week before electroshock therapy, and if depression or peptic ulcer occurs.
Use in pregnancy: Because chlorthalidone may cross the placental barrier and appear in cord blood and thiazides may appear in breast milk, this drug should be used with care in pregnant patients and nursing mothers. When used in women of childbearing age, the potential benefits of the drug should be weighed against the possible hazards to the fetus. Use of chlorthalidone may result in fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers.
Precautions: Antihypertensive therapy with this drug should always be initiated cautiously in postsympathectomy patients and in patients receiving ganglionic blocking agents, other potent antihypertensive drugs, or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half. To avoid hypotension during surgery, discontinue therapy with this agent two weeks prior to elective surgical procedures. In emergency surgery, use, if needed, anticholinergic or adrenergic drugs or other supportive measures as indicated. Because of the possibility of progression of renal damage, periodic kidney function tests are indicated. Discontinue if the BUN rises or liver dysfunction is aggravated. Hepatic coma may be precipitated. Electrolyte imbalance, sodium and/or potassium depletion may occur. If potassium depletion should occur during therapy, the drug should be discontinued and potassium supplements given, provided the patient does not have marked oliguria.
Take particular care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Severe salt restriction is not recommended. Use cautiously in patients with ulcerative colitis or gallstones (biliary colic may be precipitated). Bronchial asthma may occur in susceptible patients.
Adverse Reactions: The drug is generally well tolerated. The most frequent side effects are nausea, gastric irritation, vomiting, diarrhea, constipation, muscle cramps, headache, dizziness and acute gout. Other potential side effects include angina pectoris, anxiety, depression, bradycardia and ectopic cardiac rhythms (especially when used with digitalis), drowsiness, dull sensorium, hyperglycemia and glycosuria, hyperuricemia, lassitude, restlessness, transient myopia, impotence or dysuria, orthostatic hypotension which may be potentiated when chlorthalidone is combined with alcohol, barbiturates or narcotics, leukopenia, aplastic anemia, skin rashes, thrombocytopenia, agranulocytosis, nasal stuffiness, increased gastric secretions, nightmare, purpura, urticaria, ecchymosis, weakness, uveitis, optic atrophy and glaucoma, and pruritus. Eruptions and/or flushing of the skin, a reversible paralysis agitans-like syndrome, blurred vision, conjunctival injection, increased susceptibility to colds, dyspnea, weight gain, decreased libido, dryness of the mouth, deafness, anorexia, and pancreatitis when epigastric pain or unexplained G.I. symptoms develop after prolonged administration. Jaundice, xanthopsia, paresthesia, photosensitization and necrotizing angiitis are possible.
Average Dosage: One tablet daily with breakfast.
Availability: Pink, single-scored tablets in bottles of 100 and 1000.
(B)46-600-C
For details, please see complete prescribing information.

Geigy Pharmaceuticals
Division of
Geigy Chemical Corporation
Ardsley, New York 10502

RE-6392



GLEANED FROM THE BRITISH MEDICAL JOURNAL

JACK W. HICKMAN, M.D.
Indianapolis

Anemia with Hiatus Hernia Still Mysterious

An important truism stated by Holt et al.[1] in the opening paragraph of their article is "Though an association between hiatus hernia and iron-deficiency anemia has been recognized for many years, the precise cause of the anemia is still disputed." The authors proceed to unravel, in part, the mystery of this association. Of 28 patients with hiatus hernia studied, 19 were anemic. The mean estimated blood loss in these 19 patients was 15 cc per day, while it was only 3 cc per day in the non-anemic patients. Iron absorption studies showed that the anemic patients had roughly five times as high an absorption of iron as the non-anemic patients. Even though reflux esophagitis seems to be the most likely cause of the chronic blood loss, neither the present authors nor previous investigators in this area have been able to pin down this matter with certainty.

Penicillin-induced Hemolytic Anemia

Very few cases of penicillin-induced hemolytic anemia have been reported since it first was noted some ten years ago. White et al.[2] present two patients who suffered from this fortunately quite uncommon difficulty. Both cases had received in excess of 12 million units of penicillin per day for 18 days; both patients having been treated for subacute bacterial endocarditis. The induced anemia was quite severe; both patients had hemoglobin levels fall to below 9.0 Gms%. Fortunately the cause of the anemia was suspected in both cases and the penicillin therapy was discontinued, with a subsequent rise to normal hemoglobin levels in both instances. This does not appear to be a drug idiosyncrasy, but should be kept in mind in patients receiving massive, prolonged penicillin therapy who may develop a fall in hemoglobin levels.

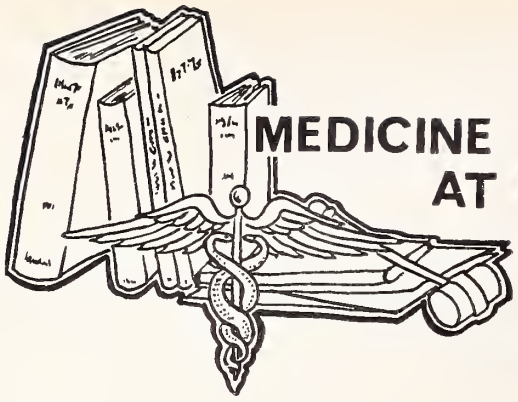
Sickle-Cell Disease Milder in West Indies

The typical sickle-cell anemia patient seen in our area does not do well. By the mid-20s, most have died. It is particularly surprising to see the report of Serjeant et al.[3] in which they describe 60 such patients in the West Indies over the age of 30, most of whom still were in full-time gainful employment. Furthermore, only two of the patients had hemoglobin levels that were consistently below 6 Gms%. Appropriate laboratory investigation, including starch gel electrophoresis, column chromatography, etc., was done in each case to make sure that all patients indeed had homozygous sickle-cell disease. Generally the patients in the series were normally developed and proportioned. They were not the short, frail patients that we are used to seeing. The article is fascinating and can lead to much speculation, but one is not justified in proposing two different types of disease, etc., at least at this time.

* * *

REFERENCES

1. Holt, J. M., Mayet, F. G. H., Warner, G. T., Callender, S. T., Gunning, A. J.: Iron Absorption and Blood Loss in Patients with Hiatus Hernia, *Brit. Med. J.* 3:22-25, No. 5609.
2. White, J. M., Brown, D. L., Hepner, G. W., Worlledge, S. M.: Penicillin-induced Haemolytic Anaemia, *Brit. Med. J.* 3:26-29, No. 5609.
3. Serjeant, G. R., Richards, R., Barbor, P. R. H., Milner, P. F.: Relatively Benign Sickle-cell Anaemia in 60 Patients Aged Over 30 in the West Indies, *Brit. Med. J.* 3:86-91, No. 5610. ◄



MEDICINE AT LAW

Nurse's Suit Against Hospital Barred by Time Limit—A nurse's suit against a hospital for allegedly failing to properly read chest x-rays taken during her pre-employment physical examination and to inform her of the condition shown by the x-rays was held barred by the two-year malpractice statute of limitations. Even though she allegedly did not discover the condition shown until less than two years before the action was commenced, the Indiana Supreme Court ruled that the suit was barred.

The x-rays were taken in September, 1958. The nurse received no report from the hospital as to the results. She left the hospital's employment several months later.

After suffering from recurring periods of exhaustion and a weight loss during the summer of 1961, the nurse went to a physician for a physical examination. An x-ray taken by the physician disclosed a large cavitary lesion involving a large portion of the right upper lung. He checked the x-rays taken by the hospital in 1958 and found a small infiltrative lesion in approximately the same location. The nurse underwent a right upper lobectomy.

The nurse contended that this suit, commenced on April 17, 1963, was not barred by the two-year statute of limitations because it was brought within two years after she first learned of the hospital's alleged negligence. The court said that to hold that the suit was not barred would contravene the statutory language and intent—*Blank v. Community Hospital of Indianapolis, Inc.*, 240 N.E.2d 562 (Ind., Oct. 8, 1968).

Hospital Not Liable for Patient's Fall over TV Cord—A hospital was held not liable to a patient for injuries sustained when she tripped while trying to step over a TV antenna cord that was placed about a foot above the floor. Since the risk was an obvious one and was known to the patient, the hospital had no duty to warn the patient of it, a Texas appellate court ruled. Further, the patient voluntarily assumed the risk involved in stepping over the cord, the court said.

The fall occurred while the patient was gathering her belongings preparatory to leaving the hospital. The TV set had been installed four or five days before for her roommate. The cord extended from the window near the patient's bed, around the foot of her bed, to the portable TV set at the foot of her roommate's bed. At the point where she tried to step over it, the cord was about a foot off the floor, as it had usually been, although its height had varied as the set was moved.

The patient testified that she could have stepped over the cord, moved the set, which was on rollers, or walked between the set, and her roommate's bed. She said that before the fall she had usually walked between the set and her roommate's bed, while nurses and others coming into the room had rolled the set out of the way or stepped over the cord. She stated that at the time of the fall she had stepped over the cord because she was anxious to go home and there was more room between her bed and the set.

The patient contended that the hospital was negligent in not having warned her of the danger presented by the cord. A hospital patient has the status of an invitee or business visitor and as such is entitled to ordinary care by the hospital to keep its premises in reasonably safe condition for the expected use. Thus, the hospital has a duty to keep the premises in a reasonably safe condition and to warn or protect its invitees or business visitors as to any dangers of which it knows or should know in the exercise of care. However, the hospital has no duty to warn or protect them as to dangers known to them or which are so open and obvious that they should reasonably know of them. This "no duty" concept is not an affirmative defense, but must be negatived by the person bringing the suit. The patient's testimony established that the danger presented by the cord was obvious and known to her and, therefore, that the hospital had no duty to warn her.

The patient's testimony was also sufficient to establish the hospital's affirmative defense of assumption of risk—*Charrin v. Methodist Hospital*, 432 S.W.2d 572 (Tex., Oct. 3, 1968).

Air Service Not Liable for Nurse's Injuries—An air service was held not liable to a nurse for injuries allegedly sustained when she twisted her body to attend a heart patient while she was seated in an airplane furnished by the service for use as an ambulance. The evidence supported the finding that the service was not negligent in failing to provide the nurse with a seat which faced the patient or one that could be turned

to face the patient, the Nebraska Supreme Court ruled.

The airplane furnished was a small passenger plane. The seats behind the pilot had been removed. A pad on which the patient could lie was placed in that space. The pad was 16 inches above the floor. The nurse sat in one of the seats on the other side of the plane during the flight. The patient's head was located a little forward of the nurse's seat. The seat faced forward and could be moved to the front or the rear but could not be turned to the side.

During the flight, the nurse remained seated with the seat belt fastened about her. The patient needed constant attention, which required the nurse to reach toward the patient and twist her body. She noticed a "pulling" sensation in her lower back during the flight. By the time the plane reached its destination, a backache had developed.

Her condition became worse during the next few days and she was hospitalized. She was found to have a herniated vertebral disc and a laminectomy was performed. Her physician testified to the opinion that the twisting of the nurse's body while she was seated in the airplane with the belt fastened was a cause of her injuries.

The nurse contended that the air service was negligent in failing to provide her with a seat facing the patient or one that could be turned to face the patient.

There was no evidence that the nurse's seat or any other part of the airplane was defective, or that it was customary to equip airplanes with seats which can be turned to the side, or that it was improper to use an airplane without such equipment for ambulance purposes. Even if the nurse's attempt to establish that the service had another airplane with such equipment had been successful, that would not have proved that the airplane furnished was not properly equipped. There was no evidence that the service should have anticipated that the nurse would be injured by attending the patient while seated in the airplane—*Siemsen v. Sky Harbor Air Service, Inc.*, 161 N.W.2d 867 (Neb., Oct. 25, 1968).

Dermatologist Not Bound by Promise Not to Compete—A restrictive covenant in a dermatologist's employment contract with a clinic, prohibiting him from practicing within the city or a 25-mile radius thereof for three years after termination of his employment, was void and unenforceable, an Illinois appellate court ruled. Permitting the dermatologist to practice in the city would not cause any specific injury to the members of the clinic, the court said, while enforcing the covenant would be injurious to the public, because it would deprive them of the dermatologist's needed services.

The clinic is composed of 11 physicians, none of whom specializes in dermatology. The clinic brought the dermatologist to the city in June, 1965. He had not previously engaged in the private practice of medicine. He terminated his employment with the clinic on July 1, 1967.

The dermatologist contended that the covenant was unenforceable because he was one of only four dermatologists in the county, so that his removal from the community would have an adverse effect upon the public and upon him. He further contended that the clinic could show no irreparable damage.

In those cases in which a restrictive covenant has been enforced, the covenant was at the root of the basic agreement between the parties. A definable consideration was given for the promise not to compete and the promisor was in direct competition with the promisee. Such was not the case here. The clinic brought the dermatologist to the city, not solely because he agreed not to compete should he withdraw from the clinic, but because a dermatologist was needed to develop the clinic more fully.

The dermatologist is not in competition with the clinic members when he limits his practice to the treatment of diseases of the skin. To permit him to practice in the city would be no more harmful to the clinic than if he had decided, on his own initiative, to establish a practice in the city. The clinic has not lost a dermatologist, since it is free to bring in another one. The clinic members have not lost the dermatologist's earnings, since these were earnings from the practice of a specialty in which none of them is qualified to engage. There was no reasonable interest of the clinic members that required protection by such drastic means as preventing a man from practicing his profession in a community where he has become known and respected.

Further, to enforce the covenant would be injurious to the welfare of the public. The county has fewer dermatologists per capita than all but one comparable Illinois community. If the dermatologist were removed, the community would have fewer dermatologists per capita than any other Illinois area. Two of the three other dermatologists are in their fifties and the third is in his sixties, while the dermatologist involved in this case is in his early thirties.—*Canfield v. Spear*, 241 N.E.2d 105 (Ill., Sept. 23, 1968; rehearing denied, Nov. 4, 1968).

Chronic Alcoholism Not Defense to Charge of Drunkenness—Imprisonment of a chronic alcoholic who has been convicted of a charge of drunkenness does not constitute cruel and unusual punishment, a Georgia appellate court ruled. The fact that a statute defines alcoholism as a disease and provides for the hos-

Continued

pitalization and rehabilitation of persons suffering from alcoholism does not make alcoholism available as a defense to a charge of drunkenness.

The alcoholic contended that he should not be held criminally responsible because his alcoholism was a disease.

The court said that, since the theory that alcoholism was a disease which can be treated was relatively new and there was as yet no wide experience demonstrating that the theory was correct, it was not willing to consider chronic alcoholism as a defense to charges involving drunkenness. If chronic alcoholism is to be accepted as a defense, the court said, why not accept a plea of pyromania by an arsonist, of kleptomania by a thief, or of nymphomania by a prostitute? What criminal conduct could be regulated if "impulse" or a feeling of "compulsion" arising out of such situations were allowed as a defense.

The statute defining alcoholism as a disease and providing for the hospitalization and rehabilitation of alcoholics does not deal with drunkenness as a crime or as a defense to acts which the law makes criminal. Further, it is questionable whether it is within the legislature's competence to declare some physical status to be or not to be a disease. Such determinations should be left to the judgment of the medical profession.—*Burger v. State of Georgia*, 163 S.E.2d 333 (Ga., Sept. 5, 1968).

Wife's Loss of Consortium Not Recognized in Indiana—A wife could not maintain an action for loss of her husband's consortium resulting from injuries which he sustained in an explosion. Indiana law, which allows a husband a right of action for the loss of his wife's consortium while denying a wife a comparable action, did not violate the equal protection clause, a federal appellate court ruled.

The reviewing court said that, although the rule permitting the wife to sue for loss of consortium had much to recommend it, the court was bound by the unbroken line of Indiana authority to the contrary, and it would not be warranted in speculating that the Indiana Supreme Court will allow such an action when again presented with the question.

The contention that allowing a husband an action for loss of consortium, while denying a wife such an action, is violative of the equal protection clause has been accepted by some courts but rejected by others. The equal protection clause does not ordinarily prevent a state from making a classification dependent upon one's sex. A state law will not be set aside under the equal protection clause if any state of facts reasonably may be conceived to justify it.

Indiana could reasonably conclude that, since a husband can recover for lost earnings, it would be undesirable to give the wife an action that might permit double recovery. Since 87.8% of married men are employed and only 34.4% of wives are employed, the court said, Indiana could justifiably discriminate between the spouses in this respect. Indiana could infer that more often in a wife's suit than a husband's the jury would award her duplicating damages for the same injuries.

In a husband's suit for loss of consortium, double recovery would not be engendered by allowing the husband to recover for the wife's lost household services, because she cannot recover for those unpaid services. The court said that in view of the possibility of double recovery if the wife were allowed a consortium action, it must conclude that the classification on the basis of sex that was involved here was a reasonable one, rather than impermissible discrimination.—*Miskunas v. Union Carbide Corporation*, 399 F.2d 847 (C.A. 7, July 8, 1968; rehearing *en banc* denied, Sept. 10, 1968).

Cost of Dietetic Foods Not Deductible as Medical Expense—The cost of dietetic foods consumed by a diabetic taxpayer as part of a diet prescribed by his physician was not a deductible medical expense, a federal trial court ruled. The dietetic food was a partial substitute for his normal diet and satisfied his nutritional "needs."

The taxpayer took oral medication to control his disease. His physician also prescribed for him a standard diet approved by the American Diabetes Association. If he did not follow the diet, he would be required to take insulin by injection, instead of his present medication, and might suffer further ill effects.

Deductions for expenditures for "medical care" are strictly limited to those which are incurred primarily for the prevention or alleviation of a physical or mental defect or illness. The cost of a food or beverage is deductible as a medical expense only if: (1) it is prescribed by a physician; (2) the prescription's purpose is to alleviate or treat a disease; (3) the food or beverage is consumed in addition to, and not as a substitute for, a normal item of diet; (4) the food or beverage does not supply a nutritional "need" of the taxpayer.

The court said that the requirements set for the deductibility of the cost of foods and beverages as medical expense constituted a reasonable and permissible interpretation of the law. It was clear from the record that the taxpayer's diet was at least a partial substitute for his normal diet and that it satisfied his nutritional "needs." That his physician had prescribed the diet and that it aided in controlling his diabetes were not sufficient to make the cost of the dietetic foods deductible medical expenses.—*Newman v. U.S.*, D.C., Ark., Civ. No. H-579 (D.C., Ark., May 13, 1968). ◄



ABSTRACTS, BOOK REVIEWS

ORTHOPTICS—THEORY AND PRACTICE

Hans G. Bredemeyer, M.D., Kathleen Bullock, D.B.O., The C. V. Mosby Co., St. Louis, Mo., 1968; 134 figures; 284 pages; $13.75.

As stated by the author, this book was written primarily for students of orthoptics. Because of this, a large portion deals with general background information which is necessary as a foundation in the study of orthoptics.

The first two sections would not be of particular value to a practicing ophthalmologist who should be well versed in the material presented. However, they are necessary prerequisites for one initiating the study of ocular motility. Chapters one through ten present the basic concepts of anatomy, ocular physiology, pharmacology, optics, instrumentation and examination methods.

I believe that the last section would be of definite interest to all involved in treating motility problems. It deals primarily with diagnosis and modes of therapy of heterophorias and heterotropias. The value of orthoptic training in conjunction with drugs and surgery is well presented. This book would be beneficial to those in training and should rejuvinate the interest of orthoptics in the practicing ophthalmologist.

DONALD A. BOLLHEIMER, M.D.
Ft. Wayne

CYSTIC FIBROSIS

Ciba Foundation Study Group No. 32, edited by Ruth Porter and Maeve O'Conner, Little, Brown & Co., Boston, Mass., 1968; 150 pages with many illustrations and tables; $3.95.

This little study group is one of those rather rare surprises that delivers more than it seems to promise. Since before World War II, the time when this entity was first described, I've had occasion to treat clinically some of these children. Before the antibiotic days, it was no small triumph to control the pulmonary complications that were the usual cause of early death.

Mucoviscidosis, as it was called by Farber during World War II, has proved to be a rather elusive entity. In this study group, a great deal of relevant information is screened, collated and brought into focus. The secretions of the bronchial mucous glands—the specific proteins as well as their apparent aberrations—are deftly analyzed and their varying shifts are related to the pathology being found in cystic fibrosis.

The pancreas and the salivary glands as well as the sweat apparatus are analyzed biochemically. We are made aware of the vital role played by calcium excess as well as the surplus of the organic constituents. The role of the kinins is questioned. While the conclusions are still not definite, at least we are delving into macromolecular parameters. It may be that cystic fibrosis will turn out to be an interference with the vascular control in the exocrine glands.

The plasmalemma and surface-associated polyanions are well brought into the total overview. As usual, the binding and the figures are excellent. All in all, this little volume is well worth your effort at slow reading—and re-reading.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

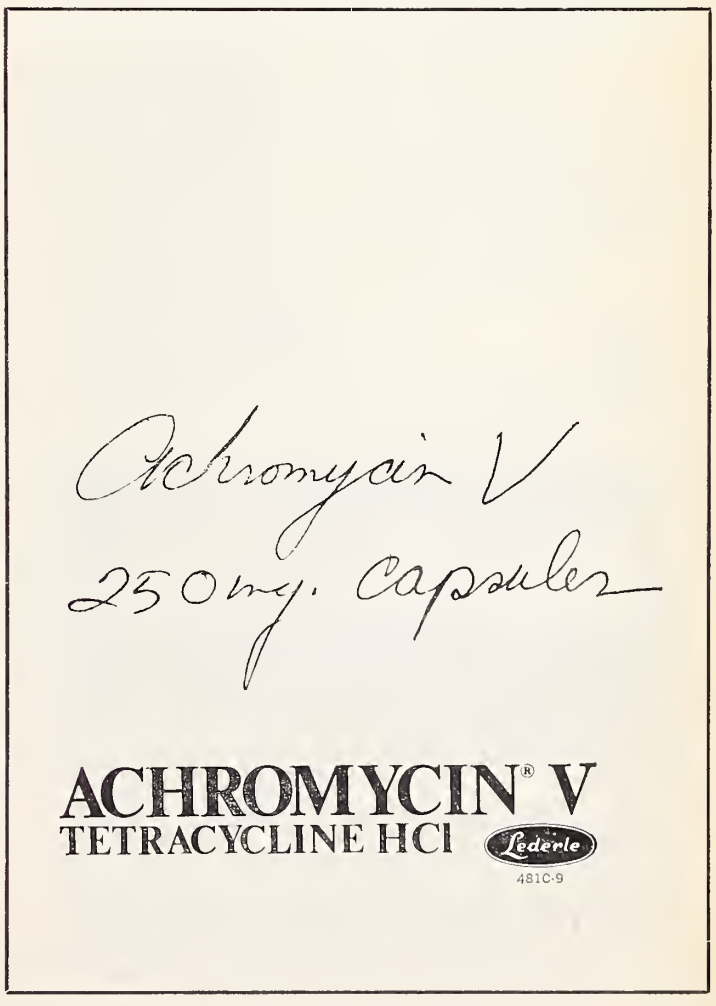
Abstracts From Various Literature, Prepared by AMA

ABNORMAL CYTOLOGY OF CERVIX IN PREGNANCY

M. A. Schiffer et al. (Jewish Hospital, Brooklyn, N.Y.)
Amer. J. Obstet. Gynec. 102:597-603, (Oct. 15), 1968.

In performing routine Papanicolaou smears on 21,244 delivered patients, 67 abnormal smears were obtained. Fifty-one of the biopsy specimens were reported as carcinoma in situ, seven as cervicitis, five as "atypia," and four were diagnosed as invasive squamous carcinoma. Vaginal delivery was the method of choice in all but the invasive carcinomas. Final management depended upon the pathology of the cone biopsy. Cone biopsy was used as the definitive treatment in the patients with carcinoma in situ when certain prerequisites were met and when the lesion was well encompassed by the biopsy; where margins were involved or if the grading was more advanced, modified radical hysterectomy was used. Invasive squamous carcinoma was treated by irradiation or radical surgery. The cytological smear is important as a means of follow-up; without repeated smears the conservative plan would not be advised.

Continued





Emphysema, Chronic Bronchitis and Asthma are relieved in fifteen minutes by the fast-disintegrating, uncoated Mudrane tablet.

Checkpoints:

DILATES THE BRONCHI
DRAINS THE MUCUS
SEDATES MILDLY
SUSTAINED ACTION
SUPERIOR TOLERANCE

Each tablet contains:

POTASSIUM IODIDE	195 mg.
AMINOPHYLLINE	130 mg.
PHENOBARBITAL, Caution: may be habit forming.	21 mg.
EPHEDRINE HCl	16 mg.

FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION

Precautions: Usual for aminophylline-ephedrine-phenobarbital. Iodides may cause nausea, long use may cause goiter. Discontinue if symptoms of iodism develop. Iodide contraindications: tuberculosis, pregnancy.

DOSAGE: One tablet, with full glass of water, 3 or 4 times daily.

Dispensed in bottles of 100 and 1000 tablets.

WILLIAM P. POYTHRESS & CO., INC.
RICHMOND, VIRGINIA 23217
Manufacturers of ethical pharmaceuticals since 1856



ABSTRACTS, BOOKS

Continued

EFFECTS OF INFERIOR VENA CAVA PLICATION AND LIGATION ON THE LOWER LIMBS

D. L. Annetts et al. (University of New South Wales, Department of Surgery, Australia)

Med. J. Aust. 2:703-707, (Oct. 26), 1968.

The clinical features of 30 patients who underwent caval plication and of six who underwent ligation are described. A close analysis has been made of the lower limbs in terms of swelling, subcutaneous collateral veins, functional venous outflow obstruction, and cavographic appearances. Results suggest that plication offers little advantage over ligation so far as the lower limbs are concerned, and the latter provides, at least in theory, more adequate protection against further embolization. Caval ligation alone is preferred for patients in frank right ventricular failure.

EFFECT OF ANTIBIOTICS ON RESULTS OF GUTHRIE TEST GIVEN TO PHENYLKETONURIC PATIENTS

R. O. Fisch et al. (Mayo Memorial, University of Minnesota, Minneapolis)

J. Pediat. 73:685-689, (Nov.), 1968.

Patients with high phenylalanine levels were given antibiotics in order to see whether this would effect any changes in the Guthrie test. *Bacillus subtilis,* used in the Guthrie test, was found to be very sensitive to several antibiotics. Antibiotics that were added directly to blood samples of phenylketonuric patients usually had no influence on the results of the Guthrie test. Oral administration of oxacillin and tetracycline to eight phenylketonuric patients for five days was not associated with changes in the results in the Guthrie test.

SPONTANEOUS PERFORATION OF THE BOWEL IN THE NEWBORN FOLLOWING EXCHANGE TRANSFUSION FOR ERYTHROBLASTOSIS

W. R. Castor (General Hospital, Port Arthur, Ontario)

Canad. Med. Assoc. J. 99:934-939, (Nov. 16), 1968.

Two cases of spontaneous perforation of the colon with surprisingly similar history of erythroblastosis and exchange transfusion are presented. On reviewing the literature to correlate the findings of bowel perforation in the newborn and to review and discuss the radiological findings, five additional cases are apparent and briefly described. Emphasis is placed on the knowledge of x-ray signs of pneumoperitoneum in the newborn and the need for prompt surgery to repair or resect the necrotic bowel. It is postulated that the etiology may be a complication of fetal portal circulation following delivery or a complication of the exchange transfusion.

MEDIASTINOSCOPY—DIAGNOSTIC VALUE COMPARED TO BRONCHOSCOPY

J. K. Trinkle et al. (University of Kentucky Medical Center, Lexington)

Amer. Surg. 34:740-743, (Oct.), 1968.

Anterior cervical mediastinoscopy was performed in 155 patients, without a death or major complication. The incidence of tissue diagnosis, with definition of operability in patients with intrathoracic malignancy, was superior to bronchoscopy and sca-

lene node biopsy performed in the same group of patients. Superior vena cava occlusion is an indication for anterior cervical mediastinoscopy.

FAMILIES EXPERIENCING A SUDDEN, UNEXPECTED INFANT DEATH

D. H. Vaughn (Department of Social and Preventive Medicine, University of Manchester, Manchester, England)

J. Roy. Coll. Gen. Practitioners 16:359-367, (Nov.), 1968.

The author made a comparative study of 16 families in which an infant had died suddenly and unexpectedly. In all but one case, a departure from normality had been noticed before death; a doctor was consulted in seven cases. The families were poor users of health services, they lived under bad conditions, and the mother had a poor attitude toward her antenatal care and diet. Twelve families had serious problems; seven were completely isolated from relatives and three lived in a highly mobile way. In nine cases the mother was unable to discuss the child's condition with her husband, and in another, the discussion led to dispute as to whether to seek medical advice.

RESULTS OF RESECTION FOR OAT CELL CARCINOMA OF LUNG

S. C. Lennox et al. (V. C. Thompson, London Hospital, Whitechapel, London)

Lancet 2:925-927, (Nov. 2), 1968.

The authors review 275 cases of oat cell carcinoma from a series of 1,773 thoracotomies for carcinoma of the bronchus over a 15-year period. The resection rate was 58%, with a two-year survival rate of 10.6% for the series. When lobectomy was performed, 32% were alive at two years and at least 18% will be alive after five years. The corresponding figures for pneumonectomy were 14.4% and 7.2%, respectively. Although the long-term survival rate of any form of treatment is poor, in this series there were sufficient late survivors to indicate that surgery still has an important place in the treatment of this condition.

MATERNAL RADIATION AND CHROMOSOMAL ABERRATIONS

I. A. Uchida (Children's Hospital, Winnipeg, Manitoba), R. Holunga, and C. Lawler

Lancet 2:1045-1049, (Nov. 16), 1968.

A prospective study of women who had been exposed to abdominal radiation was set up to test the hypothesis that maternal radiation increases the risk of non-disjunction in subsequent pregnancies. Children conceived after diagnostic radiation exposure of the mother were compared with children born before exposure. They were matched for maternal age. There were 972 children in each category. A slight decrease was noted in the number of males born after irradiation. Stillbirths were more common among controls, but the maternal age for stillborns in the post-irradiation group was higher. A significantly greater number of trisomic children were born after maternal radiation exposure. Mean maternal ages at time of birth and at time of radiation exposure before birth of children with chromosomal aberrations were significantly greater than those for the entire sample. Women exposed to abdominal radiological examinations run an increased risk of producing non-disjunctional offspring, particularly in their late reproductive years.

SPLENECTOMY FOR THE DIAGNOSIS OF SPLENOMEGALY

R. E. Hermann (Cleveland Clinic, Cleveland), K. E. DeHaven, and W. A. Hawk

Ann. Surg. 168:896-990, (Nov.), 1968.

After complete diagnostic studies had been negative, splenectomy was performed in 52 patients for diagnosis. A diagnosis of the underlying disorder was obtained in the majority of the patients. The most common disease, found in almost one third of the patients, was malignant lymphoma. Congestive splenomegaly was the next most frequent finding. Inflammatory disease affecting the spleen, infiltrative lesions in the spleen, and splenic cysts were found in other patients. Splenectomy has proved beneficial in addition to its diagnostic value. Many patients, including some with lymphoma, have required no treatment other than spenectomy, and remain alive and well. In the other patients, appropriate additional treatment was instituted only after splenectomy provided a diagnosis.

TREATMENT OF MULTIPLE HORMONE-PRODUCING MALIGNANT ISLET CELL TUMOR WITH STREPTOZOTOCIN

I. M. Murray-Lyon et al. (King's College Hospital, London)

Lancet 2:895-898, (Oct. 26), 1968.

A patient with a malignant islet cell tumor of the pancreas, suffering from recurrent episodes of hypoglycemia, was treated with streptozotocin and had excellent symptomatic relief. Hepatic metastases were decreased in size. The tumor was producing insulin, gastrin, and glucagon; production of these hormones was diminished following treatment with the drug. ◄



HANGER PROSTHESES OFFERS BOOKLET ON AMPUTATIONS

This booklet has been designed for those physicians whose practice includes amputation. Limb Prosthetics gives ready references for each site of amputation as well as the prostheses recommended for each site.

Over 100 years of experience gained by the Hanger organization have gone into this carefully illustrated booklet. Illustrations include amputation sites for the leg and the arm, various Hanger prostheses and methods of suspension, postoperative care and preparation for prosthesis, plus selected photographs showing the child amputee and training for the above knee patient.

We believe that you will find Limb Prosthetics a most useful booklet and a valuable source of quick information. To obtain your copy, please write or phone the Hanger office nearest you.

Hanger PROSTHESES

1332 N. Illinois St., Indianapolis, Indiana 46202
3108 Burnet Avenue, Cincinnati, Ohio 45229
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46207

From *The Journal* 50 Years Ago

Babies are born to live and not to die. True this may be, yet a conservative estimate from figures obtained from a registration area shows that there are dying annually in the United States 300,000 babies under one year of age Not a hand is raised, no investigation, no condemnation! When we add to the 300,000 the stillbirths and miscarriages the sum gives us an "overflowing measure of the unsuccessful efforts of unaided motherhood." *There is no stronger conserving force of the race today than intelligent, systematic prenatal* care. Careful statistics show that fully 50% of the infant mortality under one year of age is preventable and a much greater saving is accomplished among mothers.

* * *

What is prenatal care? It is not the prevention of feeblemindedness of the child, but it is conserving the health and strength of the prospective mother; it is foresight and forehandedness during pregnancy; it is preventive medicine applied to obstetrics; it is an effort to prevent mistakes and mishaps to both mother and infant before and during childbirth; it is an effort to give mother and infant the greatest possible chance!

* * *

In that prenatal care conserves more human lives annually, produces a sturdy race, elevates community standards and insures national prosperity more than any other social factor, it is one of our highest forms of national preparedness! C. O. McCormick, M.D., "A Plea for Prenatal Care," *JISMA*, April, 1919.

★

Specialized Service

IN

PROFESSIONAL LIABILITY INSURANCE

is a high mark of distinction

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

INDIANAPOLIS OFFICE:
Kenneth W. Moeller and Philip P. Capasso, Representatives
665 East 61st Street Telephone: 317-255-6525
Mailing Address: P.O. Box 20132, Indianapolis 46220



Nose clear as a whistle

(THANKS TO DIMETAPP®)

Dimetapp Extentabs® does an outstanding job of helping to clear up the stuffiness, drip and congestion of colds and upper respiratory allergies and infections. Each Extentab keeps working up to 12 hours. And for most patients drowsiness or overstimulation is unlikely. Try Dimetapp. It clearly works.

UP TO 12 HOURS CLEAR BREATHING ON ONE TABLET

Dimetapp Extentabs®

Dimetane® (brompheniramine maleate), 12 mg.; phenylephrine HCl, 15 mg.; phenylpropanolamine HCl, 15 mg.

FOR UPPER RESPIRATORY ALLERGIES AND INFECTIONS

Indications: Dimetapp is indicated for symptomatic relief of the allergic manifestations of respiratory illnesses, such as the common cold and bronchial asthma, seasonal allergies, sinusitis, rhinitis, conjunctivitis, and otitis.
Contraindications: Hypersensitivity to antihistamines. Not recommended for use during pregnancy.
Precautions: Until patient's response has been determined, he should be cautioned against engaging in operations requiring alertness. Administer with care to patients with cardiac or peripheral vascular diseases or hypertension.
Side Effects: Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia, have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.
Dosage: 1 Extentab morning and evening.
Supplied: Bottles of 100 and 500.

A.H. ROBINS COMPANY
RICHMOND, VA. 23220

A·H·ROBINS

Mild ulcerative colitis may be triggered here...



In mild ulcerative colitis, a number of factors can precipitate an attack: for instance, dietary indiscretion, such as eating raw foods, or emotional overreaction, such as that aroused by financial difficulties. No matter what causes the patient's sensitive colon to "act up," he soon suffers from acute discomfort...and often, from anxiety and apprehension as well. Such patients frequently respond well to adjunctive dual-action Librax® therapy.

Librax combines, in a single convenient capsule, the well-known antianxiety effect of Librium® (chlordiazepoxide HCl) and the dependable anticholinergic / antispasmodic effect of Quarzan® (clidinium Br). Therefore, as Librax helps to relieve the patient's excessive anxiety and reduce his overreaction to stress, it also, at the same time, helps to control hypersecretion and hypermotility, thus relieving spasm and abdominal discomfort.

With Librax, the dosage schedule is simple: 1 or 2 capsules, t.i.d. or q.i.d., will in most cases bring the patient significant relief of both the emotional and physical elements that contribute to his psychovisceral disorder.

Before prescribing, please consult complete product information, a summary of which follows.

INDICATIONS: Indicated as adjunctive therapy to control emotional and somatic factors in gastrointestinal disorders.

CONTRAINDICATIONS: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide HCl and/or clidinium bromide.

WARNINGS: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

PRECAUTIONS: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and toler-

or here.



ated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

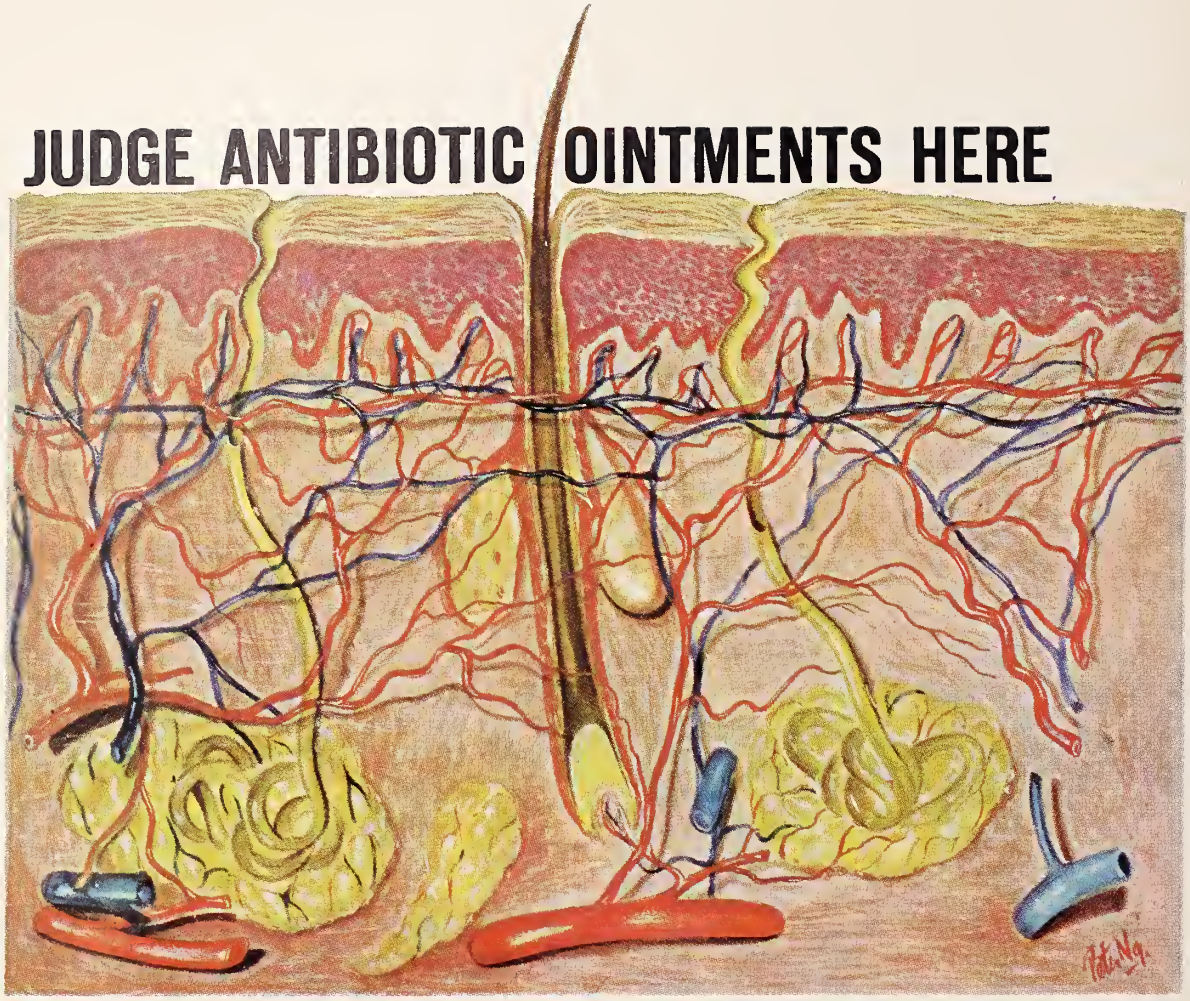
ADVERSE REACTIONS: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver-function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diet.

two good reasons for prescribing LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

ROCHE
ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

JUDGE ANTIBIOTIC OINTMENTS HERE



Results on skin are final proof of any topical antibiotic's effectiveness

No in vitro test can duplicate a clinical situation on living skin. 'Neosporin' (polymyxin B—bacitracin—neomycin) Ointment has consistently proven its effectiveness in thousands of cases of bacterial skin infection. The spectra of the three antibiotics overlap in such a way as to provide bactericidal action against most pathogenic bacteria likely to be found topically. Diffusion of the antibiotics from the special petrolatum base is rapid since they are insoluble in the petrolatum, but readily soluble in tissue fluids. The Ointment is bland and nonirritating.

Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Supplied: Tubes of 1 oz., ½ oz. with applicator tip, and ⅛ oz. with ophthalmic tip.

Complete literature available on request from Professional Services Dept. PML.

'NEOSPORIN'®

brand

POLYMYXIN B-BACITRACIN-NEOMYCIN OINTMENT

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date July 13-17, 1969
Place New York, N. Y.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

AMERICAN COLLEGE OF SURGEONS INDIANA CHAPTER
Date April 17-19, 1969
Place Purdue University, West Lafayette

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 14-16, 1970
Place Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date April 30-May 1, 1969
Place Imperial House, Columbus

INDIANA CHAPTER OF AMERICAN ACADEMY OF PEDIATRICS
Date May 14-15, 1969
Place Stouffer Inn, Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 10-14, 1969
Place Murat Temple and Essex House Motel, Indianapolis

INDIANA PUBLIC HEALTH ASSOCIATION, INC.
Date April 22-24, 1969
Place Stouffer Inn, Indianapolis

BONE AND JOINT CLUB
Date April 23, 1969
Place The Athenaeum, Indianapolis

INDIANA ROENTGEN SOCIETY
Date May 4, 1969
Place Holiday Inn, Indianapolis

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 13-16, 1969
Place Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 24, 1969
Place Marott Hotel, Indianapolis

INDIANA STATE LICENSED PRACTICAL NURSES' ASSOCIATION, INC.
Date May 5-9, 1969
Place Robert Lee Motel, New Albany

INDIANA STATE NURSES ASSOCIATION
Date October 16-18, 1969
Place Civic Auditorium, Evansville

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 6, 1969
Place Indianapolis Motor Speedway Motel, Indianapolis

INDIANA MEDICAL BUREAU
816 Hume Mansur Bldg.
631-5802

A Licensed Employment Agency
Specializing in Medical Personnel

Our 18th Year Of Service

Blue Shield Operational Data: 1946-1968

(One of a series prepared by Blue Shield)

A review of the following table of Blue Shield operational data on an annual basis since 1946 shows the details of our growth and development through the years. In addition to the totals included in this table, during 1968 Blue Shield processed 550,906 Medicare Part B claims totaling $23,924,553.

	Enrollment At Year End	Number of Claims	Payment For Doctor's Services	Operating Percent
1946	80,568	540	$ 32,021	30.9%
1947	141,293	5,780	421,479	16.4
1948	232,103	14,191	872,986	15.4
1949	364,550	27,068	1,430,854	14.0
1950	539,712	47,613	2,418,466	12.8
1951	729,897	78,752	3,791,691	13.7
1952	871,726	109,897	5,041,642	11.6
1953	989,344	144,016	6,064,876	12.3
1954	1,059,837	171,013	6,681,876	12.5
1955	1,267,994	209,510	7,945,040	11.1
1956	1,355,097	291,080	11,148,990	9.9
1957	1,396,368	368,470	13,753,780	9.7
1958	1,306,181	390,975	13,730,466	9.6
1959	1,363,882	427,149	14,477,628	9.8
1960	1,391,624	463,057	15,752,605	9.0
1961	1,431,251	514,991	17,957,496	8.3
1962	1,469,670	587,213	20,721,436	7.2
1963	1,491,827	662,710	23,319,855	6.8
1964	1,520,148	727,020	25,846,611	6.6
1965	1,554,470	764,683	26,939,647	6.2
1966	1,654,504	768,159	26,675,891	6.4
1967	1,766,382	987,136*	31,569,568*	6.8
1968	1,834,505	1,139,626*	37,350,837*	4.6**

GRAND TOTALS

September, 1946 through December, 1968

Total payments for doctors services since September, 1946	$313,902,703*
Add outstanding	$7,572,110*
Total claims expense through December 31, 1968	$321,474,813*
Reserve—December 31, 1968	$17,895,520
Total claims paid for members since September, 1946	8,900,649*

* Does not include Major Medical Claims.
** Does not include Loss Adjustment Expense.

W. C. Huddlestone
Public Relations Division ◄

WANTED: Physicians Locations

GENERAL PRACTICE

Robert Dean Harris, 34565 Forman Dr., Warren, Mich. 48092

Curtis H. Wait, 689 Parker, Oceanside, Calif. 92054

W. M. Kale, 10S515 Ivy Lane, Hinsdale, Ill. 60521

James Luther Towe, Box 518, Purcellville, Va. 22132

Veronica M. Klus, 2418 S. 56th Ct., Cicero, Ill. 60650

Dennis Grant Egnantz, 500 W. Cedar, Gladwin, Mich. 48624

SPECIALISTS

F. V. Breneman, 4818 N. 32nd Pl., Phoenix, Ariz. 85018—*Ear, Nose and Throat*

James D. Lehmann, 293-A Pine St., Shaw Air Force Base, S. Car. 29152—*Internal Medicine*

William D. Inglis, 3324 Cornelia Dr., Louisville, Ky. 40220—*Internal Medicine*

Dale A. Bergeron, 25 Diamond Head Passage, Corte Madera, Calif. 94925—*Internal Medicine and Nuclear Medicine*

E. Gaba, 5032 Randall Ave., Montreal 265, P. Quebec, Canada—*Neurology*

Manuel Zarza Tallon, 26 N. Long Ave., Chicago, Ill. 60644—*Neurosurgery*

Thomas Kent Knoke, 3429 S. 100th St., West Allis, Wisc. 53227—*Obstetrics and Gynecology*

Paul F. Rosenstein, 137 Texas Dr., Dyess Air Force Base, Texas 79607—*Obstetrics and Gynecology*

Irma de L. Rodriguez, 6432 N. Ridge - Apt. 1E, Chicago, Ill. 60626—*Obstetrics and Gynecology*

Gary I. Katz, Capt., MC, 33rd Field Hospital, APO New York 09801—*Orthopedics*

Ian James MacQueen, 71 Park St., Grosvenor Square, London, W. 1, England—*Orthopedics*

Donald Colin Wilson, 3406 Orchard Trail Dr., Toledo, Ohio 43606—*Pathology*

Charles Edward Mullins, 4612 Bel-Pre Road, Rockville, Md. 20853—*Pediatrics*

Howard Singer, 265 Explorer, K. I. Sawyer AFB, Gwinn, Mich. 49843—*Pediatrics*

Hossein Firooznia, 340 E. 34th, 17F, New York, N.Y. 10016—*Radiology*

Lubomir Marangosof, 4515 Willard Ave. #2202S, Chevy Chase, Md.—*Radiology*

S. A. Alley, 237 S. Mathilda St., Pittsburgh, Pa. 15224—*General Surgery*

Kenneth S. Gerwin, 4600 S. 4 Mile Run, Apt. 1130, Arlington, Va. 22204—*General Surgery*

Taj Amjad Khan, % Norwalk Hospital, Norwalk, Conn. 06852—*General Surgery*

E. Lawrence Hanson, 526 E. 20th St., New York, N.Y. 10009—*General Surgery*

Kanwal K. Kapur, 62 Sharon Lane, Wethersfield, Conn. 06109—*General Surgery*

Godofredo T. Ng, 3007 Poole Rd., Raleigh, N. Car. 27610—*General Surgery*

K. C. Pasi, 19 Tampa St., Nashua, New Hamp. 03060—*General and Thoracic Surgery*

William W. Lee, 122 Ford Ave. - Apt. 3, Syracuse, N.Y. 13207—*General Surgery*

Kenneth S. Woodman, 7th Surgical Hospital, APO, San Francisco 96257—*General Surgery*

Charles Edward Helms, 98th General Hospital, APO, New York 09305—*General Surgery*

John K. Garan, Medical College of Georgia, Augusta, Ga. 30902—*Thoracic and Cardiovascular Surgery*

Young Song Kim, 8628 Walnut Dr., Munster, Ind. 46321—*Thoracic and Cardiovascular Surgery*

Dorothy N. Kelley, Dept. of Urology, Presbyterian Hospital, 620 W. 168th St., New York, N.Y. 10032—*Urology*

M. James Simonson, 1437 S. 13th Ave., Maywood, Ill. 60153—*Urology*

John G. Pasalis, 12977 Lake Ave., Lakewood, Ohio 44107—*Urology*

Charles L. Seifert, 401st TAC Hospital, Box 4313, APO, New York 09283—*Urology*

Frank M. Alvarez, 768 New London Rd., Hamilton, Ohio 45013—*Urology*

Malcolm H. Sawyer, Department of the Air Force, Headquarters Third Air Force, APO, New York 09125—*Medical Administrative.* ◄

HIGHLAND HOSPITAL

ASHEVILLE, NORTH CAROLINA

Founded 1904

A DIVISION OF THE DEPARTMENT OF PSYCHIATRY OF DUKE UNIVERSITY

Accredited by the Joint Commission on Accreditation and Certified for Medicare

Complete facilities for evaluation and intensive treatment of psychiatric patients, including individual psychotherapy, group therapy, psychodrama, electro-convulsive therapy, Indoklon convulsive therapy, drugs, social service work with families, family therapy, and an extensive and well organized activities program, including occupational therapy, art therapy, athletic activities and games, recreational activities and outings. The treatment program of each patient is carefully supervised in order that the therapeutic needs of each patient may be realized.

High school facilities for a limited number of appropriate patients are now available on grounds. The School Program is fully integrated into the hospital treatment program and is accredited through the Asheville School System.

Complete modern facilities with 85 acres of landscaped and wooded grounds in the City of Asheville.

Brochures and information on financial arrangements available

Contact: Mrs. Elizabeth Harkins, ACSW, Coordinator of Admissions

or

Charles W. Neville, Jr., M.D.

Assistant Professor of Psychiatry and Medical Director

Area Code 704-253-2761

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—February, 1969

Disease	Feb. 1969	Jan. 1969	Dec. 1968	Feb. 1968	Feb. 1967
Animal Bites	398	236	350	473	399
Chickenpox	689	685	775	611	456
Conjunctivitis	129	96	77	79	98
Diphtheria	0	0	0	0	1
Dysentery, Unspecified	32	15	58	86	117
Gonorrhea	434	484	466	377	723
Impetigo	111	99	102	94	73
Infectious Hepatitis	65	22	45	43	85
Infectious Mononucleosis	92	61	64	86	62
Influenza	6214	38177	57136	2805	68
Measles					
Rubeola	50	31	33	79	68
Rubella	173	68	79	67	58
Meningitis, Meningococcal	8	7	4	6	4
Meningitis, Other	3	3	7	2	9
Mumps	307	235	364	556	702
Pertussis (whooping cough)	4	6	6	6	10
Pneumonia	465	754	553	345	329
Poliomyelitis	0	0	1	0	0
Streptococcal Infections	1014	725	642	897	953
Syphilis					
Primary & Secondary	29	30	21	27	7
All Other Syphilis	94	89	78	81	68
Tinea Capitis	23	26	14	19	19
Tuberculosis (Active)	59	61	89	81	113

How to pay for a college education without using savings or investments.

With our low cost plan you can finance your child's education out of regular monthly income. Choose a plan to cover one, two, three or four consecutive years' expenses with up to 72 months to repay. Insurance protection is included at no extra cost. Write today for our free brochure.

CAP
College Aid Plan, Inc.

Please send me your brochure, "The Modern Method of Financing an Education."

College Aid Plan, Inc.
1008 Elm Street
Manchester, New Hampshire 03101
Attention Dept. C-1

Name_____

Address_____

City_____ State_____ Zip_____

THE EARLY SYMPTOMS OF OSTEOPOROSIS

low back pain
muscle spasm

OFTEN RESPONO TO CALCIUM THERAPY



In postmenopausal and geriatric patients, low back pain of unspecified origin may be symptomatic of the early stages of osteoporosis and calcium depletion. Treatment with Calcium-Forte, a form of calcium readily available for absorption, may help to restore a positive calcium balance. In doing so, often it can alleviate the symptoms and help to arrest the progress of osteoporosis by preventing further skeletal damage.

One packet of Calcium-Forte contains the equivalent of 500 mg. elemental calcium, the same amount found in one-half quart of milk.

☐ pleasant tasting ☐ highly concentrated
☐ readily soluble

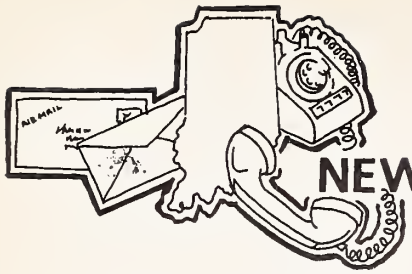
Indications: As an adjunctive measure for major calcium depletion states, which require elemental intakes higher than normal dietary supplements can provide, such as the initial stages of postmenopausal and senile osteoporosis and advanced osteoporosis; also adjunctively with Vitamin D for the treatment of mild or latent hypocalcemic tetany.

Contraindications: Lithiasis, hypercalcemia, cardiac or renal failure.
Precautions: If the patient has a history of renal disease, administration of Effervescent Calcium Granules should be accompanied by abundant intake of acidulous liquids such as fruit juices to avoid hypercalciuria. Should hypercalciuria occur, dosage should be reduced accordingly. Due consideration should be given to the sodium content of Effervescent Calcium Granules when treating patients requiring low sodium diets.
Side Effects: In high doses may cause indigestion or diarrhea. Constipation may occur occasionally.
Composition: Each packet of orange-flavored Effervescent Calcium Granules contains 2.94 grams of the double salt calcium lactate-gluconate and 0.30 grams of calcium carbonate (also contains 325 milligrams of sodium per packet).

New
CALCIUM-FORTE
(Effervescent Calcium) Granules

SANDOZ PHARMACEUTICALS, HANOVER, N.J. SANDOZ

68-207



NEWS NOTES

FAMILY MEDICINE IS APPROVED AS PRIMARY MEDICAL SPECIALTY

The new American Board of Family Practice will be conducting examinations in the near future. The specialty was recognized recently by the Advisory Board for Medical Specialties and the Council on Medical Education of the AMA.

Family practice is the 20th of the primary specialty groups. It grew out of the general type of practice which was the foundation of medical practice. The process of developing the board has defined it as a true discipline with definite perimeters and a specific body of knowledge. Residency training programs are now available and more will be formed.

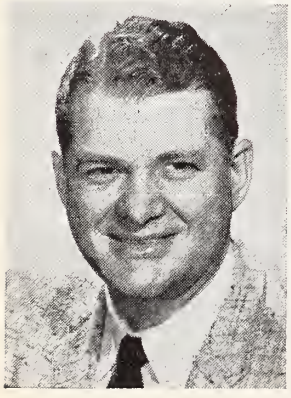
Family doctors now in practice will be eligible to take the examination upon showing evidence of having completed a minimum of 300 hours of accredited postgraduate study. This is equivalent to the postgraduate experience of a six-year member of the Academy of General Practice.

The new Board has no "grandfather clause." All diplomates will be admitted by examination. After 10 years, only graduates of approved family practice residencies will be eligible for certification.

Honor Garrett Doctor

Tribute was paid to **Dr. F. B. Kantzer, Garrett,** recently at an appreciation dinner attended by over 100 persons in Auburn. Dr. Kantzer, a physician in Garrett for more than 25 years, left in January to become a resident physician at the Las Lunas, N.M., State Hospital and Training Center for Retarded Children.

Dr. Gruber Promoted to Lilly Senior Clinical Pharmacologist



Charles M. Gruber, Jr., M.D., has been promoted by Eli Lilly and Company to senior clinical pharmacologist. He joined the company as a physician in 1953.

Dr. Gruber is an associate professor of medicine at the Indiana University School of Medicine, is certified by the American Board of Internal Medicine, and is a fellow of the American College of Physicians and the American College of Clinical Pharmacology and Chemotherapy. He also serves as a research consultant for the New Castle (Ind.) State Hospital.

Dr. Johnson Named

Dr. Thomas W. Johnson, Indianapolis, has been named to fill the unexpired term of Dr. David E. Jones as a member of the Medical Advisory Commission on Driver Licensure. The term expires January 1, 1970.

Dr. Hickam Honored

Dr. John B. Hickam, chairman of medicine at the I.U. School of Medicine and a nationally recognized authority on medical education, was recently honored by his colleagues and former students at a dinner in the University Club. The dinner was held to commemorate the 10th anniversary of Dr. Hickam's appointment as chairman of medicine at I.U.

Dr. Andrews Speaker

Dr. Hugh K. Andrews, Franklin, recently spoke on "Misconception of Contraception" at a meeting of the Johnson County Hospital Guild in Franklin.

John Shaw Billings History of Medicine Society May Meeting

Dr. Elmer Belt, Clinical Professor of Surgery, UCLA School of Medicine, will be the principal speaker at the May 14th meeting of the John Shaw Billings History of Medicine Society. "The Fascinating History and Account of the Dispersal, Search For and Rescue from Oblivion of Leonardo Da Vinci's Manuscripts" will be his topic.

Each program is preceded by a social hour and dinner on the mezzanine of the Student Union Building, Indiana University Medical Center, Indianapolis, beginning at 6:30 p.m.

Dr. Comer Gets Award

Dr. Kenneth Comer, Mooresville, a retired proctologist, recently received the Distinguished Alumnus Award at the annual Mooresville High School reunion.

Dr. Kidder Elected

Dr. Orva T. Kidder, Fort Wayne, has been elected medical director of the Tuberculosis Association of Allen County. Also elected were **Dr. Chester H. Warfield,** to the executive committee; and **Dr. Jeff H. Towles,** named to a three-year-term as director of the association.

Plans for Construction of Amersham/Searle Announced

G. D. Searle & Company announces plans for construction of a new headquarters at Arlington Heights, Illinois, for Amersham/Searle.

The company is owned equally by Searle and the Radiochemical Centre at Amersham, England, a division of the United Kingdom Atomic Energy Authority. They produce the world's most extensive line of radiochemicals, radiopharmaceuticals and related products.

The company is believed to be the first business partnership between an American company and a branch of the British government.

Dr. Jennings Honored

Dr. Frank L. Jennings, Indianapolis, recently received the Auerbach Memorial Award for outstanding work in tuberculosis research and treatment. The award is given annually by the Indiana Tuberculosis Association.

Dr. Bannon Awarded

Dr. William G. Bannon, Terre Haute, received the Governor's Award from the Indiana State Commission for the Aging and Aged during ceremonies at the Wabash Valley Senior Citizens Center. Dr. Bannon was honored for his outstanding contributions to the Vigo County chapter.

Dr. Dye Speaks

Dr. Cloyd L. Dye, New Castle, spoke on the "Pacemaker Machine" at a recent combined meeting of the Mt. Summit Keemoh Homemakers Club and the Springport Friendship Club.

Dr. Read is Speaker

Dr. John E. Read, Chesterton, was guest speaker recently for the newly organized "jogging" club. Dr. Read talked about the benefit of such a program to the cardiovascular system.

Dr. Ramsdell Speaks

Dr. Glen A. Ramsdell, Richmond, tuberculosis clinician and medical director of the Inhalation Therapy Department on Reid Memorial Hospital staff, recently spoke to more than 70 nurses during two In-Service Training Sessions held there. Dr. Ramsdell reviewed the status of the tuberculosis patient of 20 to 25 years ago.

Dr. Bower Appointed

Dr. Richard E. Bower, Fort Wayne, has been appointed chairman of the newly formed Fort Wayne Medical Society's fourman Traffic Safety Committee. Other members are **Drs. Roland Ahlbrand, Robert Bahr and Robert Schloss.**

Dr. Brown Elected

Dr. David E. Brown, Indianapolis, has been elected president of the Indiana Ophthalmological and Otolaryngological Society. Other new officers are **Dr. Kenneth Isenogle of Fort Wayne,** vice-president, and **Dr. George Clark of Indianapolis,** secretary-treasurer.

Dr. Modisett Speaker

Dr. Marcella S. Modisett, Madison, recently presented a lecture on "The Importance of Early Detection of Cancer" to the Welcome Wagon Club.

Dr. Jones Elected

Dr. Horace E. Jones, Anderson, has been elected first vice-president of the board of the Madison County Tuberculosis Association.

Dr. Millis Promoted

John S. Millis, Ph.D., Chancellor of Case Western Reserve University, is joining the National Fund for Medical Education. He will serve the Fund as Vice President and will conduct a series of in-depth studies of the financing of medical education as it relates to present and future health goals of the nation. The studies will also be concerned with utilization of manpower and plant, identification of shortages and alternative means of overcoming them.

Dr. Harvey Presents Program

Dr. Verne K. Harvey, Jr., Zionsville, of the Indiana State Board of Health, recently gave lessons on "The Middle Years" and "Conception Control" to the leaders of the Extension Homemakers Clubs, Winamac.

Dr. Longstaff is Speaker

Dr. John P. Longstaff, Evansville psychiatrist and medical director of the Adult Psychiatric Clinic of Vanderburgh County, Inc., recently spoke at the Evansville Area Council meeting of Indiana Hospital Auxiliaries Association on the topic "Teen-age Problems."

Dr. Salon is Speaker

Dr. Joel W. Salon, Fort Wayne physician and a member of the American Heart Association Council on Clinical Cardiology, spoke on "The Coronary Care Unit" at a recent meeting of the Allen County Heart Association.

Dr. Beardsley Elected

Dr. Frank A. Beardsley, Frankfort, has been elected president of the Clinton County Tuberculosis Association.

National Hospital Firm Buys Arizona's Doctors Hospital

American Medicorp, the nation's largest owner-manager of general, acute-care hospitals and related health facilities, has acquired Doctors Hospital in Phoenix, Arizona, the largest proprietary hospital in that state.

The corporation now owns or has under agreement 15 general hospitals and plans construction of two more. It also owns and operates a school of nursing in California.

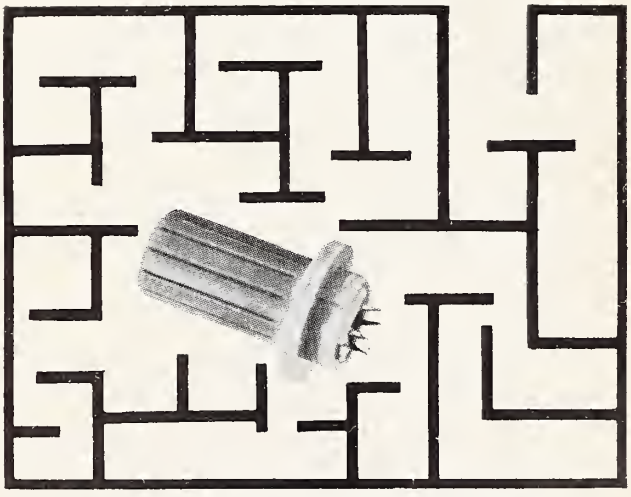
Dr. Sheek is Speaker

Dr. Kenneth I. Sheek, Greenwood physician, recently spoke before the Kiwanis Club of Greater Whiteland. Dr. Sheek spoke on the "War in Vietnam."

Dr. Scofield is Speaker

Dr. John B. Scofield, Indianapolis, assistant professor of psychiatry at the Indiana University School of Medicine, recently spoke at the first combined Parent-Teacher Association meeting

Continued



HISTO IS CONFUSING.

Histoplasmosis can mimic such unrelated diseases as TB, leukemia, pneumonia and syphilis. Use the blue Histoplasmin LEDERTINE™ Applicator as the first step in differential diagnosis and as a routine step in physical examinations for the permanent records of your patients.

HISTOPLASMIN, TINE TEST
(Rosenthal)

Precautions—Nonspecific reactions are rare, but may occur. Vesiculation, ulceration or necrosis may occur at test site in highly sensitive persons. The test should be used with caution in patients known to be allergic to acacia, or to thimerosal (or other mercurial compounds).

Lederle LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, New York
473-9

Continued

of the Clay Community Schools. His address was entitled, "Adolescents."

Dr. Miller Gives Address

Dr. John D. Miller, Indianapolis, clinical director, pulmonary disease service, Marion County General Hospital, spoke recently at the meeting of the Wayne County Tuberculosis Association. Dr. Miller spoke on "The Changing Picture in The Detection, Treatment and Eradication of Tuberculosis."

Dr. Heasty is Speaker

Dr. Alfred R. Heasty, psychiatrist at the Student Health Center at Purdue University, West Lafayette, recently spoke to the Montgomery County Mental Health Association. He discussed LSD and marijuana.

SKF Issues Their SK&F Services Catalogue for 1969-70

Smith Kline & French Laboratories has just issued their SK&F Services Catalog for 1969-70. It is an illustrated catalog of medical films, booklets, periodicals, Speakers Bureau and the "Code 4" cardiopulmonary resuscitation training program. New in this year's Catalog is the film "Shock: Recognition and Management."

Free copy of the catalog may be obtained from an SK & F representative or by writing Services Dept. E-10, Smith Kline & French Laboratories, 1500 Spring Garden St., Philadelphia 19101.

Dr. Wilson Elected

Dr. John S. Wilson, Columbia City, has been re-elected to active membership in the American Academy of General Practice.

Dr. Stewart is Speaker

Dr. Frank W. Stewart, Vincennes, recently spoke at the meeting of the Daviess County Tuberculosis Association. Dr. Stewart recently attended a national conference on tuberculosis at Atlantic City and spoke on the use of chemotherapy.

Drs. Senseny, Towles, Rohn Speakers

Drs. Eugene F. Senseny and **Jeff H. Towles, Fort Wayne,** and **Robert J. Rohn, Indianapolis,** recently gave talks at the Institute on Cancer for Nurses, sponsored by the Allen County Cancer Society and the Indiana State Nurses Association. Dr. Senseny spoke on "Proctology Today"; Dr. Towles spoke on "Pertinent Ideas in Post Mastectomy Care"; and Dr. Rohn discussed "Current Trends in the Treatment of Malignancies of the Reticuloendothelial System."

1969 Summer Camp Announced For Diabetic Children in July, August

The Summer Camp for Diabetic Children will be conducted for the 21st year under the auspices of the Diabetes Association of Greater Chicago from July 20 through August 10, 1969 at Holiday Home, Lake Geneva, Wisconsin. Boys and girls from eight thru 13 years of age are eligible.

As in previous years, the camp will be staffed by resident physicians, nurses, dietitians and laboratory technicians, in addition to the regular counseling and domestic staff of Holiday Home.

Rates for summer camp are arranged in accordance with individual circumstances.

Applications may be obtained from, and inquiries should be directed to: Diabetes Association of Greater Chicago, 620 N. Michigan Ave., Chicago, Ill. 60611.

Dr. Taylor Inducted

Dr. Donald R. Taylor, Muncie, was inducted as a Fellow of the American College of Radiology at the annual meeting of the College in Atlanta on February 21. Fellowship in the college is conferred upon members who have given distinguished service over a period of years.

Dr. Beeler Elected

Dr. John W. Beeler, Indianapolis, has been elected to a three-year-term on the Board of Chancellors of the American College of Radiology. He has just completed a year's term as chairman of the council for the college.

Dr. Kimbrough Named

Dr. Robert F. Kimbrough, Fort Wayne orthopedic surgeon, recently attended the President's Committee on Employment of the Handicapped meeting in Washington. Dr. Kimbrough is on the local and state board of the Crippled Children's Society and represented the national board at the meeting.

Dr. Coleman is Speaker

Dr. Floyd B. Coleman, Waterloo physician, recently was guest speaker at the meeting of Auburn Kiwanis. Dr. Coleman spoke on his recent tour of Europe.

Manuscript Award Announced By Ob-Gyn Specialty Group

The Obstetrics and Gynecology Specialty Group of the International College of Surgeons announces a competition for an award to be given the author of a manuscript selected by the prize committee of the group.

This award will consist of an invitation to present the winning paper at the ICS meeting in Paris, France, including a round-trip ticket, hotel expenses and $10 per diem. Fellows of the ICS are not eligible. Contestants must be interns, residents or graduate students in the field of obstetrics and/or gynecology. Contestants must hold the degree of Doctor of Medicine.

For full details write Dr. Abraham F. Lash, 1516 Lake Shore Drive, Chicago 60610.

Dr. Muller Named

Dr. Paul F. Muller, Indianapolis, chief of obstetrics and gynecology at St. Vincent's Hospital, has been named one of the recipients of the 1968 Brotherhood Award by the National Conference of Christians and Jews.

Dr. Burk Reappointed

Dr. James M. Burk, Decatur, has been reappointed to another four-year term on the board of trustees of the North Adams community schools.

Dr. Strecker Gives Address

The Terre Haute Community Blood Program was discussed recently by **Dr. William L. Strecker, Terre Haute,** during his address to the members of the Terre Haute Exchange Club.

Continued

See next page for prescribing informati



You've made it one of your specifics in acute otitis media

DECLOMYCIN®
DEMETHYLCHLORTETRACYCLINE



You've made it one of your specific in acute otitis media

DECLOMYCIN acts against many strains of H. influenzae, pneumococci and streptococci, the most common invaders. In otitis media, where it is difficult to isolate the causative organism, this coverage may be important. However, some strain may be resistant and other pathogens can be involved.

You've found the high serum levels of DECLOMYCIN important, too. Its prolonged actior permits convenient 300 mg b.i.d. or 150 mg q.i.d. administration.

When specimens are obtainable, your culture studies will indicate the usefulness of DECLOMYCIN.

Effectiveness: DECLOMYCIN Demethylchlortetracycline should be equally or more effective therapeutically than other tetracyclines in infections caused by organisms sensitive to the tetracyclines.

Contraindication: History of hypersensitivity to demethylchlortetracycline.

Warning: In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, lower than usual doses are indicated, and, if therapy is prolonged, serum level determinations may be advisable. A photodynamic reaction to natural or artificial sunlight has been observed. Small amounts of drug and short exposure may produce an exaggerated sunburn reaction which may range from erythema to severe skin manifestations. In a smaller proportion, photoallergic reactions have been reported. Patients should avoid direct exposure to sunlight and discontinue drug at the first evidence of skin discomfort. Necessary subsequent courses of treatment with tetracyclines should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis pruritus ani. Skin—maculopapular and erythematous rashes; a rar case of exfoliative dermatitis has been reported. Photosensitivity onycholysis and discoloration of the nails (rare). Kidney—rise in BUN apparently dose-related. Transient increase in urinary output, some times accompanied by thirst (rare). Hypersensitivity reactions—urti caria, angioneurotic edema, anaphylaxis. Teeth—dental staining (yel low-brown) in children of mothers given this drug during the latter hal of pregnancy, and in children given the drug during the neonatal peri od, infancy and early childhood. Enamel hypoplasia has been seen ir a few children. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Demethylchlortetra cycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Should be given 1 hour before or 2 hours after meals, since absorption is impaired by the concomitant administration of high calcium content drugs, foods and some dairy products. Treatment of streptococca infections should continue for 10 days, even though symptoms have subsided.

DECLOMYCIN®
DEMETHYLCHLORTETRACYCLINE

Capsules: 150 mg; **Tablets:** film coated, 300 mg, 150 mg and 75 mg of demethylchlortetracycline HCl. 398-E

LEDERLE LABORATORIES, A Division of
American Cyanamid Company, Pearl River, New York

Lederle

NEWS NOTES

Continued

Dr. Brown Appointed

Dr. Frederic W. Brown, Fort Wayne orthopedic surgeon, has been appointed to membership on the Public Health Service's National Advisory Allied Health Professions Council.

New "Manual on Fire Hazards in Oxygen-Enriched Atmospheres" Issued

"Manual on Fire Hazards in Oxygen-Enriched Atmospheres" is a new 84-page manual issued by the National Fire Protection Association—most important for hospitals.

Copies are available at $3.00 each from NFPA Publications Service Dept., 60 Batterymarch St., Boston 02110.

Dr. Matthew and Wife Honored

Dr. Burleigh Matthew, Indianapolis, who with his wife Sue, is famous for a program of collecting medical equipment and supplies for use in overseas mission hospitals in India, has received for the third time the District Sertoma Club Award for "Service to Mankind." The Matthews were recently proclaimed in *The Terre Haute Tribune* for their enterprise on behalf of foreign medical missions.

Dr. Martin Named

Dr. Noel J. Martin, Shipshewana, has been appointed county physician by the Warrick County Commissioners.

Dr. and Mrs. Porter Honored

Dr. and Mrs. Edward A. Porter, Westport, were recently honored as recipients of the "Certificate of Distinction" award presented at the annual meeting of the Decatur County Extension Committee. Dr. and Mrs. Porter are only the second husband-and-wife team to be so honored in the 16-year history of this award.

PMA Foundation Announces $180,000 New Faculty Awards

Grants totaling $180,000 were announced recently by the Pharmaceutical Manufacturers Association Foundation in its faculty development program. Five awards, each covering a two-year period, were made to further research and teaching careers in clinical pharmacology.

The foundation, which supports scientific and medical research with particular reference to the study and development of the science of therapeutics, is supported by donations from drug firms.

Dr. Dukes Elected

Dr. Betty J. Dukes, Dugger, president of the Katherine Hamilton Mental Health Center Development Fund, has been elected president of the state association and was re-elected to the board at the recent meeting of the Indiana Association of Mental Health in Indianapolis.

Physician Named

Dr. C. Richard Bowers, Anderson, was honored recently for his significant contributions toward improving the image of the community by the Anderson Rotary Club. Dr. Bowers was honored for his volunteer service as a surgeon working with the Vietna-

Continued

Here's some
Professional Advice
(on vacations)

Analyze your situation and if it calls for a vacation . . . plan one at Shingwauk Village. This is a resort village with *everything!* Distinctive cottages clustered around beautiful Little Pine Lake and our heated pool. Golf, swim, boat, fish . . . enjoy *complete* recreational facilities, fine foods and relaxing privacy. All-day supervised activities for children. Shingwauk Village . . . best "getawayfromitall" spot around!

AAA

Shingwauk VILLAGE
240 woodsy acres
For color brochure, Write
Box 13, Aitkin, Minnesota 56431



Have you noticed any side effects from the drug as yet?

Continued

mese civilians in the war zone. Dr. Bowers has completed his third two-month tour of duty with a volunteer group sponsored by the AMA.

Dr. Kershner Gives Talk

Dr. Charles R. Kershner, Marion, discussed "Surgical Repair of Injured Hands" at a recent meeting of District 17 of the Indiana State Nurses Association.

Dr. Cullison Appointed

Dr. John Cullison, Muncie general practitioner, has been appointed director of medical education at Ball Memorial Hospital.

Dr. McClure Honored

Dr. Stanley E. McClure, Monon, was recently honored when the citizens of Monon held a "Dr. McClure Day." Dr. McClure has been a physician in Monon for the past 40 years.

Dr. Kirtley Speaks

Dr. James M. Kirtley, Crawfordsville, chairman of the State Commission for the Handicapped, recently explained the work and aims of the commission before the Montgomery County Association Retarded Children monthly meeting.

Dr. Foster Gives Address

Dr. Douglas L. Foster, Gary, director of the day care program at Methodist Hospital, recently addressed the Institute of Nurses. District II. His topic was "Mental Health and Drug Abuse."

Dr. Elliott is Speaker

Dr. Thomas A. Elliott, internist at the Elkhart Clinic, was the featured speaker at the monthly meeting of the Michiana Chapter of the National Association of Accountants. His topic was "Your Heart Has Many Lives."

Dr. Pierce Writes Book

Dr. William J. Pierce, Bruceville, has written a book about coronary heart disease for the layman. Dr. Pierce is pathologist at the Daviess County Hospital in Washington, Indiana.

Dr. Roeske is Speaker

Dr. Nancy A. Roeske, Indianapolis, director of the Riley Child Guidance Clinic at the Indiana University Medical Center, recently was speaker at the meeting of the Grant County Mental Health Clinic board of directors. She spoke on "Preventive Child Psychiatry."

Dr. Cook Presents Paper

Dr. Gordon C. Cook, South Bend obstetrician and gynecologist, recently presented a paper, "What's New and What's Ahead in Family Planning" at a conference on the nurses' role in family planning. Indianapolis was the scene of the conference, sponsored by the Indiana University School of Nursing Continuing Education program and the Indiana Board of Health. ◀

in the treatment of
IMPOTENCE



Android®
(thyroid-androgen) TABLETS

*Effectiveness confirmed by another double blind study**

1. SUMMARY
ANDROID — GOOD TO EXCELLENT 75%
PLACEBO — 20%

2. Forty cases reported.
3. Cites synergism between androgen and thyroid.
4. No side effects in patients treated.
5. Alleviation of fatigue noted
6. Case histories on 4 patients.
7. Although psychotherapy still needed, role of chemotherapy cannot be disputed.

*"Sexual impotence treatment with methyl testosterone – thyroid (ANDROID) a double blind study" – Montesano, Evangelista: Clinical Medicine, April 1966.

CONTRAINDICATIONS—Methyl testosterone is not to be used in malignancy of reproductive organs in male, coronary heart disease. Thyroid is not to be used in heart disease, hypertension unless the metabolic rate is low.

Choice of 4 strengths

Android
Each yellow tablet contains:
Methyl Testosterone . . 2.5 mg.
Thyroid Ext. (1/6 gr.) . . 10 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-HP
HIGH POTENCY
Each red tablet contains:
Methyl Testosterone . . 5.0 mg.
Thyroid Ext. (½ gr.) . . . 30 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY
Each orange tablet contains:
Methyl Testosterone . 12.5 mg.
Thyroid Ext. (1 gr.) 64 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C
Each white tablet contains:
Methyl Testosterone . . 2.5 mg.
Thyroid Ext. (¼ gr.) . . . 15 mg.
Ascorbic Acid (Vit. C) . 250 mg.
Thiamine HCL 25 mg.
Glutamic Acid 100 mg.
Pyridoxine HCL 5 mg.
Niacinamide 75 mg.
Calcium Pantothenate . 10 mg.
Vitamin B-12 2.5 mcg.
Riboflavin 5 mg.
Dose: 2 tablet twice daily.
Available: Bottles of 60, 500.

Write for literature and samples:
BROWN THE BROWN PHARMACEUTICAL CO.
2500 W. 6th St., Los Angeles, Calif. 90057

REFER TO PDR

also available with ESTROGEN

Android-E
Each Tablet Contains:
Methyl Testosterone 2.5 mg.
Ethinyl Estradiol 0.02 mg.
Thyroid Ext. (1/6 gr.) 10 mg.
Thiamine Hydrochloride 10 mg.
Glutamic Acid 50 mg.

INDICATIONS: Advantage is taken of the anabolic action of ANDROID without its virilizing effect. Estrogen balances the androgen—only steroid effect remains. Geriatrics, post-operative and debilitating disease, osteoporosis. DOSE: One tablet t.i.d. Female patients should have a rest period 5 to 7 days after 21 days of medication. SIDE EFFECTS: In the female, excessive dosage may produce virilizing effects of most androgens: hoarseness, hirsutism, enlarged clitoris. Symptoms can be avoided by keeping the dosage below 300 mg. of testosterone per month. CONTRA-INDICATIONS. See Android. Ethinyl estradiol is not to be used in latent malignancy of reproductive organs or mammary glands.

FUTURE MEETINGS, SEMINARS, COURSES

University of Chicago Course On Myocardial Infarction Patient

A postgraduate course on "Management of the Patient with Acute Myocardial Infarction" is being offered by the University of Chicago Hospitals and Clinics on May 14.

For further information, write: Frontiers of Medicine, The University of Chicago, 950 E. 59th St., Chicago 60637.

Abstracts of Papers Called for Wayne University Thyroid Service

Wayne State University announces the Ninth Annual Workshop of their Thyroid Service to be held at the David Whitney Bldg., Detroit, on December 10.

Abstracts of papers to be considered for the program are called for now and must be received prior to August 1. For full particulars write Dr. Robert Douglass, 23023 Orchard Lake Road, Farmington, Michigan 48024.

Society for Cryosurgery Party for AMA Convention Time

The Society for Cryosurgery announces that a cocktail party will be held on Tuesday, July 15, 5:00 p.m. to 7:00 p.m.

All cryosurgeons and others interested in low-temperature therapy who are attending the 1969 AMA Annual Convention in New York City are invited.

Secure admission ticket and information on location of party from the attendant at the desk assigned to the Society for Cryosurgery in the general registration area in the Coliseum. Society members free; nominal charge for guests.

Postgraduate Course on Diet Therapy Listed by Cleveland Clinic Foundation

A postgraduate course on Diet Therapy will be conducted at the Cleveland Clinic Educational Foundation on May 8 and 9.

Further information and programs may be obtained by writing to the Director of Education, The Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106.

University of Colorado Offers Postgraduate Medical Technology Course

The University of Colorado will conduct a postgraduate course in Medical Technology May 5-9 at Estes Park, Colorado.

The program will be presented by both the Colorado faculty and guest speakers. Registration and tuition fees and further information on the course may be obtained by writing Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220.

"Peptic Ulcer" Postgraduate Course Listed for August 14-16

"Peptic Ulcer" will be the subject of a postgraduate course to be conducted by the American Gastroenterological Association on August 14, 15 and 16 at Aspen, Colorado.

The tuition fee is $100, except for fellows, house staff and students who pay $50. Registration will be limited. Write AGA Course, P. O. Box 20056, Denver, Colorado 80220.

Postgraduate Course on "Anxiety And Depression" May 1-3 in Florida

The Mound Park Hospital Foundation of St. Petersburg, Florida, in connection with the College of Medicine, University of Florida and others will conduct a postgraduate course in "Anxiety and Depression: A Modern Interpretation," on May 1 to 3 inclusive.

The program is acceptable for 18 accredited hours by the AAGP. The fee is $50 which includes lunches for two days and club privileges. Attendance may be limited. Write Postgraduate Medical Education, Mound Park Hospital Foundation, St. Petersburg, Florida 33701.

Eighth Annual Congress of Gerontology to Meet in Washington

The 8th International Congress of Gerontology will meet in Washington, D. C. on August 24 to 29. Full details may be obtained by writing the Congress at 9650 Rockville Pike, Bethesda, Maryland 20014.

Tuberculosis Courses Set By the Public Health Service

Courses on "Clinical Management and Control of Tuberculosis" will be conducted by the Public Health Service at the Battey State Hospital, Rome, Georgia, on several occasions in the future. The course will provide the latest knowledge available concerning the diagnosis, treatment and control of tuberculosis. It is acceptable for 77 elective hours credit with AAGP.

The course runs for about two weeks and will start on May 5, July 21, October 6 and December 1 this year. There is no tuition fee. Applications must be received for processing at least six weeks in advance of a particular course. Write the Tuberculosis Program, National Communicable Disease Center, Atlanta, Georgia 30333. ◄

Dear Doctor, Nurse and Receptionist:

If you will mention our shoe store and our corrective Orthopedic Shoemaking to your patients and friends, we will do our very best to please them and help solve their foot and shoe problems.

Shoe Prescription Service for Man, Woman, Child

Heid's

HEALTH SHOE STORE
411 N. ILLINOIS
DRIVE-IN PARKING
INDIANAPOLIS, IND.

AFNB—Midwest Charge
ME5-4247

Space contributed as a public service by this magazin

Pick one to die.
Pick one for jail.
Pick one to waste away.
Pick three for happiness.



Some children find happiness easily. Others need the help and guidance only a trained person can provide, medical attention they cannot afford, love they have been denied. When you decide to give to your United Fund or Community Chest, you may change a life.

Your fair share gift works many wonders/THE UNITED WAY

UNITED

ADVERTISING COUNCIL

27 million families benefit by child care, family service, youth guidance, health programs, disaster relief and services for the Armed Forces from 31,000 United Way agenc

County, District News

Ninth District

Dr. Chester L. Waits, Lafayette, has been elected president of the Ninth District Medical Society. Dr. Herbert S. Johnson, also of Lafayette, has been named treasurer.

Cass

A film on "Two Original Open Heart Operations" from Upjohn Company highlighted the Feb. 3 meeting of the Cass County Medical Society.

Dearborn-Ohio

Dr. A. A. Levin, Cincinnati ophthalmologist, spoke on "Diseases of the Eye" at the Feb. 6 meeting of the Dearborn-Ohio County Medical Society.

Elkhart

A combined dinner of members of the Elkhart County Medical Society and their wives was held Feb. 6 at the Hotel Elkhart.

Grant

New officers of the Grant County Medical Society are: Drs. Robert D. Cunningham, Marion, president; Eugene S. Rifner, Van Buren, president-elect and Robert G. Young, secretary-treasurer.

LaPorte

Dr. Charles K. Liddell, Michigan City, is the new president; Dr. James J. J. Sprecher, LaPorte, the new vice-president and Dr. Frank McGue, Michigan City, the new secretary-treasurer of the LaPorte County Medical Society.

Lawrence

The Lawrence County Medical Society officers for 1969-70 will be: Drs. Reid C. Crosby, president; Charles B. Emery, vice-president and L. E. Benham, secretary-treasurer. All of the new officers are from Bedford.

Scott

The new president of the Scott County Medical Society is Dr. Marvin L. McClain, Scottsburg.

Spencer

Dr. M. O. Monar has been elected president and Dr. J. C. Glackman secretary-treasurer of the Spencer County Medical Society. Both are from Rockport. ◄

HARDING HOSPITAL

WORTHINGTON, OHIO

A fully accredited private psychiatric hospital situated on 45 acres of beautiful, wooded grounds just ten miles north of the state capitol.

THE HARDING HOSPITAL PROVIDES:

* 125 In-patient beds —
* Day Hospital program —
* Full time attending staff of psychiatrists —
* Professionally trained Adjunctive Therapy staff with programs in occupational, recreational and vocational therapy. (Crafts, Fine Arts, Greenhouse, etc.)
* Qualified staff of psychologists —
* Social Service department —
* Consultation and evaluation for out-patients.

For particulars on rates and terms or on specific patients write or call —

Harding Hospital - Worthington, Ohio
Area Code 614 - 885-5381

George T. Harding, M.D.
Medical Director

Donald L. Hanson
Administrator

Deaths

Stella Boyd, M.D.

Dr. Stella Boyd, retired Evansville obstetrician, died at Downers Grove, Ill., Feb. 24 at the age of 71.

Dr. Boyd, who was living with a daughter at the time of her death, was one of the pioneer prescribers of birth control pills in Evansville. Graduated from Rush Medical College in 1924, Dr. Boyd was a worker in the Vanderburgh County Planned Parenthood Association and retired in 1965 after a medical career of about 35 years. She was a member of the Vanderburgh County Medical Society.

Calvin C. Brink, M.D.

Dr. Calvin C. Brink, 87-year-old former Hobart and Gary general practitioner, died Jan. 23 in a Gary nursing home.

A Senior Member of ISMA and member of the 50-Year Club, Dr. Brink was graduated from the College of Medico-Chirurgical of Philadelphia in 1909. He was a member of the Lake County Medical Society.

Joseph Geyer, M.D.

Dr. Joseph Geyer, 57, for many years superintendent and medical director of the Southern Indiana Tuberculosis Sanitarium (Silvercrest) at New Albany, died Feb. 24 in Mooreland, Oklahoma.

A former member of the Floyd County Medical Society, Dr. Geyer went to New Albany in 1954 to head Silvercrest and remained there for 12 years, through 1966. He was a former member of the Floyd County Medical Society.

Orville A. Hall, M.D.

Dr. Orville A. Hall, one of three physicians assigned to the Muncie Community Schools, died Feb. 22 in Ball Memorial Hospital. He was 71.

Dr. Hall, a retired private physician, was graduated from the I.U. School of Medicine in 1931. He practiced at Montezuma and Eaton and then opened offices in Muncie in 1938. He was an honorary staff member at Ball Memorial Hospital and a former member of the Delaware-Blackford County Medical Society.

Ernest A. Hershey, M.D.

Dr. Ernest A. Hershey, 82, who practiced medicine at Churubusco for 49 years, died Jan. 23 in Lutheran Hospital, Fort Wayne.

Graduated from the I.U. School of Medicine in 1918, Dr. Hershey specialized in treatment of the eye, ear and nose. He opened his practice in 1919 at Garrett and went to Churubusco in 1920. He was a member of the Whitley County Medical Society, a Senior Member of ISMA and member of the 50-Year Club.

Phillip J. Holmes, M.D.

Dr. Phillip J. Holmes, psychiatrist at Madison State Hospital, died Feb. 3 in the Madison hospital. He was 36 years old.

A native of Zionsville, Dr. Holmes was graduated from the I.U. School of Medicine in 1957. He had served as psychiatrist at the Madison Hospital for the past two years and was a member of the Jefferson-Switzerland County Medical Society.

Mahlon F. Miller, M.D.

Dr. Mahlon F. Miller, 62-year-old Fort Wayne gynecologist and obstetrician, died suddenly Feb. 21 while vacationing in Acapulco, Mexico.

Dr. Miller, a native of Defiance, Ohio, was graduated from the I.U. School of Medicine in 1935 and had been practicing in Fort Wayne since 1939. He was president of the Indiana Chapter of the American College of Surgeons and former president of the Allen County Medical Society. In addition, Dr. Miller was a former vice-president of the Obstetrical and Gynecologic Society, was an instructor of obstetrics at Parkview School of Nursing and was on the staffs of Parkview, Lutheran and St. Joseph's hospitals in Fort Wayne.

Fred H. Priebe, M.D.

Dr. Fred H. Priebe, director of the medical clinic and director of rheumatology at Marion County General Hospital, died Feb. 15 at the age of 48.

Dr. Priebe, who also was an associate professor of medicine at the Indiana University School of Medicine, was graduated from the University of Cincinnati School of Medicine in 1945. He was a member of the board of directors of the American Heart and Arthritis Foundation and the Culver Hospital at Crawfordsville. Also a consultant at the Hendricks County and Central State hospitals, Dr. Priebe was a member of the Montgomery County Medical Society.

Charles E. Stouder, M.D.

Dr. Charles E. Stouder, 66, Ellettsville's only physician, died suddenly at his home Jan. 18.

Dr. Stouder, who began his practice at Ellettsville in 1955, had previously practiced at Gosport and Bedford. He was graduated from the I.U. School of Medicine in 1927 and was a commander of a Camp McCoy, Wis., Army hospital in World War II. He was a member of the Owen-Monroe County Medical Society. ◄

Association News

BOARD OF TRUSTEES

January 11, 1969

The Board of Trustees of the Indiana State Medical Association convened for its January meeting at 3:00 p.m., Saturday afternoon, January 11, 1969, in the headquarters office building, 3935 N. Meridian St., Indianapolis, with Dr. Donald R. Taylor, chairman, presiding.

District Trustee

1	Gilbert M. Wilhelmus, Evansville	Present
2	Joe Dukes, Dugger	Present
3	Donald M. Kerr, Bedford	Absent
4	Robert M. Reid, Columbus	Present
5	Wilbert McIntosh, Riley	Present
6	Steven D. Smith, Knightstown	Present
7	James H. Gosman, Indianapolis	Present
8	Donald R. Taylor, Muncie	Present
9	Peter R. Petrich, Attica	Present
10	Vincent J. Santare, Munster	Present
11	Lowell J. Hillis, Logansport	Present
12	William R. Clark, Fort Wayne	Absent due to illness
13	Otis R. Bowen, Bremen	Absent

District Alternate

1	Eugene W. Austin, Evansville	Absent
2	Betty Dukes, Dugger	Present
3	E. L. Wallace, New Albany	Absent
4	Jack E. Shields, Brownstown	Present
5	C. M. Schauwecker, Greencastle	Present
6	Frank H. Green, Rushville	Absent
7	John O. Butler, Indianapolis	Present
8	Paul W. Sparks, Winchester	Present
9	Lindley H. Wagner, Lafayette	Absent
10	C. T. Disney, Gary	Absent
11	James A. Harshman, Kokomo	Present
12	Frederic L. Schoen, Fort Wayne	Present
13	G. Beach Gattman, Elkhart	Present

Officers:

Patrick J. V. Corcoran, Evansville, president — Present
Lowell H. Steen, Hammond, president-elect — Present
Donald R. Taylor, Muncie, chairman of the Board — Present
Lester H. Hoyt, Indianapolis, treasurer — Present
Malcolm O. Scamahorn, Pittsboro, assistant treasurer — Absent due to illness

Journal:

Frank B. Ramsey, Indianapolis, editor — Present

Executive Committee:

Ralph V. Everly, Indianapolis, chairman — Present
Burton E. Kintner, Elkhart, member — Present

Delegates and Alternate Delegates to AMA:

Guy A. Owsley, Hartford City — Present
Jack E. Shields, Brownstown — Present
Don E. Wood, Indianapolis — Present
Eugene F. Senseny, Fort Wayne — Absent
Frank H. Green, Rushville — Absent
Maurice E. Glock, Fort Wayne (alternate) — Present
Dwight W. Schuster, Indianapolis (alternate) — Present
James A. Harshman, Kokomo (alternate) — Present
Kenneth O. Neumann, Lafayette (alternate) — Present

Guests:

Harold C. Ochsner, Indianapolis
Glen V. Ryan, chairman, Blue Shield Board
Lloyd Banks, vice-president, Marketing Area, Blue Cross-Blue Shield
Richard H. Kilborn, president, Blue Shield
A. C. Offutt, Indianapolis, secretary, Indiana State Board of Health

Staff:

Robert J. Amick, field secretary
Howard Grindstaff, field secretary
Kenneth W. Bush, administrative assistant
James A. Waggener, executive secretary

On motion of Drs. Petrich and Dukes, the minutes of the meeting held October 14, 1968 and November 17, 1968 were approved. Dr. Wilhelmus commented that he should have been listed as present at the August meeting of the Board.

The chair announced that copies of the budget had been distributed and he hoped that members of the Board would peruse this report prior to the Board taking action upon it.

Reports of Guests

DR. OFFUTT, commissioner of Health for the state of Indiana, brought to the Board a request from the Executive Board of the Board of Health for a discussion of the question of pathology laboratories operated by osteopaths.

"Under the present standards which were adopted years ago, they simply state that an approved laboratory must be under the immediate supervision of a director who meets certain requirements and the only requirement that concerns us here is that he must possess an M.D. degree and be licensed to practice medicine in the state of Indiana. The thing that has come about is that we received a request for approval of a laboratory which will be operated by a doctor who is an osteopath. This, of course, would require a change in the standards for directors in the operation of laboratories for premarital and prenatal serology.

"We have checked with the American Osteopathic College of Pathology and with the American Osteopathic Association and in reviewing their courses, as far as we can tell, they are similar to those required by the AMA and the recognized Board of American Pathology.

"The Executive Board has requested that I bring this to your attention and asks that we be advised concerning the action to be taken, Mr. Chairman."

Following discussion by several members of the Board, the matter was put to a vote, and the Board voted approval of a change in the standards of the Board of Health to permit them to approve pathology laboratories operated by qualified Doctors of Osteopathy.

Dr. Offutt then discussed several bills appearing before the Legislature that deal with public health, pointing out particularly one in the area of tuberculosis control.

The bill discussed is one which would authorize the State Board of Health to grant state appropriated funds to local health departments in order to protect, promote and maintain the public health. It is felt by some that the bill would permit the establishment of local treatment centers or clinics and Dr. Offutt pointed out that the bill carries no appropriation, therefore, would merely permit the granting of appropriated state funds to local health departments. He pointed out that the amendment to be proposed would read as follows, "In any outpatient treatment center the entire cost of the examination and treatment will be paid by the county of residence of the patient when said patient is financially unable to pay the costs. Such entire costs, however, will be reduced in the amount of $1.00 for the examination and treatment which represents a subsidy from the state of Indiana in the interest of the control of tuberculosis and the maintenance of the public health."

Following this presentation, the matter was discussed. It was the feeling of the Board that this should be referred to the Commission on Legislation. **Upon motion duly made and seconded, it was voted that the association would oppose this measure unless the amendment which was read by Dr. Offutt was made a part of the bill.**

Dr. Offutt was then asked several questions concerning Comprehensive Health Planning as it is related to Indiana and the progress he is making. Dr. Steen requested an explanation of some of the problems faced in the Lake County area under these programs.

Dr. Offutt pointed out that there were many programs under which various grants were made.

DR. GLEN V. RYAN, chairman of the Board of Blue Shield, appeared before the Board and requested that his time for his usual report be relinquished to Mr. Richard C. Kilborn, president of the Blue Shield plan.

MR. RICHARD C. KILBORN, president of Indiana Blue Shield, discussed the following: "I was called with other administrators of Title 18, part B, to a meeting in Washington this past week at which it was announced that the secretary was not going to increase the rates for part B, Medicare. It was frozen for 18 months at the $4.00 level. I think it suffices to say that our actuary said immediately, 'Look out here comes trouble,' because that rate is not even sufficient for the existing program, let alone any additional programs.

"Mr. Chairman, if I may, I think it's important that I go through my program notes as I took them from the individuals involved. I can tell you exactly what they told us. Commissioner Ball was the first one to address the group. He made the point that SSA itself did not know about the $4.00 freeze, and in fact, had recommended very strongly to his secretary that this would be a big mistake. They also admitted that the original $3.00 rate was much too low to start with and the rate should have been $3.50 from the very beginning of the program.

"They also pointed out that from '68 to '69 they reasoned that physicians' fees would increase 5% in '68 and projected that they would increase another 5% in '69 and would have approximately a 2% increase in new physicians over the same period. Their actuaries are now projecting for 1969 a 4½% increase in MD's fees and a 2½% increase in new physicians. On the basis of this, the actuary for Social Security recommended to the Secretary that the rate be raised to $4.50 at a minimum. With the government matching this, of course, this would make the total rate $9.00 rather than $8.00.

"I think you probably read in the paper that Mr. Cohen did not want to increase rates for two reasons: (1) He felt that the people that are covered under the program could not afford the increase; (2) He felt that in approving the projected rate increase to handle projected increases in physicians' fees would place the government in the position of sanctioning those increases.

MR. LLOYD BANKS, Vice-President, Marketing Area of Blue Cross-Blue Shield, spoke on the state medical sponsored program. He pointed out it was less expensive to administer a good, basic health care plan than it was to administer a program which involves so-called major medical benefits. There are 1,494 contracts in force in the professional health care plan. Blue Cross-Blue Shield is proposing a 5% increase in fees be adopted for the professional health care account, and a 10% increase be adopted for each program under the comprehensive major medical program. Rates for ISMA members under the professional health care plan, underwritten by Blue Cross-Blue Shield, will be increased effective April 1, 1969. Quarterly payments for the single plan will be $36.75; for the family plan $95.10. These reflect an increase of $1.77 for the single and $4.53 for the family membership. Rates for the health security plan will increase 10%. For the $250.00 deductible, the quarterly premium is as follows: single rate $17.36; family rate $39.80. For the $500.00 deductible: single rate $15.90; family rate $36.56. For the $750.00 deductible: single rate $14.38; family rate $32.94. For the $1,000 deductible: single rate $12.74; and family rate $28.98.

Upon motion of Doctor Dukes, the Board approved the rate increases for the professional health care plan.

DR. DON E. WOOD, Chairman of the Commission on Legislation. Thank you, Doctor Taylor. Members of the Board. The commission has had two meetings since the annual session and have ready for introduction to the Legislature the bills as requested by the House of Delegates.

One bill is for an act to provide immunity for members of duly appointed committees on the medical staff of a licensed hospital. Second, a bill for an act to provide for the supply and provision of blood, blood related products, human tissue and mechanical appliances and devices, classifying these as a rendition of a medical service and not a sale. Third, a bill for an act creating a Division of Medical Care and Treatment in the Department of Correction, providing for a medical director and defining the powers and duty of said medical director. The last bill is an act concerning venereal diseases of minors.

Doctor Wood reported on the status of the Medicaid Bill. Doctor Bowen had asked what attitude the state association would take if the repealer in the law should again appear in the Legislature. After a thorough discussion by the Commission on Legislation, it was suggested that perhaps the action of the association should be one of direction toward having Medicaid applied only to those who were needy and not an overall blanket endorsement of the program. It was pointed out to Doctor Bowen the Board of Trustees would have to act on the guidelines to be followed. **The Board approved the guidelines as suggested by the Commission on Legislation.**

Reports of Trustees

1969 district meetings were reported scheduled as follows:

First District—May 15, 1969.

Second District—Vincennes. Date not set.

Third District—New Albany, April 2, 1969.

Fourth District—May 14, 1969.

Fifth District—Terre Haute, April 30, 1969.

Sixth District—Richmond, third or fourth Wednesday in May.

Seventh District—Indianapolis. April 26, 1969.

Eighth District—Muncie, June 11, 1969.

Ninth District—Lafayette, May 22, 1969.

Tenth District—Beverly Shores, April 9, 1969.

Eleventh District—Marion, September 17, 1969.

Twelfth District—Fort Wayne, May 14, 1969.

Thirteenth District—South Bend, September 17, 1969.

DR. ROBERT REID, Fourth District, reported the Fourth District had been selected for study by the consultant division of the Kaiser Permanente Program. Board of Trustees to receive a copy of the study when it is available.

DR. JAMES GOSMAN, Seventh District, asked about the status of the Resolution on Redistricting. The resolution has been referred to the Board Committee to Study Membership Matters.

Doctor Gosman explained the reason Marion County had not sent out the membership survey forms was because of a matter of expense.

Reports of Officers

PRESIDENT CORCORAN: Mister Chairman, members of the Board: This is merely a brief report of what is going on. The remaining commissions which have not yet been organized include the new Commission on Emergency Medical Services, the Committee on Medicine and Religion and the Committee on Sports and Medicine. We hope we will be able to get organized Sunday, January 26th, at the Columbia Club; we had to move the meeting out of the headquarters office because of the number who will be involved. The meeting will start at 11:30 a.m.; we'll have lunch and get finished that afternoon.

Secondly, we have scheduled a conference of Medical Society Officers for the weekend of April the 12th and 13th.

As a result of a California resolution No.

52 adopted at the Miami meeting, President-elect Steen and I will attend a meeting which has been called by the AMA in Chicago on Monday and Tuesday, February 10 and 11. This meeting will be a joint meeting of the officers of state medical associations with the AMA representatives on the Joint Commission on Accreditation of Hospitals for the purpose of reviewing and making suggestions concerning proposed new rules and regulations which the JCAH plans to adopt.

The AMA is urging state associations, as well as county societies, to organize accreditation committees for the purpose of making constructive suggestions concerning present and future relationships of the JCAH; to evaluate complaints of hospital staffs concerning their requirements and to communicate regularly with the AMA representatives on the JCAH. This is, to my knowledge, the first time state medical associations have had the opportunity to comment upon proposed regulations before final action is taken by the JCAH Board.

We have been supplied with a preliminary draft of the proposed regulations and I am sure that your representatives will make many critical comments concerning some of the proposals.

I have only one final matter, and that has to do with the question of the mental health program in Indiana. On November 27th, as some of you know, the Vanderburgh County Medical Society submitted to the state association a two-page statement which in essence protested the dismissal of the superintendent of the Evansville State Hospital, Dr. Milton Anderson, by the Commissioner of Mental Health of Indiana, Dr. William Sheeley. The Board of Directors of the Vanderburgh County Medical Society, speaking for members of the Society, not only requested the Indiana State Medical Association to oppose the dismissal of Dr. Anderson, but because of the loss of personnel in other state hospitals, they urgently requested that any dismissal of such personnel be held in abeyance until a full evaluation of the entire state mental health program could be made by the Indiana State Medical Association.

I submitted this to the Executive Committee, which on December the second, adopted this statement:

"The ISMA is, and has traditionally had, an interest in the total health care of all of the people of Indiana. We are concerned with not only the physical health, but the mental health of the people, both as outpatients and as hospital inpatients.

"The Vanderburgh County Society has brought to our attention the situation in the Evansville State Hospital which causes concern, and which again alerts us to the desirability of evaluating the entire problem of mental health in Indiana.

"We would, therefore, respectfully petition the Governor's office to intervene so as to delay the dismissal of the superintendent of the Evansville State Hospital until such time as adequate investigation can be made to determine whether this is or some other course of action is in the best interest of the patients in that institution. We stand ready to assist in any way possible in determining needs or in providing source material to the appropriate individuals."

The deadline for this dismissal was set for January the 15th. To have the best advice and information at hand before the Board at this meeting, I appointed, in consultation with the Executive Committee, an ad hoc committee to study the matter, and I'm very happy to say that every individual whom I requested not only accepted with courtesy, but I understand participated 100% in both meetings of the committee here in Indianapolis.

Dr. Dwight Schuster accepted the chairmanship, and Dr. Maurice Glock was appointed as president. Dr. Betty Dukes and Dr. Bill Bannon of Terre Haute, both recipients of the Mental Health Award, are on the committee. Dr. Warren McClure of Kokomo and Dr. Fred Smith of Tell City, members of the House of Delegates, are members, and Dr. Wallace R. Van Den Bosch of Lafayette and Dr. Louis Nye of Indianapolis are psychiatrists. They composed the committee.

I wrote a letter both to Governor Branigan and Governor-Elect Whitcomb, informing them that this committee had been appointed, and transmitting a copy of both the Vanderburgh County Society statement and the ISMA statement. The committee has done a tremendous job. Here is the report I got of two or three days ago which I have partially digested and I would like now to ask Dr. Schuster to take it up and give you what he thinks is pertinent to this report.

Report of Ad Hoc Committee on the Mental Health Program in Indiana

DR. DWIGHT SCHUSTER, chairman, made the following report: The committee was unanimous in its feeling that Doctor Anderson should be retained if at all possible. He is a capable man and an asset to the Mental Health Department, to the community of Evansville and southern Indiana.

It was the opinion of the committee that Doctor Sheeley had demonstrated, not only in this particular incident but through many others, a lack of administrative capacity in the Mental Health Department and the citizens of Indiana would be better off if Doctor Sheeley were not the commissioner. Mr. Stewart was asked for a legal opinion on the statements by the ad hoc committee and the committee was told there was nothing in the statement which had been transmitted before or the statements which were made in the summary that could be considered libelous.

Following is the statement which was hand delivered to Governor Whitcomb: "The Indiana State Medical Association urges that Dr. Milton Anderson of Evansville be retained in his present position as superintendent of Evansville State Hospital at this time. This would allow the Governor time and opportunity to evaluate the entire status of the Department of Mental Health and reach his own conclusions. The Indiana State Medical Association strongly believes this would be in the best interest of all the citizens of the state of Indiana."

After a thorough discussion of the statement sent to the Governor, **a motion was made to endorse the action of the ad hoc committee. Motion duly seconded and carried.**

A motion was made to table any further action relative to the entire mental health program in Indiana until after the Board has received a copy of the ad hoc committee report and has had time to study and discuss it. Motion duly seconded and carried.

DR. STEEN: Deceleration required of the President-elect in moving from the office of Chairman of the Council to the office of President-elect is not unlike, I am sure, the deceleration that was experienced by Messers Lovell, Borman, and Anders in their re-entry into the earth's atmosphere a couple of weeks ago.

As a result of my new inactivity, I have had much time to contemplate some of the matters that I think are important to this organization. And I should like to bring to you today my thoughts on two particular subjects for your rumination and consideration; not necessarily today, but at some later time. And I want to speak to you again some time in the future. But I think there are two issues that are of vital importance to the medical profession.

First is the matter of continuing medical education; there are a number of groups, including the American Medical Association, who have evinced interest in the subject of continuing medical education.

I think it behooves this organization to consider experimenting with a variety of techniques to encourage physicians to continue their medical education at periodic and specified intervals. For example, in Oregon they require every physician to par-

ticipate in continuing medical education with the penalty being suspension from the organization for their failure to comply. I do not propose such drastic action, but I do believe we have an obligation to make a thorough study of means and methods to stimulate our membership in actively participating in continuing medical education.

I believe every member of this Board is a responsible individual who must assume responsibility for stimulating county medical societies, hospital staffs and district medical societies to engage in more voluminous programs of medical education. I think we should consider conducting a series of meetings, such as the road shows carried on by the Academy of General Practice. We could experiment with techniques at our state meetings, such as breakfast roundtables. Another technique that might be implemented would be joint meetings with county societies and various hospital staffs. As Sir Edmund Burke, the famous English parliamentarian, orator and writer said during the time of the American Revolution, "The quickest way for evil to triumph is for good men to do nothing."

I know all of you are good men. I know that you are active and busy but I hope we might stimulate ourselves to recognize that the time has come for us to turn our attention to some of the more esoteric and philosophical concepts that are of importance to the practicing physicians of our state.

Secondly I would like to speak to you briefly on the subject of public relations. I think this is an area in which we have been extremely lax. Our state association has provided samples of releases which may be used for announcing meetings of county and district medical societies, but for some reason or other I feel utilization of this service has not been as widespread as it should be.

Releases of publicity on meetings of our component societies or districts provide excellent opportunities for the public to know what our physicians are doing other than making money and politicking. I feel a large segment of the public has the conception that these two areas are our sole avocation.

I would strongly urge that every district and every county medical society make a high level priority issue of establishing a public affairs or public relations committee. Medicine needs a spokesman to answer the complaints of the public and it is obvious that the president, sitting in Evansville or wherever he may sit, cannot possibly comment on every issue of significance to medicine. Yet we have 13 erudite Trustees sitting in various spots within the state, all of whom are capable to make comment immediately on subject matter that is pertinent to their particular area.

The recent Hong Kong flu epidemic is an example. I noticed in my own area that the newspapers had great difficulty in getting in touch with anyone who would comment on whether or not there was a flu epidemic. I am sure all any physician had to do was to sit in his office for one day and see his patients and answer the telephone to know that there was an epidemic. I think the public is entitled to know there is something going on and the medical profession should make a statement about what is considered to be the proper manner of handling this or any other epidemic.

I would again urge that you give your consideration to these two items.

Thank you for your attention.

DR. LESTER HOYT, treasurer, moved that the treasurer's report as printed be accepted. **Report approved by the Board.**

DR. FRANK RAMSEY, editor of *The Journal:* no report.

Report of Delegates to AMA

Doctor Owsley reported on the Indiana resolutions introduced as follows:

Resolution No. 10—*Lay Domination of the Medical Profession.* Passed substantially as it was written.

Resolution No. 11—*Rights of Individuals.* Passed with the "Resolved" portion amended as follows:

> Resolved, That the House of Delegates of the American Medical Association remind all physicians that as free men and women they have no obligation to accept employment and remuneration under any conditions other than those arrived at by agreement between the physician and the recipient of his service.

Resolution No. 34—*Submission of Resolutions.* This resolution called for the submission of resolutions to be introduced 45 days prior to the meeting of the House of Delegates. Resolution received too late for action.

Resolution No. 35—*AMA Support of Biomedical Research Institute.* Resolution called for the Board of Trustees to report to the House of Delegates the figures showing the amount of money expended by the treasury of the AMA in support of this Foundation and how much of each member's dues are being used for this purpose. A committee of ten was appointed to continue observing this activity.

Resolution No. 36—*Discontinuance of Cigarette Smoking.* A substitute resolution was passed.

Resolution No. 59—Resolution asked for a report on the activities and relationship of the Student American Medical Association to the AMA. Resolution withdrawn.

One of the most important actions taken by the House of Delegates was the adoption of Resolution No. 5 which requested a change in the AMA Constitution and Bylaws so that qualified Doctors of Osteopathy may be admitted to full active membership in the American Medical Association. The Board of Trustees have practically given up on the idea of changing their schools so now they are inviting them to apply for internships and residencies and even to membership in county and state associations.

Another important change in the AMA Constitution and Bylaws was the wording of amendments to state clearly that membership should not be denied for reasons of color, creed, race, religion or ethnic origin and to permit disciplinary action against a constituent association within which there have been repeated violations of this principle. This action was the result of House Resolution 24 which was adopted in June of 1968.

Report Q of the Board of Trustees, which has been reproduced in your booklets, is something that should be gone over carefully as there are many subtle suggestions in the report.

The Report of the Joint Conference Committee of AMA and Blue Shield was accepted for information. This committee has done a lot of good already in problems involving Mississippi, Hawaii and Connecticut.

Resolution No. 41—*Disapproval of "Paid In Full" Designation.* The House of Delegates adopted substitute Resolution 41 which resolved that "any reference to 'paid in full' coverage clearly identify those services which are indeed covered on a 'paid in full' basis and also identify the circumstances under which those services must be rendered."

Doctor Owsley pointed out that the substance of the resolution had been presented to Blue Shield at their Florida conference following the meeting of the AMA, and that Blue Shield would not accept the concept at that time. Blue Shield felt a need for more time to "digest" the resolution. Doctor Owsley expressed a personal point of view, however, that Blue Shield would eventually accept the House of Delegates' policy.

Matters Referred to the Board by the Executive Committee

First order of business was a letter from the Floyd County Medical Society dealing with public welfare fees. The Executive Committee recommends that a state survey of physicians be made to determine the backlog of welfare fees due physicians. **A motion was made and duly seconded that the Board approve the recommendation of the Executive Committee that a state survey be made to determine the backlog of welfare fees. Carried.**

A discussion of usual and customary fees was held. **Doctor Petrich moved that the Indiana State Medical Association go on record as proposing usual and customary fees for welfare patients for the entire state. Motion was seconded by Doctor Joe Dukes and carried.**

Budget for 1968-69: Doctor Taylor explained the 1968-69 budget had been gone over thoroughly by the treasurer, the auditor, Chairman of the Board and the members of the Executive Committee. The Executive Committee recommends to the Board that the budget be approved. Dr. Wilhelmus, chairman of the Board Committee on Economics and Fiscal Matters, told the Board it was a good budget and well prepared. **Doctor Wilhelmus moved that the budget as prepared be adopted. Motion seconded by Doctor Petrich and carried.**

Resolution on Dr. A. C. Offutt: Doctor Offutt's term as Secretary and Commissioner of the Indiana State Board of Health expires January 15, 1969.

The resolution from the Executive Committee was discussed by several members of the Board. Doctor Corcoran told the Board he had sent a personal letter on ISMA stationery to Governor Whitcomb recommending Doctor Offutt's re-appointment. Prior to the Board meeting, the resolution had been discussed with Doctor Bowen and it was his opinion there should be a delay in sending the resolution to the Governor. **Upon motion of Doctor Hillis, the resolution concerning Doctor Offutt is to be sent to the Governor if recommended by Doctor Bowen. Motion seconded by Doctor Wilhelmus and carried.**

H.C.R. 33 calls for the Governor to appoint a commission to study the various causes of death in the state and tends to attempt to prove that the state should adopt the medical examiner system. The committee shall, in connection with the study, cover among other things, an evaluation of relative merits of investigating systems available or which could become available to insure the development and maintenance of a program of greatest service to the citizens of Indiana.

The study committee shall be composed of two members of the House of Representatives of the opposite political parties to be appointed by the Speaker of the House; two members of the Senate of the two opposite political parties to be appointed by the President; one member from the Indiana State Board of Health; one member from the Indiana State Police; one member from the Commission on Forensic Sciences; one member from the Indiana State Medical Association; one member from the Indiana Coroners' Association and four additional members to be selected by a majority vote of the above appointed members, which four members shall be from other agencies or groups, either public or private, or both interested in the problems of determining the cause of death. On or before September 1, 1970, the study committee created shall compile its findings and recommendations into a final report and file such report with the Indiana Legislative Council for transmission to the 97th Session of the Indiana General Assembly.

After a discussion of the Concurrent Resolution, a recommendation was made that a member from the County Health Officers Association should be included in the study commission.

Upon motion of Doctor Reid, H. C. R. 33, amended to include a member from the County Health Officers Association on the study commission, was approved. Motion seconded by Doctor Santare and carried.

Letter from Legal Counsel for Indiana State Medical Association: Doctor Everly reviewed a letter received from Stewart, Irwin, Gillion, Fuller & Meyer, setting forth hourly rates and retainer fees to be charged by the legal firm.

The Executive Committee recommended to the Board that legal counsel be employed on an hourly basis and attend meetings only as recommended by the Executive Committee.

Upon motion of Doctor Petrich, the Board accepted the recommendation of the Executive Committee that legal counsel be employed on an hourly basis instead of a retainer fee and a report each month of fees paid to the attorneys be given to the Board. Motion seconded by Doctor Dukes and carried.

Economic and Organization Matters

Remission of state dues: **Upon motion of Dr. Wilhelmus, remission of state dues for two members of the Vanderburgh County Medical Society due to illness was approved.**

Upon motion of Dr. Gosman, remission of state dues for one member of the Marion County Medical Society for the period until such member returns to active practice was approved.

Dr. Santare made a motion for the remission of state dues for one member of the Lake County Medical Society who had retired from practice. Motion approved but later rescinded. Doctor Santare is to make an investigation as to financial hardship of the doctor in question.

After a discussion of the rules for the remission of state dues it was pointed out it is the responsibility of the trustee submitting the request for remission of dues to investigate the situation before the Board meeting. The executive secretary was instructed to send the rules to each Board member.

Nomination of two members of Editorial Board for three-year term ending December 31, 1972, to succeed: Dr. Jack W. Hickman, Indianapolis (internal medicine) and Dr. Frank H. Coble (ophthalmology). The names of nominees for the Editorial Board are to be presented at the midwinter meeting of the Board in order that the trustees may know something about the men for whom they are to vote at the fall meeting of the Board.

Blue Shield Board of Directors: The following physicians have been nominated by their respective districts for Directors of Blue Shield:

Second District—Joe Dukes, Dugger General Practice

Third District—John M. Paris, New Albany General Practice

Sixth District—Frank M. Green, Rushville General Practice

Eleventh District—Marcene Pearcy, Marion Urology

Members-at-Large (terms expiring March, 1969): By ballot the following physicians were nominated by the Board:

Maurice E. Glock, Fort Wayne Internal Medicine

G. O. Larson, LaPorte General Practice

Robert Reid, Columbus Obstetrics

Contributions in Memory of Past Presidents: It has been the policy of the association to make a $25.00 contribution to AMERF in memory of past presidents.

Upon motion of Doctor Petrich and a second by Doctor Steen, contributions are to be given to the Indiana Medical Foundation instead of AMERF. Approved by the Board.

Parramore Tuberculosis Hospital: Dr. Santare reported to the Board that the facilities of the Parramore Tuberculosis Hospital are not being utilized in full because of the great strides made in treatment of this disease. It has a very capable full-time medical director.

Doctor Santare asked the Board to take this matter up with the Indiana State Board of Health in order to see if the hospital cannot be used as a hospital for diseases other than tuberculosis.

Reports from Commissions and Committees

Commission on Convention Arrangements: In the absence of Dr. Richard B. Hovda, chairman, Dr. Corcoran gave a report on Convention Arrangements.

Board Committee on Medical Education and Liaison with I.U. School of Medicine: Dr. Petrieh, chairman, gave a brief report on the clinic located in Indianapolis which is operated by I. U. medical students under the supervision of staff physicians. Dr. Butler also gave a report on the progress of the clinic.

Board Committee of Business Consultants for The Journal: Dr. Dukes, chairman, said the suggestion of carrying the specialty after the doctor's name in the Roster issue of *The Journal* has been investigated. At this time it is not feasible to carry out this suggestion because of the cost.

Board Committee on Governmental Medical Programs: Dr. McIntosh, the chairman, discussed the survey on Comprehensive Health Planning which was compiled from the questionnaire sent to county medical society secretaries. Of the 50 responses received, 47 asked for help from the Indiana State Medical Association. At the present time the plan is to go into the counties to help them organize on a county level, then help them organize on a regional level and help regional areas put in an application to the State Board of Health to be the recognized agent for the area.

Dr. McIntosh outlined expenses of Mr. Gary Miller, such as calling cards, telephone calls, secretarial help and incidental expenses. After much discussion **a motion was made to take care of incidental expenses through the chairman of the committee via the headquarters office in the usual and customary manner.**

Dr. Petrich made a motion that all county levels should be so informed that they keep a record of expenditures on Comprehensive Health Planning subject to repayment at some future date.

Board Committee on Economics and Fiscal Matters: Dr. Wilhelmus, chairman, stated his committee was reviewing the financial matters of the state association and it would be some little time before they would have a complete report. In going over the income, it was noted that 10% of $10.00 of state dues goes to a building fund. The committee is contemplating preparing a resolution for the House of Delegates to eliminate the building fund and put this money into the General Fund. **Board approved the report.**

Board Committee on Emergency Medical Services: Dr. Hillis, chairman, no report.

Board Committee for Orientation of New Members: Dr. Clark, chairman, sent a printed report. He recommended that the orientation meeting for 1969 be held in conjunction with the County Society Officers meeting to be held in Indianapolis on April 12 and 13. **Upon motion of Doctor Dukes and seconded by Doctor Petrich, the printed report was approved.** ◄

EXECUTIVE COMMITTEE

February 12, 1969

Meeting called to order at 10:00 a.m. by Patrick J. V. Corcoran, M.D., President in Parlor C. of the Columbia Club, Indianapolis. It was noted the Chairman, Ralph V. Everly, M.D. was absent due to the death of his wife.

Present: Patrick J. V. Corcoran, M.D., Lowell H. Steen, M.D., Burton E. Kintner, M.D., Donald R. Taylor, M.D., Lester H. Hoyt, M.D., and James A. Waggener.

Guests appearing before the committee were Richard A. Snapp, M.D. and Mr. Joe O'Brien of the State Medical Board; and Andrew C. Offutt, M.D., State Health Commissioner.

The committee paused for a moment of silence in memory of Mrs. Ralph Everly and by consent, it was agreed that members of the committee, individually, are to make contributions to the Indiana Medical Foundation in her memory.

MINUTES OF THE MEETING held January 11, 1969 were approved on motion of Drs. Taylor and Kintner.

Membership Report

MEMBERSHIP REPORT was approved by consent:

Membership report as of February 7, 1969

Full dues paying members	3,102
Interns and residents	72
	3,174
AMA full dues	2,311
Delinquent members	788

Headquarters Office

BIDS ON NEW DRAPES—The secretary presented bids on new drapes for the building and inasmuch as all bids had not been received, this matter was deferred until the next meeting of the Executive Committee.

COMMENTS OF GUESTS ON PROPOSED LEGISLATION—Doctor Snapp appeared before the committee to discuss the bill before the current session of the Legislature on Podiatry—said bill designed to give podiatrists the right to prescribe and administer drugs.

Following a thorough discussion of this matter, it was felt that any drug-prescribing or administering by podiatrists should be limited to those necessary for treatment of the primary diseases of the foot and further that the use of steroids should not be permitted. Following this, Doctor Snapp and Mr. O'Brien, the secretary of the Medical Board, left the room and after further discussion, on motion of Drs. Steen and Taylor, it was voted to recommend to the Commission on Legislation that the bill be opposed at this time and that substantial changes should be made in any such measure.

Doctor Offutt then appeared before the committee to discuss the Uniform Anatomical Gift Act. It was Doctor Offutt's contention that what the new proposal included was already possible under the present Act and it was his feeling that if we were going to do anything in this type of legislation it should be made a true transplant bill. On motion of Drs. Taylor and Hoyt it was voted that the Executive Committee would recommend to the Commission on Legislation that they would support an effort to amend this bill to make it a transplant bill and Dr. Offutt would prepare the appropriate amendments.

THE NEXT MATTER REFERRED by the Commission on Legislation was that of the policy of the association with respect to the proposal for the creation of the University of Indianapolis. This proposal includes the taking of all properties of Indiana University and Purdue University located in Marion County, which would include the I.U. School of Medicine, and renaming it the University of Indianapolis. On motion of Drs. Kintner and Steen, it was voted that the Commission on Legislation give this proposal vigorous opposition.

HOUSE BILL 1758 AND HOUSE BILL 1771 which provides for welfare payments to nursing homes for the care of the disabled and the blind was discussed but decision was to be left until such time as the Executive Committee met jointly with the Commission on Legislation for further discussion of these measures.

SENATE BILLS 439, 467 and 477, all dealing with the creation of a Board of Regents and other post high school educational programs, including the creation and location of additional medical school or schools, were discussed. Inasmuch as the committee felt they had no authority to propose or oppose the creation of additional medical school facilities within the state or to specify location, it was moved by Drs. Steen and Taylor that the committee recommend to the Commission on Legislation that they support the Stoner report.

Treasurer's Report

THE TREASURER GAVE A REPORT of the income and expenses; cash and securities; investments; and *The Journal* financial statement; which were approved on motion of Drs. Steen and Taylor.

Organization Matters

REQUEST OF THE WOMAN'S AUXILIARY for a contribution of $1,000 to help finance their programs was approved on motion of Drs. Steen and Taylor.

PURCHASE OF A PUBLICATION entitled "U.S.A." for distribution to the members of the Board and the Executive Committee was brought to the attention of the committee and on motion of Drs. Taylor and Kintner, the secretary was instructed to purchase fifty copies for this distribution.

THE PRESIDENT THEN DISCUSSED the proposed County Society Officers Conference scheduled to be held in Indianapolis at the Airport Holiday Inn on April 12-13. The President announced that Dr. Dorman, President-elect of the AMA, would be the evening speaker on Saturday evening, April 12th, and also discussed the suggestion of Dr. Clark to include an orientation program for new members on Saturday, April 12th. On further discussion of the orientation program, the President will discuss this with Dr. Clark and will suggest if an orientation program is held in conjunction with this conference, that it be held on Saturday morning, April 12th.

A LETTER FROM DR. FRANKLIN BRYAN requested a refund for luncheon tickets purchased by medical students at the Fort Wayne meeting. On motion of Drs. Steen and Hoyt, the refund was approved.

THE PROPOSED PROGRAM OF VOLUNTARY HEALTH AGENCIES to be used as a part of the program of the Indiana Public Health Association was discussed and suggestions were made as to speakers for the program and it was left that Dr. Corcoran will resolve this matter with the appropriate individuals. The minutes of the Commission on Voluntary Health Agencies were then reviewed and the matter of the placards is to be referred to the Board of Trustees on motion of Drs. Steen and Hoyt.

THE REQUEST OF THE INDIANA ACADEMY OF GENERAL PRACTICE for use of the mailing list was approved by consent.

THE REQUEST OF THE INDIANA CANCER SOCIETY for use of the mailing list to send out a questionnaire to physicians was discussed and on motion of Drs. Steen and Taylor, the use of the list is to be approved at the regular rate of charge and further that the Indiana Cancer Society is to be informed that there shall be no statement contained that would evidence endorsement of this survey by the Indiana State Medical Association and to further request that they report the results of this survey to the association.

A LETTER FROM THE AMA containing a proposed joint statement of principles concerning alcoholism as prepared jointly by the American Bar Association and the American Medical Association was referred to the Committee on Medical-Legal Matters.

A LETTER FROM THE AMA announcing they were now receiving applications for the Sheen Award was reviewed and no nomination will be made by the association.

THE ACTION OF THE OKLAHOMA STATE MEDICAL ASSOCIATION in adopting a membership requirement that all members attend the equivalent of thirty hours annually of postgraduate education, was reviewed for the information of the committee.

THE QUESTION OF ESTABLISHING A SYSTEM by which members of the association might lease cars at a preferential rate was referred to the Commission on Medical Economics and Insurance on motion of Dr. Taylor and taken by consent.

THE MINUTES OF THE EXECUTIVE COMMITTEE and Board of Directors of Blue Shield were reviewed and the secretary was instructed to duplicate these and distribute them to the members of the Executive Committee.

DR. TAYLOR IS TO PREPARE A LETTER for distribution to the membership regarding the changes in payment methods for pathologists and radiologists.

Convention Matters

A letter from Dr. Salon concerning payment of an honorarium for section speakers was discussed and by consent Dr. Corcoran will further discuss this with Dr. Salon.

New Business

On recommendation of the President, and taken by consent, the Executive Committee is to refer to the Board of Trustees a recommendation that the title of "Executive Secretary" be changed to "Executive Vice President."

The president-elect made the recommendation that the minutes of the Board meetings be prepared in the style formerly used rather than the style used in the last two copies of the minutes.

The procedure for the use of the Hospitality Room during the AMA meeting was discussed and it was agreed that no change in policy would be made this year.

The question of the executive sessions of the Executive Committee to be held following the meeting with the delegates, by consent, it was agreed to continue this policy.

The role of past presidents in the AMA delegation was discussed and some felt that the past president should be invited to be a part of the delegation attending the meetings of the AMA for a period of one year following his retirement as president and that his expenses should be borne by the association. By consent, this suggestion is to be referred to the Board of Trustees.

Medical corporations organized by residents of Indianapolis hospitals—the secretary was instructed to obtain all information possible concerning these and to again bring this matter before the committee.

The Journal

The request of Trans American Collections for advertising space in *The Journal* was not approved on motion of Drs. Taylor and Corcoran.

The ad for Associates Investment Company was approved for publication in *The Journal* on motion of Drs. Steen and Kintner.

Future Meetings

AMA Regional Workshop on Medicine and Religion in Chicago March 1st—no representative is to be sent.

National Health Council, New York, March 10-12—no representative will be sent.

AMA Medical-Legal Conference, Las Vegas, March 13-15—no representative will be sent. ◄



Your Contributions Are Needed . . .

SUPPORT THESE PROGRAMS OF THE AMA-ERF

- *Funds for Medical Schools* -- Contributions may be designated for one particular school. Undesignated contributions will be distributed equally among all medical schools. No restrictions are placed on the use made of this money by the schools.
- *Loan Guarantee Fund* -- Provides guaranteed loans to medical students, interns and residents. For every dollar in the fund, the private banking industry loans $12.50, at a maximum rate of 6% simple interest.
- *Honors and Scholarship Program* -- Designed to attract students of high promise to careers in medicine—meetings, personal contacts and written materials will be employed. Medical school scholarships will be available to those who need them.
- *Undesignated Contributions* -- Money not designated for any specific AMA-ERF program will be placed in the general fund and the Board of Directors will decide on its use, depending upon need.

AMA-ERF

American Medical Association
Education and Research Foundation
535 North Dearborn Street
Chicago 10, Illinois

COMMERCIAL ANNOUNCEMENTS

BUY AND TRY: Wye Plantation Aberdeen-Angus frozen semen from Advanced Register P.R.I. sires officially gaining over four pounds per day or whose 365-day weights are above 1,200 pounds. (Performance tested sires always for sale.) WYE PLANTATION, Queenstown, Maryland 21658. Telephones: 301-827-7166 or 301-827-7160.

AVAILABLE: Well established practice in lake area of Northern Indiana. Office in association with two G.P.'s in 4-year-old Erdman Building with lab, x-ray and pharmacy. Coverage system with 5 other G.P.'s. Excellent opportunity to start fast with good patients. Community with small industry economy planning new community hospital. Contact William Cron, M.D., 827 S. Union St., Warsaw, Ind. 46580.

FOR SALE: A well planned, large, recently remodelled office building, for medical practice. Located in an active thriving community. One other physician present who would welcome a medical colleague. Thirteen miles from a 300-bed community hospital. Easy terms. Contact: Mr. Victor A. Selby, Jr., President, The Citizens State Bank of Fairmount, Fairmount, Indiana 46928.

WANTED: Assistant M.D., Culver Military Academy, Culver, Indiana starting September, 1969. Pleasant well-regulated job; 50-bed hospital with outpatient department. Good life. Attend 800+ cadets, faculty and employees. Campus on beautiful Lake Maxinkuckee. All sports $2.00 per month. Golf on campus. Salary open to discussion. Much reduced rates for boys or girls qualified to attend Academy. Contact M. D. Baker, M.D., 219-842-3311 or 842-2662.

WANTED: GP for association with a surgeon and a well-established general practitioner at Standish, Mich. New and progressive 80-bed hospital with CCU Unit. Office space available. Please call collect, M. K. Dolbee, M.D., 1-517-846-6122.

PSYCHIATRIC RESIDENCIES: Starting July 1969. Approved training in a mental institution with State of Michigan, Department of Mental Health. Three and five year programs available. Salary $9,876-$11,233 and $11,254-$21,381. NIMH-GP stipends $12,000. Located in Michigan's serene, scenic recreation area on Grand Traverse Bay. For additional information, contact Dr. Paul Kauffman, Training Director, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

FERRIS STATE COLLEGE needs two additional full-time staff doctors for Student Health Center. New modern facilities including 31 bed infirmary. Excellent opportunity for qualified persons in small quiet college town. Regular hours with rotating night and weekend call. Salary to $18,000 and excellent fringe benefits. Please contact Roy A. Davis, M.D., Area (616) 796-8635 or write in care of Ferris State College, Health Center, Big Rapids, Michigan 49307.

NINETEEN-MAN Wisconsin group located in college community of 40,000 with excellent hospital facilities is seeking additional associates in the following areas:

1. Internal Medicine
2. Orthopedics
3. General Practice
4. Pediatrics

For further information, please contact D. R. Griffith, M.D., Midelfort Clinic, Eau Claire, Wis. 54701.

WANTED: Cass — Logansport: New group formed last Sept. — Howard Clinic — 3 G.P.s and one Internist to date. Booming clientele — need O.B.-Gyn, G.P.s, Peds, E.N.T., Internal Medicine, etc. Clinic leases space from St. Joseph Hospital —men trade week-day and week-end call for more time with family and hobbies. Administrative headaches taken care of by central office and M.D. administrator. Salaries first year in the $20,000 and up area. Second year may purchase shares in the corporation. City of 25,000—2½ hours from Chicago, 79 miles north of Indianapolis. Only group effort in area. Call collect Joseph D. Howard, M.D. 753-4932 or 753-8536 in p.m.

AVAILABLE: Medical suite. Established practice in professional building, 6049 E. Washington St., Indianapolis. All services furnished. Phone Modern Pharmacy, 359-5569.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

ADVERTISERS IN THIS ISSUE

April 1969 Volume 62 No. 4

Associates Investment Company 410
Bristol Laboratories 359
Brown Pharmaceutical Co. 418
Burroughs Wellcome & Co., Inc. 406
Geigy Pharmaceuticals 392-94
Glenbrook Laboratories 342
Hanger, J. E., Inc. 401
Harding Hospital 421
Heid's Shoe Store 419
Highland Hospital 409
Hook's Drugs 390
Hynson, Westcott & Dunning, Inc. 333
Inland Steel Company 353
Indiana Medical Bureau 407
Lederle Laboratories 335, 353, 399, 413, 415-16
Lilly, Eli & Company 354
Medical Protective Co. of Ft. Wayne 402
Mutual Medical Insurance, Inc. 2nd Cover
Parke, Davis & Company 371
Pitman-Moore Company 374-75
Poythress, Wm. P. & Co., Inc. 400
Professional Life & Casualty Company 345
Robins, A. H. Company, Inc. 337, 351-52, 403
Roche Laboratories 4th Cover, 368-69, 404-05
Sandoz Pharmaceuticals 341, 411
Searle, G. D. & Co. 384-85
Shingwauk Village 417
Strasenburgh Laboratories 386
Stuart Company, The 339
Wabash Valley Hospital 382
Warner-Chilcott Laboratories 361-62
Winthrop Laboratories 383
Wyeth Laboratories 3rd Cover, 372-73

In accepting advertising for publication, *The Journal* has exercised reasonable precaution to insure that only reputable factual advertisements are included. However, we do not have facilities to make any comprehensive or complete investigation, and the claims made by advertisers in behalf of goods, services, and medicinal preparations, apparatus or physical appliances are to be regarded as those of the advertiser only. Neither sanction nor endorsement of such is warranted, stated, or implied by the association.

Indianapolis, Indiana

Vol. 62 • No. 5 • May, 1969

The JOURNAL

OF THE INDIANA STATE MEDICAL ASSOCIATION



J-O-P
Univ Of Calif
Med Ctr Library
Acquisitions Dept
San Francisco, Calif 94122
12-69

U.C. MEDICAL CENTER LIBRARY
JUN 5 1969
San Francisco 22

as easy as NTZ®

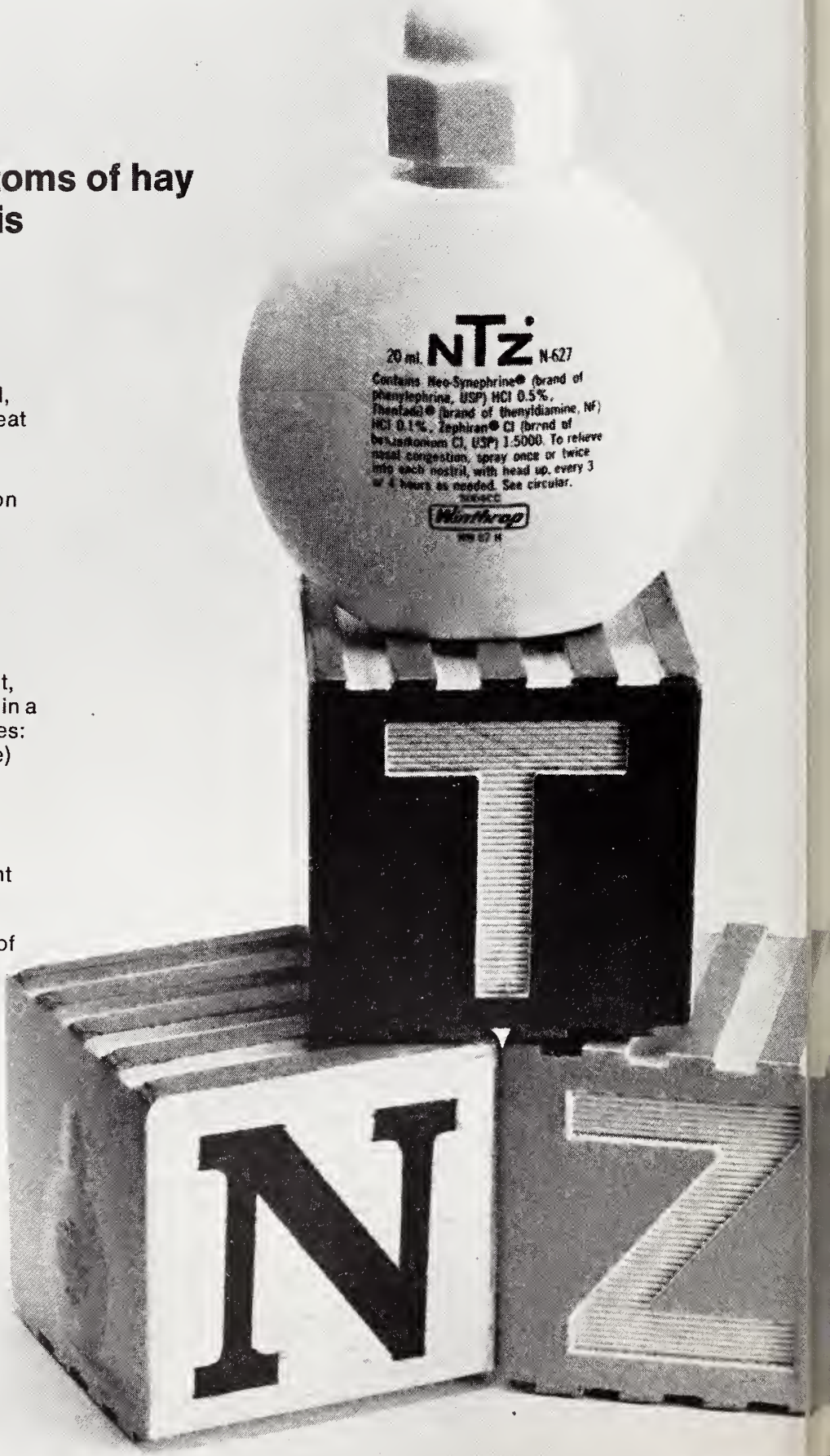
An easy solution to the problem of nasal symptoms of hay fever, colds and sinusitis

- easy to prescribe: just write NTZ Nasal Spray.
- easy to recommend: just say NTZ Nasal Spray.
- easy to use: just one spray in each nostril, quickly followed by a second spray. Repeat q. 3 h. or q. 4 h. for temporary relief.
- easy to dispense: the outer sleeve of the package is removable for easy application of prescription label.
- easy to remember: as easy as NTZ.

But more than a simple vasoconstrictor:

NTZ Nasal Spray affords the well-known benefits of Neo-Synephrine®, 0.5 per cent, the more potent solution (adult strength) in a carefully balanced formula which includes:
Neo-Synephrine (brand of phenylephrine) HCl 0.5 per cent, decongestant
Thenfadil® (brand of thenyldiamine) HCl 0.1 per cent, antihistamine
Zephiran® (brand of benzalkonium, as chloride, refined) Cl 1:5000, wetting agent

Available: NTZ Nasal Spray in squeeze bottles of 20 ml.; NTZ Solution in bottles of 1 oz. with dropper.



prescribe NTZ® Nasal Spray

(contains Neo-Synephrine)

Winthrop Laboratories, New York, N. Y. 10016 Winthrop

Lutrexin®

HW&D BRAND OF LUTUTRIN

3000 UNIT TABLETS

IN THE TREATMENT OF FUNCTIONAL DYSMENORRHEA AND SELECTED CASES OF PREMATURE LABOR AND 2ND AND 3RD TRIMESTER THREATENED ABORTION

■ LUTREXIN, the non-steroid "uterine relaxing factor" has been found to be useful by many clinicians in controlling abnormal uterine activity.

■ Literature on indications and dosage available on request.

■ No side effects have been reported, even when massive doses (25 tablets per day) were administered.

■ Supplied in bottles of twenty-five 3,000 unit tablets.



(In vivo measurement of Lutrexin on contracting uterine muscle of the guinea pig.)

HYNSON, WESTCOTT & DUNNING, INC. BALTIMORE, MARYLAND 21201

(LTR23)

MAY 1969

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication

3935 N. Meridian, Indianapolis, Indiana 46208

Contents

SCIENTIFIC

Digitalis Toxicity: A Review, John M. Stone, M.D., Charles Fisch, M.D., Indianapolis . 459

X-Ray Conference: Arteriographic Presentation of a Rhabdomyosarcoma of the Thigh, Erich K. Lang, M.D., Shreveport, La. 469

EDITORIALS

Coordination of Benefits in Group Health Insurance 471

The Service Economy Grows—But Does It? (Guest) 472

Editorial Notes 474

SPECIAL FEATURES

A Sign of Life on Indiana Highways, John S. Farquhar, M.D., Fort Wayne 480

County Medical Society—Scientific, Socio-Economic or Community Service—All These or Something Else?, C. J. Tupper, M.D., Davis, Calif. 483

REGULAR FEATURES

President's Page 445

Month in Washington 446

Fourth Estate 450

What's New? 455

Letters to the Editor 456

The Woman's Auxiliary Reports to ISMA 479

News from the I.U. School of Medicine 485

Medicine at Law 486

Blue Shield Assists Physicians in Health Planning Activity (One of a Series) 490

Abstracts, Book Reviews 495

Annual Meeting Dates of Professional Medical and Allied Organizations 499

Wanted: Physicians, Locations 503

News Notes 504

From The Journal 50 Years Ago 509

Future Meetings, Seminars, Courses 513

County, District News 514

Board of Health Report 516

Deaths 517

EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 1802 North Illinois Street, Indianapolis 46202. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 3935 N. Meridian, Indianapolis 46208.

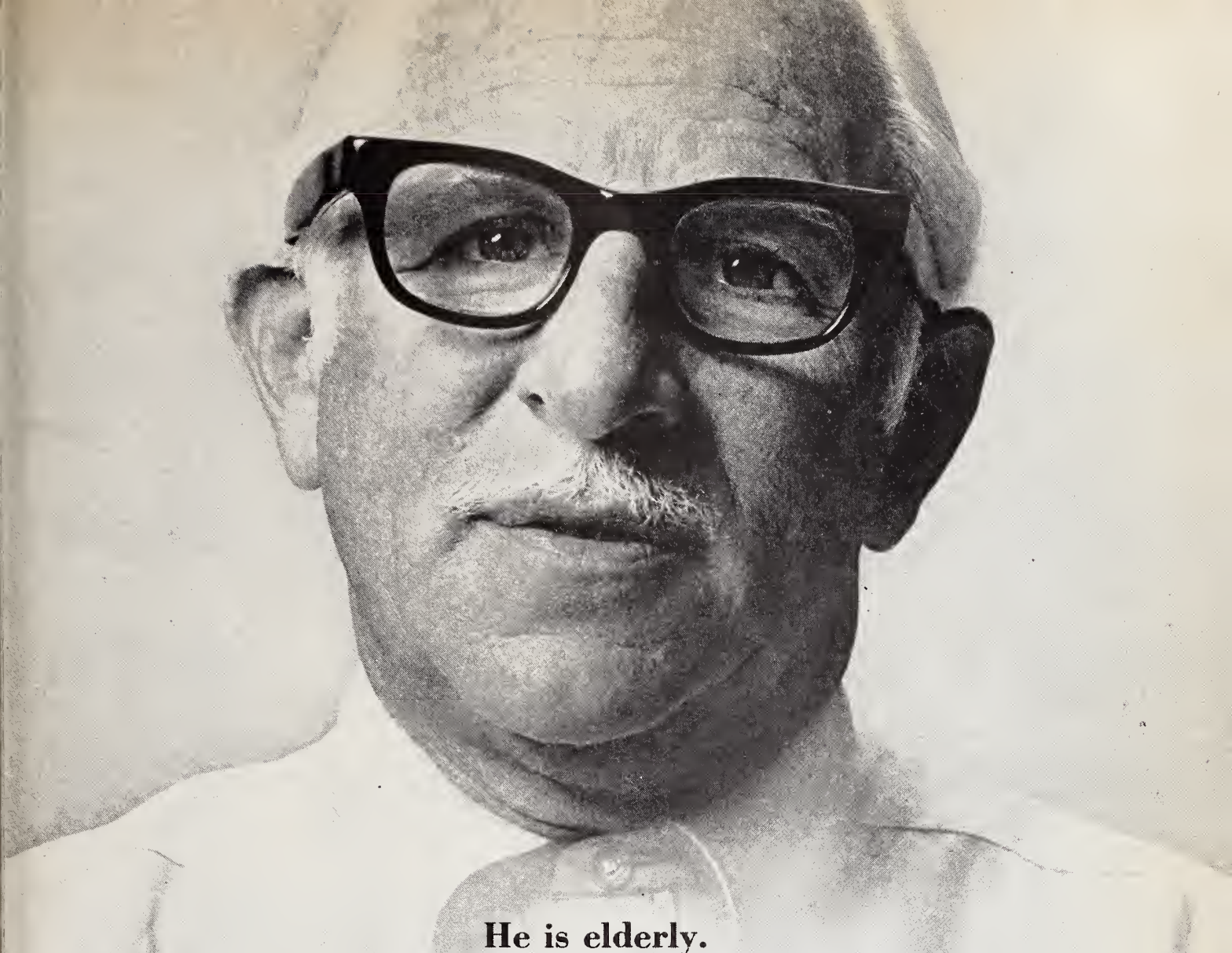
Advertising rates will be furnished on request. Copy must be received by the 5th of the month preceding month of issue. (Scientific manuscripts must be received at least two weeks earlier if geared for a specific issue.)

Representative for national advertising is the State Medical Journal Advertising Bureau, 510 N. Dearborn St., Chicago, Ill

Entered as second class matter January 25, 1933, at the Postoffice at Indianapolis, Indiana. Copyright, 1969 by the Indiana State Medical Association. Published monthly at 3935 N. Meridian, Indianapolis 46208.

Second-class postage paid at Indianapolis, Indiana and at additional mailing office.

All issues of 1967 and subsequently may be obtained on microfilm. Address The Journal for details.



He is elderly.
He is on corticosteroids.
When he needs an antibiotic
he may be a candidate for

DECLOSTATIN® 300

Demethylchlortetracycline HCl 300 mg
and Nystatin 500,000 units
CAPSULE-SHAPED TABLETS Lederle

b.i.d.

To guard susceptible patients against intestinal monilial overgrowth during broad-spectrum therapy—the protection of nystatin is combined with demethylchlortetracycline in DECLOSTATIN.

For your susceptible candidates, prescribe DECLOSTATIN —the broad-spectrum therapy that prevents monilial overgrowth.

Effectiveness: Because its antibacterial component is DECLOMYCIN Demethylchlortetracycline, DECLOSTATIN should be equally or more effective therapeutically than other tetracyclines in infections caused by tetracycline-sensitive organisms. The antifungal component, Nystatin, protects against superinfection by antibiotic-resistant fungal overgrowth (particularly monilia) in the intestinal tract.

Contraindication: History of hypersensitivity to demethylchlortetracycline or nystatin.

Warning: In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, lower than usual doses are indicated, and, if therapy is prolonged, serum level determinations may be advisable. A photodynamic reaction to natural or artificial sunlight has been observed. Small amounts of drug and short exposure may produce an exaggerated sunburn reaction which may range from erythema to severe skin manifestations. In a smaller proportion, photoallergic reactions have been reported. Patients should avoid direct exposure to sunlight and discontinue drug at the first evidence of skin discomfort. Necessary subsequent courses of treatment with tetracyclines should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. Skin—maculopapular and erythematous rashes; a rare case of exfoliative dermatitis has been reported. Photosensitivity; onycholysis and discoloration of the nails (rare). Kidney—rise in BUN, apparently dose related. Transient increase in urinary output, sometimes accompanied by thirst (rare). Hypersensitivity reactions—urticaria, angioneurotic edema, anaphylaxis. Teeth—dental staining (yellow-brown) in children of mothers given this drug during the latter half of pregnancy, and in children given the drug during the neonatal period, infancy and early childhood. Enamel hypoplasia has been seen in a few children. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Demethylchlortetracycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Should be given 1 hour before or 2 hours after meals, since absorption is impaired by the concomitant administration of high calcium content drugs, foods and some dairy products. Treatment of streptococcal infections should continue for 10 days, even though symptoms have subsided.

Lederle

LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, New York

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

ANNUAL CONVENTION—OCTOBER 13-16, 1969—INDIANAPOLIS

OFFICERS FOR 1968-69

President—Patrick J. V. Carcaran, 3700 Bellemeade, Evansville 47715.

President-Elect—Lawell H. Steen, 2450 169th St., Hammond 46323.

Treasurer—Lester H. Hoyt, M.D., Methodist Hospital, Indianapolis 46202.

Assistant Treasurer—Malcolm O. Scamahorn, Pittsboro 46167.

Executive Secretary—Mr. James A. Waggener, 3935 N. Meridian, Indianapolis 46208.

TRUSTEES

District	Term Expires
1—Gilbert M. Wilhelmus, Evansville	Oct. 1971
2—Joe Dukes, Dugger	Oct. 1969
3—Donald M. Kerr, Bedford	Oct. 1970
4—Robert M. Reid, Columbus	Oct. 1971
5—Wilbert McIntosh, Riley	Oct. 1969
6—Stephen D. Smith, Knightstown	Oct. 1970
7—James H. Gosman, Indianapolis	Oct. 1971
8—Donald R. Taylor, Muncie (Chairman)	Oct. 1969
9—Peter R. Petrich, Attica	Oct. 1970
10—Vincent J. Santare, Munster	Oct. 1971
11—Lowell Hillis, Lagansport	Oct. 1969
12—William R. Clark, Fort Wayne	Oct. 1970
13—Otis R. Bowen, Bremen	Oct. 1971

ALTERNATES

District	Term Expires
1—Eugene Austin, Evansville	1970
2—Betty Dukes, Dugger	1971
3—Elmer L. Wallace, New Albany	1971
4—Jack E. Shields, Brownstown	1970
5—Cleon M. Schauwecker, Greencastle	1970
6—Frank Green, Rushville	1969
7—John O. Butler, Indianapolis	1969
8—Paul Sparks, Winchester	1970
9—Lindley Wagner, Lafayette	1971
10—Charles T. Disney, Gary	1969
11—James A. Harshman, Kokomo	1971
12—Frederic L. Schoen, Fort Wayne	1971
13—G. Beach Gattman, Elkhart	1970

SECTION OFFICERS 1968-69

Section on Surgery:
Chairman—
Vice-chairman—Austin Gardner, Indianapolis
Secretary—Robert Rang, Washington

Section on Internal Medicine:
Chairman—Louis Sandock, South Bend
Vice-chairman—Evart M. Beck, Indianapolis
Secretary—Rabert L. Rudesill, Indianapolis

Section on Ophthalmology and Otolaryngology:
Chairman—David E. Brown, Indianapolis
Vice-chairman—Kenneth F. Isenogle, Fort Wayne
Secretary—Geargе A. Clark, Indianapolis

Section on Anesthesiology:
Chairman—Robert W. Vermilya, Lafayette
Vice-chairman—William M. Sholty, Lafayette
Secretary—Adolph P. Walker, East Chicago

Section on General Practice:
Chairman—Robert W. Mouser, Indianapolis
Vice-chairman—Richard Juergens, Fort Wayne
Secretary—Robert Acher, Greensburg

Section on Obstetrics and Gynecology:
Chairman—Tom W. Wachob, Jr., Kokomo
Vice-chairman—Charles R. Echt, Indianapalis
Secretary—Barton T. Smith, Marion

Section on Public Health and Preventive Medicine:
Chairman—Bertram F. Duckwall, Terre Haute
Vice-chairman—
Secretary—Louis E. How, South Bend

Section on Radiology:
Chairman—Jahn A. Robb, Indianapolis
Vice-chairman—Robert E. Beck, Evansville
Secretary—Dale B. Parshall, Elkhart

Section on Nervous and Mental Diseases:
Chairman—Rabert O. Bill, Indianapolis
Vice-chairman—Richard L. Shriner, South Bend
Secretary—Wesley A. Kissel, Indianapolis

Section on Pathology and Forensic Medicine:
Chairman—Robert J. Frost, Michigan City
Vice-chairman—Harley P. Palmer, Franklin
Secretary—Robert L. Costin, Indianapolis

Section on Pediatrics:
Chairman—Roland E. Miller, Lafayette
Vice-chairman—Gustaf W. Erickson, South Bend
Secretary—Morris Green, Indianapolis

Section on Directors of Medical Education:
Chairman—Donald T. Olson, South Bend
Vice-chairman and Secretary—Franklin A. Bryan, Fort Wayne

Section on Cutaneous Medicine:
President—Stephen R. Phelps, South Bend
Secretary—Paul V. Chivington, Jr., Indianapolis

DELEGATES TO THE AMA

Terms expire December 31, 1969:

Delegates	Alternates
Guy A. Owsley, Hartford City	Maurice E. Glock, Fort Wayne
Jack E. Shields, Brownstown	Dwight W. Schuster, Indianapolis

Terms expire December 31, 1970:

Delegates	Alternates
Dan E. Wood, Indianapolis	James A. Harshman, Kokomo
Eugene F. Senseny, Fort Wayne	Eugene S. Rifner, Van Buren
Frank H. Green, Rushville	Kenneth O. Neumann, Lafayette

1967-68 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	R. E. Weitzel, Princeton	Fred Smith, Tell City	
2.	Brad Bomba, Bloomington	J. S. Brown, Carlisle	
3.	Daniel H. Cannon, New Albany	Elmer L. Wallace, New Albany	
4.	Lloyd Hisrich, Batesville	William J. Warn, Milan	
5.	William Tiptan, Greencastle	Clean M. Schauwecker, Greencastle	
6.	Stephen Smith, Knightstown	David Wynegar, Richmand	
7.	Malcolm O. Scamaharn, Pittsboro	Danald E. Stephens, Indianapalis	
8.	F. E. Stout, Muncie	Richard N. Philbert, Muncie	June 11, 1969, Muncie
9.	Chester L. Waits, Lafayette	Anson F. Hughes, Lafayette	May 22, 1969, Lafayette
10.	R. J. Doherty, Crown Point	Lambra Dimitroff, Calumet City, Ill.	
11.	John D. Pattison, Marion	Fred Poehler, La Fontaine	Sept., 17, 1969, Marion
12.	Kenneth F. Isenogle, Fort Wayne	Jahn J. Hartman, Angola	
13.	John Kerrigan, Michigan City	John Hildebrand, South Bend	Sept. 17, 1969, South Bend



YOUR KEY SOURCE FOR EVERY NEED

Whatever your need . . . White-Haines unlocks the door to the finest ophthalmic services available to meet the most exacting professional requirements.

The finest optical equipment, instruments, lenses and frames . . . that means blue ribbon Rx service . . . quality products that have earned White-Haines a reputation for the highest standards in complete and careful service.

THE **WHITE-HAINES** OPTICAL COMPANY

Headquarters: Columbus, Ohio
Serving Ohio
Michigan • Pennsylvania
West Virginia • Kentucky • Indiana
Illinois • Maryland



COUNTY MEDICAL SOCIETY DIRECTORY

COUNTY	PRESIDENT	SECRETARY
Adams	Arthur H. Girod, Decatur	Harold F. Zwick, 227 S. Second St., Decatur
Allen (Fort Wayne)	Frederic L. Schoen, Fort Wayne	Eugene E. Schmidt, Suite 725, Indiana Bank Bldg., Fort Wayne
		Mr. Larry L. Pickering, Exec. Secy., 212 Med. Ctr. Bldg., Fort Wayne
Bartholomew-Brown	Thomas P. Dugan, Columbus	C. David Ryan, 2600 Sandcrest Blvd., Columbus
Benton	A. L. Coddens, Earl Park	D. L. McKinney, Box 398, Otterbein
Boone	James R. McAfee, Lebanon	Kathryn A. Jackson, 95 E. Oak St., Zionsville
Carroll	Carlos E. Amaya, Flora	Robert Seese, 101 W. North St., Delphi
Cass	B. R. Hall, Logansport	Edward L. TerBush, 216 Ninth Street, Logansport
Clark	Robert Witt, Jeffersonville	Claude Meyer, 119 S. Indiana, Sellersburg
Clay	Stanley Froderman, Brazil	Forrest R. Buell, 314 Lankford St., Clay City
Clinton	Lee F. Dupler, Frankfort	Francis E. Carrel, 209 S. Columbia St., Frankfort
Daviess-Martin	A. G. Blazey, Washington	Hamlin B. Lindsay, 511 E. Main St., Washington
Dearborn-Ohio	Fred D. Houston, Lawrenceburg	Leslie M. Baker, 501 Fourth St., Aurora
Decatur	James C. Miller, Greensburg	Alfredo Paje, Murphy Bldg., Greensburg
DeKalb	John C. Harvey, Auburn	C. Bishop Hathaway, 209 N. Jackson St., Auburn
Delaware-Blackford	Jack M. Walker, Muncie	Richard N. Philbert, 2810 Ethel Ave., Muncie
Dubois	H. G. Backer, Ferdinand	John Bretz, 302 Fourth St., Huntingburg
Elkhart	James R. Miller, Wakarusa	Page E. Spray, 320 W. High St., Elkhart
Fayette-Franklin	R. G. Janes, Connersville	J. L. Steinem, 818 Grand Ave., Connersville
Floyd	William F. Ruoff, New Albany	Daniel H. Cannon, 1201 E. Spring St., New Albany
Fountain-Warren	Jack D. Furr, Kingman	Theodore Person, 601 N. Mill St., Veedersburg
Fulton	Wayne L. Knochel, Rochester	F. Richard Walton, 116 W. 9th St., Rochester
Gibson	Roland E. Weitzel, Princeton	Richard Noveroske, Gibson County Hospital, Princeton
Grant	Robert D. Cunningham, Marion	Robert G. Young, 1207 Northwood Ct., Marion
Greene	Robert Moses, Worthington	Harry Rotman, Jasonville
Hamilton	Claude M. Donahue, Carmel	John G. Haywood, 110 Lakeview Dr., Noblesville
Hancock	Bob R. Cagle, New Palestine	Ralph L. Rea, 120 W. McKenzie Rd., Greenfield
Harrison-Crawford	David Dukes, Corydon	Samuel W. Martin, Rt. 4, Corydon
Hendricks	Joseph Kerlin, Danville	Malcolm O. Scamahorn, Pittsboro
Henry	Guido P. Wilhelm, New Castle	Paul T. KinKade, 1015 Broad St., New Castle
Howard	John L. Frazier, Kokomo	John H. Elleman, 416 W. Mulberry St., Kokomo
Huntington	Wayne S. Miller, Huntington	Stanton E. Cope, 1022 N. Jefferson St., Huntington
Jackson-Jennings	Kenneth E. Bobb, Seymour	William F. Blaisdell, 207 N. Pine, Seymour
Jasper	Francis E. O'Brien, Rensselaer	Ernest R. Beaver, Rensselaer
Jay	William H. Cripe, Portland	Eugene Gillum, 522 W. Arch St., Portland
Jefferson-Switzerland	Theodore C. C. Fong, Madison	Ott B. McAtee, Madison State Hospital, Madison
Johnson	Jack L. Walters, Franklin	Mac C. Roller, 1551 N. Main, Franklin
Knox	Charles L. Miller, Vincennes	Daniel J. Combs, 1325 McDowell Rd., Vincennes
Kosciusko	Wymond B. Wilson, Mentone	Arthur L. Moser, 600 Winona, Warsaw
LaGrange	Dean L. Mattox, Howe	Kenneth M. Lehman, Topeka
Lake	Joseph E. Kopcha, Gary	Reginald R. Barton, 427 S. Lake St., Gary
		Mr. John B. Twyman, Ex. Dir., 4640 W. 5th Ave., Gary
LaPorte	Charles K. Liddell, Michigan City	Frank McGue, 801 Washington St., Michigan City
		Mrs. Polly Dent, Exec. Dir., 903 Indiana Ave., LaPorte
Lawrence	Reid C. Crosby, Bedford	L. E. Benham, 301 Stone City Bank, Bedford
Madison	D. L. Buckles, Anderson	William M. Stinson, 333 Jackson St., Anderson
Marion	Hugh K. Thatcher, Indianapolis	A. Alan Fischer, 3500 Lafayette Rd., Suite 203, Indianapolis
		Mr. Arthur G. Loftin, Exec. Secy., 211 N. Delaware St., Indianapolis
Marshall	James Hampton, Argos	Harry Stoller, 109 N. Walnut St., Plymouth
Miami	Parker W. Snyder, Peru	Gordon S. Crates, Denver
Montgomery	V. G. Viray, Crawfordsville	W. E. Shannon, 408 W. Market St., Crawfordsville
Morgan	William P. Winter, Martinsville	Maurice A. Turner, 490 E. Pike St., Martinsville
Newton	John Parker, Goodland	Arthur Schoonveld, Brook
Noble	O. Thomas Slough, Kendallville	Joseph Greenlee, Avilla
Orange	Charles X. McCalla, Paoli	Phillip T. Hodgin, Orleans
Owen-Monroe	Richard J. Schilling, Bloomington	Robert D. Robinson, P. O. Box 1149, Bloomington
Parke-Vermillion	W. D. Britton, Montezuma	J. Franklin Swaim, 111 N. Market St., Rockville
Perry	Robert Gilbert, Tell City	Gene E. Ress, 507 Main St., Tell City
Pike	M. H. Omstead, Petersburg	M. H. Omstead, Petersburg
Porter	Thomas J. Covey, Valparaiso	John R. Crise, Portage Clinic, Portage
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
Pulaski	William R. Thompson, Winamac	Charles Heinsen, Winamac
Putnam	Fred Haggerty, Greencastle	Anne S. Nichols, 707 E. Seminary, Greencastle
Randolph	Lowell W. Painter, Winchester	Hector S. Quiambao, Ridgeville
Ripley	Lloyd W. Hisrich, Batesville	William J. Warn, Milan
Rush	Donald I. Dean, Rushville	Charles E. Sheets, Manilla
St. Joseph	Jacob Rosenwasser, Mishawaka	L. F. Sandock, 503 Sherland Bldg., South Bend
		Mr. Harry Davis, Exec. Secy., 106 W. Monroe, South Bend
Scott	Marvin L. McClain, Scottsburg	Dominador F. Llamas, 618 W. Main St., Austin
Shelby	P. M. Inlow, Shelbyville	R. P. Inlow, 103 W. Washington St., Shelbyville
Spencer	Michael O. Monar, Rockport	John C. Glackman, Jr., Rockport
Starke	Howard J. Henry, Knox	W. Allen Palmer, Knox
Steuben	Mary H. Cameron, Angola	Richard W. Artz, 416 E. Maumee St., Angola
Sullivan	M. H. Bedwell, Sullivan	J. S. Brown, Carlisle
Tippecanoe	Hugh Steele, Lafayette	Anson F. Hughes, 2424 Ferry St., Lafayette
Tipton	Harold Ericson, Windfall	Jean V. Carter, 130 N. Main St., Tipton
Vanderburgh	Ralph Carlson, Evansville	Mr. Arthur P. Tiernan, Exec. Secy., 109½ S. E. 3rd., Evansville
Vigo	Fred Dierdorf, Terre Haute	Edward M. Johnson, 221 S. Sixth St., Terre Haute
Wabash	Fred C. Poehler, LaFontaine	Frank Smyrniotis, 645 Spring St., Wabash
Warrick	Peter B. Hoover, Boonville	Robert C. Colvin, Newburgh
Washington	Roy L. Fultz, Salem	Charles B. Carty, Pekin
Wayne-Union	John H. Mader, Richmond	John Dehner, Reid Memorial Hospital, Richmond
Wells	D. W. Meier, Bluffton	Louis F. Bradley, 303 S. Main St., Bluffton
White	M. Ali Jehanyar, Monticello	Kingdon Brady, White Co. Memorial Hospital, Monticello
Whitley	Thomas Hamilton, Columbia City	Frank M. Thompson, 510 N. Main St., Columbia City

The AMBAR SCRAPBOOK of Obesity Oddities
FACT & LEGEND



ONTROL FOOD AND MOOD ALL DAY LONG WITH A SINGLE MORNING DOSE

AMBAR #2 EXTENTABS®

methamphetamine HCl 15 mg., phenobarbital 64.8 mg. (1 gr.) (Warning: may be habit forming).

ne Ambar Extentab before breakfast can lp control most patients' appetite for up 12 hours. Methamphetamine, the appe- e suppressant, gently elevates mood and lps overcome dieting frustrations. Pheno- rbital, the sedative in Ambar, controls irritability and xiety...helps maintain a state of mental calm and equa- nity. Both work together to ease the tensions that erode : willpower during periods of dieting.

so available: Ambar #1 Extentabs®—methamphetamine drochloride 10 mg., phenobarbital 64.8 mg. (1 gr.) (Warn- g: may be habit forming).

BRIEF SUMMARY/**Indications:** Ambar suppresses appetite and helps offset emotional reactions to dieting. **Contraindications:** Hypersensitivity to barbiturates or sympathomimetics; patients with advanced renal or hepatic disease. **Precautions:** Administer with caution in the presence of cardiovascular disease or hypertension. **Side Effects:** Nervousness or excitement occasionally noted, but usually infrequent at recommended dosages. Slight drowsiness has been reported rarely. See package insert for further details.

A. H. ROBINS COMPANY, RICHMOND, VA. 23220 A·H·ROBINS

ISMA Committees and Commissions for 1968-1969

COMMITTEES

Executive

Ralph V. Everly, Indianapolis, chairman; Burton E. Kintner, Elkhart; P. J. V. Corcoran, Evansville, President; Lowell H. Steen, Hammond, President-Elect; Donald Taylor, Muncie, Chairman of the Board of Trustees; Lester H. Hoyt, Indianapolis, Treasurer; Malcolm O. Scamahorn, Pittsboro, Assistant Treasurer.

Grievance

Eugene S. Rifner, Van Buren, chairman; Earl W. Mericle, Indianapolis, vice-chairman; Kenneth L. Olson, South Bend, secretary; Edgar C. Stuntz, West Lafayette; Richard Bloomer, Rockville; Robert G. Young, Marion; John M. Paris, New Albany; Wilson L. Dalton, Shelbyville; William R. Noe, Bedford; Hugh K. Thatcher, Indianapolis.

Student Loan

Lester D. Bibler, Indianapolis, chairman; James O. Ritchey, Indianapolis, vice-chairman; Patrick J. V. Corcoran, Evansville; Lester H. Hoyt, Indianapolis; Glenn W. Irwin, Indianapolis; Joe Dukes, Dugger.

Medical-Legal Review

Raymond L. Newnum, Evansville, chairman; Walter Able, Columbus, vice-chairman; Joseph G. S. Weber, Terre Haute, secretary.

COMMISSIONS

Aging

A. W. Cavins, Terre Haute, chairman; Wallace R. Van Den Bosch, Lafayette, vice-chairman; Raymond Duncan, Bedford, secretary; Bernard B. Rosenblatt, Evansville; R. E. Buckingham, Bloomington; John O. Butler, Indianapolis; R. D. Williams, Anderson; George M. Young, Gary; George W. Wagoner, Delphi; Nathan Salon, Fort Wayne; Thomas A. Elliott, Elkhart; Andrew C. Offutt, Indianapolis; Wendell C. Anderson, Indianapolis; James R. Guthrie, Richmond.

Constitution and Bylaws

George W. Willison, Evansville; Paul B. Arbogast, Vincennes; Eli Goodman, Charlestown; Gordon S. Fessler, Rising Sun; Donald B. Garvin, Brazil; Joseph F. Ferrara, Franklin; B. D. Wagoner, Union City; Chester L. Waits, Lafayette; Thomas Tyrrell, Calumet City, Ill.; Richard L. Glendening, Logansport; Jerome C. Schubert, Fort Wayne; Edwin C. Mueller, LaPorte; William M. Sholty, Lafayette; Eugene W. Austin, Evansville.

Convention Arrangements

Richard B. Hovda, Evansville, chairman; John L. Ferry, Whiting, vice-chairman; Charles H. Aust, Fort Wayne, secretary; William F. Howard, Bloomington; Harold W. Richmond, Columbus; John E. Freed, Jr., Terre Haute; John Mader, Richmond; William M. Kendrick, Mooresville; Francis E. Stout, Muncie; Howard R. Marvel, Lafayette; Tom W. Wachob, Jr., Kokomo; Samuel E. Bechtold, South Bend; Charles Fisch, Indianapolis; S. O. Waife, Indianapolis; James Mount, Bedford.

Governmental Medical Services

Jerome E. Holman, Jr., Indianapolis, chairman; Glen V. Ryan, Indianapolis, vice-chairman; Roman B. Dubois, Lafayette, secretary; Cola K. Newsome, Evansville; Francis H. Gootee, Jasper; Herman Echsner, Columbus; Dick J. Steele, Greencastle; Tom S. Shields, Richmond; Robert P. Scott, Indianapolis; J. F. Hinchman, Parker; Edward J. Dierolf, Gary; Donald K. Winter, Logansport; Michael J. Mastrangelo, Fort Wayne; D. D. Swihart, Elkhart.

Inter-Professional Relations

A. Alan Fischer, Indianapolis, chairman; William E. Dye, Oakland City, vice-chairman; Richard L. Veach, Bainbridge, secretary; A. Wayne Ratcliffe, Evansville; Charles X. McCalla, Paoli; John W. Ripley, Seymour; William S. Robertson, Spiceland; Willis W. Stogsdill, Indianapolis; Richard N. Philbert, Muncie; Paul E. Ludwig, Crawfordsville; John J. Reed, Hobart; H. H. Dunham, Wabash; Pierre C. Talbert, Bluffton; Richard W. Holdeman, South Bend.

Legislation

Don E. Wood, Indianapolis, chairman; Eugene F. Senseny, Fort Wayne, vice-chairman; Joseph C. Finneran, Indianapolis, secretary; Robert E. Arendell, Evansville; Harold Manifold, Bloomington; Joseph D. McPike, Bedford; Leslie M. Baker, Aurora; Fred W. Dierdorf, Terre Haute; John Davis, Flat Rock; Jack L. Alexander, Muncie; Max N. Hoffman, Covington; Daniel Ramker, Hammond; Lester Renbarger, Marion; Otis R. Bowen, Bremen; Jack W. Hickman, Indianapolis.

Medical Economics and Insurance

Thomas J. Conway, Terre Haute, chairman; Kenneth O. Neumann, Lafayette, vice-chairman; Paul M. Inlow, Shelbyville, secretary; Charles M. Sinn, Evansville; Paul W. Holtzman, Bloomington; Edward J. Ploetner, Jasper; William Scharbrough, Ewing; Morris E. Thomas, Indianapolis; Charles E. Geckler, Muncie; A. S. Kobak, Valparaiso; Thomas G. Hamilton, Columbia City; Jack W. Hannah, Elkhart; Chester A. Stayton, Jr., Indianapolis; Willard Barnhart, Evansville.

Medical Education and Licensure

John L. Cullison, Muncie, chairman; Franklin Bryan, Fort Wayne, vice-chairman; Betty Dukes, Dugger, secretary; Gilbert J. Himebaugh, Evansville; John M. Paris, New Albany; George G. Morrison, Jr., Lawrenceburg; Wayne Crockett, Terre Haute; Frank Coble, Richmond; George T. Lukemeyer, Indianapolis; William Ringer, Williamsport; Leo Radigan, Gary; Lowell J. Hillis, Logansport; Jene R. Bennett, South Bend; Merritt O. Alcorn, Madison; Peter J. Pilecki, Michigan City; Glenn W. Irwin, Jr., Indianapolis, Ex-Officio.

Public Health

Roy L. Fultz, Salem, chairman; Henry G. Nester, Indianapolis, vice-chairman; James S. Robertson, Plymouth, secretary; Daniel Hare, Evansville; William B. Sigmund, Columbus; Cleon M. Schauwecker, Greencastle; Wilson L. Dalton, Shelbyville; Stanley W. Burwell, Muncie; Theodore C. Person, Veedersburg; Philip J. Rosenbloom, Gary; Paul Sparks, Winchester; Wyant J. Shively, Evansville.

Public Information

William B. Challman, Mt. Vernon, chairman; William G. Moore, LaPorte, vice-chairman; Thomas O. Middleton, Bloomington, secretary; Louis H. Blessinger, Corydon; Kenneth D. Schneider, Columbus; Richard S. Bloomer, Rockville; Robert D. Spindler, Shelbyville; Robert W. Harger, Indianapolis; Don W. Boyer, Lebanon; Seymour W. Shapiro, Gary; Reeve Peare, Huntington; Fred Dahling, New Haven; Victor Johnson, Evansville.

Special Activities

Marvin E. Priddy, Fort Wayne, chairman; Ray H. Burnikel, Evansville, vice-chairman; William H. Garner, Jr., New Albany, secretary; John C. Linson, Seymour; Harold C. Ochsner, Indianapolis; Henry Bibler, Muncie; Adolph Walker, East Chicago; Everett F. Donnelly, South Bend; K. G. Hill, New Castle; Robert P. Acher, Greensburg; Norbert Welch, Vincennes.

Voluntary Health Agencies

Norman R. Booher, Indianapolis, chairman; M. O. Scamahorn, Pittsboro, vice-chairman; Wayne Endicott, Greenfield, secretary; Albert Ritz, Evansville; Robert H. Rang, Washington; T. A. Neathamer, Scottsburg; Harry R. Baxter, Seymour; William G. Bannon, Terre Haute; Lowell W. Painter, Winchester; Albert E. Applegate, Frankfort; Walfred A. Nelson, Gary; Lloyd L. Hill, Peru; Richard Willard, Bluffton; Frank J. McGue, Michigan City; Charles Rushmore, Indianapolis.

Future Planning Committee

G. O. Larson, LaPorte, chairman; A. W. Ratcliffe, Evansville, vice-chairman; Ed Tyler, Indianapolis, secretary; Maurice E. Glock, Fort Wayne; James Fitzpatrick, Portland; Paul A. F. Walter, III, Evansville; Charles F. Gillespie, Indianapolis; Leslie Baker, Aurora; (Ex-Officio Members)—Patrick J. V. Corcoran, Evansville; Lowell H. Steen, Whiting; Donald R. Taylor, Muncie; Ralph V. Everly, Indianapolis; Frank B. Ramsey, Indianapolis.

Emergency Medical Services

John S. Farquhar, Jr., Fort Wayne, chairman; Raymond W. Nicholson, Evansville, vice-chairman; Robert M. Brown, Marion, secretary; William F. Kerrigan, Connersville; Rolla D. Burghard, Indianapolis; R. James Bills, Gary; James D. Finfrock, Elkhart; Charles A. Rau, Columbus; Larry W. Sims, Evansville; James W. Kress, Muncie; William W. Drummy, Terre Haute; Frederic L. Schoen, Fort Wayne.

Committee on Sports and Medicine

Brad J. Bomba, Bloomington; James H. Belt, Indianapolis; James B. Wray, Indianapolis; Thomas A. Brady, Indianapolis; Gilbert M. Wilhelmus, Evansville; Arthur L. Moser, Warsaw; Leland G. Brown, Muncie.

Committee on Medicine and Religion

Helen M. Calvin, South Bend; Burton E. Kintner, Elkhart; John C. Slaughter, Jr., Evansville; Donald E. Wood, Indianapolis; John E. Read, Chesterton; Edwin B. Bailey, Linton; Richard M. Nay, Indianapolis.

With the broad Polycillin (ampicillin trihydrate) spectrum...



...you have a lot going for you in the wide range of bacterial infections.

PRESCRIBING INFORMATION. For complete information consult Official Package Circular.
Indications: Infections due to susceptible strains of Gram-negative bacteria (including Shigellae, *S. typhosa* and other Salmonellae, *E. coli, H. influenzae, P. mirabilis, N. gonorrhoeae* and *N. meningitidis*) and Gram-positive bacteria (including streptococci, pneumococci and nonpenicillinase-producing staphylococci).
Contraindications: A history of allergic reactions to penicillins or cephalosporins and infections due to penicillinase-producing organisms.
Precautions. Typical penicillin-allergic reactions may occur, especially in hypersensitive patients. Mycotic or bacterial superinfections may occur. Experience in newborn and premature infants is limited and caution should be used in treatment, with frequent organ function evaluations. Safety for use in pregnancy is not established. In gonorrheal therapy, serologic tests for syphilis should be performed initially and monthly for 4 months. Assess renal, hepatic and hematopoietic function intermittently during long-term therapy.
Adverse Reactions: Skin rash, pruritus, urticaria, nausea, vomiting, diarrhea and anaphylactic reactions. Mild transient elevations of SGOT or SGPT have been noted. Black tongue has been noted in some patients receiving the Chewable Tablets.
Usual Dosage: Adults—250 or 500 mg. q. 6 h. (according to infection site and offending organisms). Children—50-100 mg./Kg./day in 3 to 4 divided doses (depending on infection site and offending organisms). Bacterial meningitis —150-200 mg./Kg./day in 6 to 8 divided doses. Children weighing more than 20 Kg. should be given an adult dose when prescribing orally. In parenteral administration, children weighing more than 40 Kg. should be given an adult dose. Beta-hemolytic streptococcal infections should be treated for at least 10 days.
Supplied: Capsules—250 mg. in bottles of 24 and 100. 500 mg. in bottles of 16 and 100. For Oral Suspension—125 mg./5 ml. in 60, 80 and 150 ml. bottles. 250 mg./5 ml. in 80 and 150 ml. bottles. Chewable Tablets—125 mg. in bottles of 40. Injectable—for I.M./I.V. use—vials of 125 mg., 250 mg., 500 mg., and 1 Gm. Pediatric Drops—100 mg./ml. in 20 ml. bottles.
11-1/2/69 **A.H.F.S. Category 8:12.16**

Polycillin®
(ampicillin trihydrate)

BRISTOL LABORATORIES
Division of Bristol-Myers Co.
Syracuse, New York 13201

BRISTOL

The penicillin you use like a broad-spectrum antibiotic

now she can cope...

thanks to

Butisol SODIUM®
(SODIUM BUTABARBITAL)



the "daytime sedative" for everyday situational stress

When stress is situational—environmental pressure, worry over illness—the treatment often calls for an anxiety-allaying agent which has a prompt and predictable calming action and is remarkably well tolerated. BUTISOL SODIUM (sodium butabarbital) meets this therapeutic need.

After 30 years of clinical use . . . still a first choice among many physicians for dependability, safety and economy in mild to moderate anxiety.

Contraindications: Porphyria or sensitivity to barbiturates.

Precautions: Exercise caution in moderate to severe hepatic disease. Elderly or debilitated patients may react with marked excitement or depression.

Adverse Reactions: Drowsiness at daytime sedative dose levels, skin rashes, "hangover" and systemic disturbances are seldom seen.

Warning: May be habit forming.

Usual Adult Dosage: As a daytime sedative, 15 mg. (¼ gr.) to 30 mg. (½ gr.) t.i.d. or q.i.d.

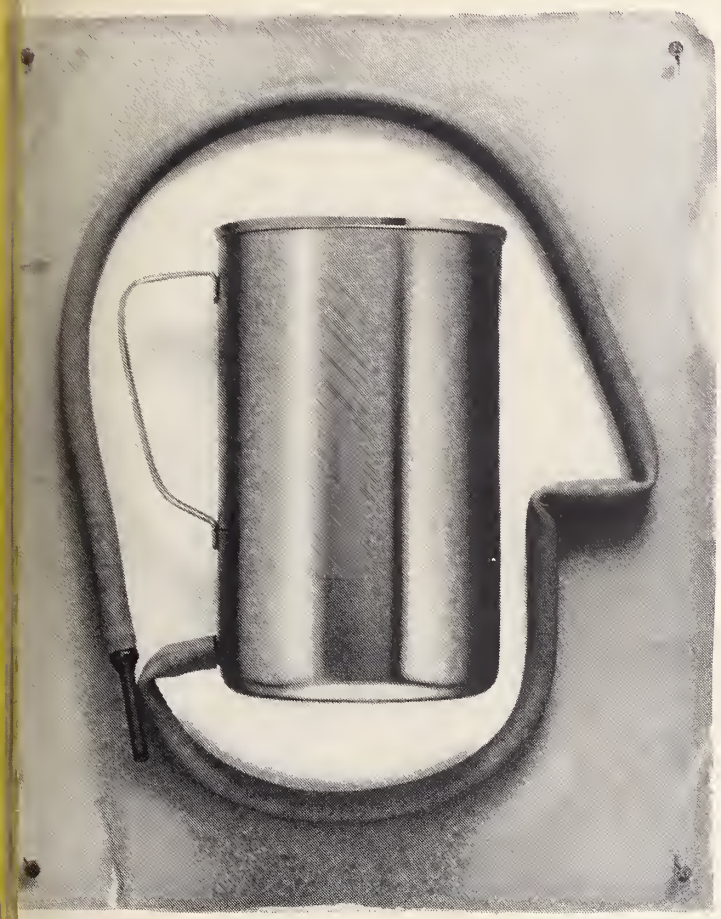
Available for daytime sedation: Tablets, 15 mg. (¼ gr.), 30 mg. (½ gr.); Elixir, 30 mg. per 5 cc. (alcohol 7%).

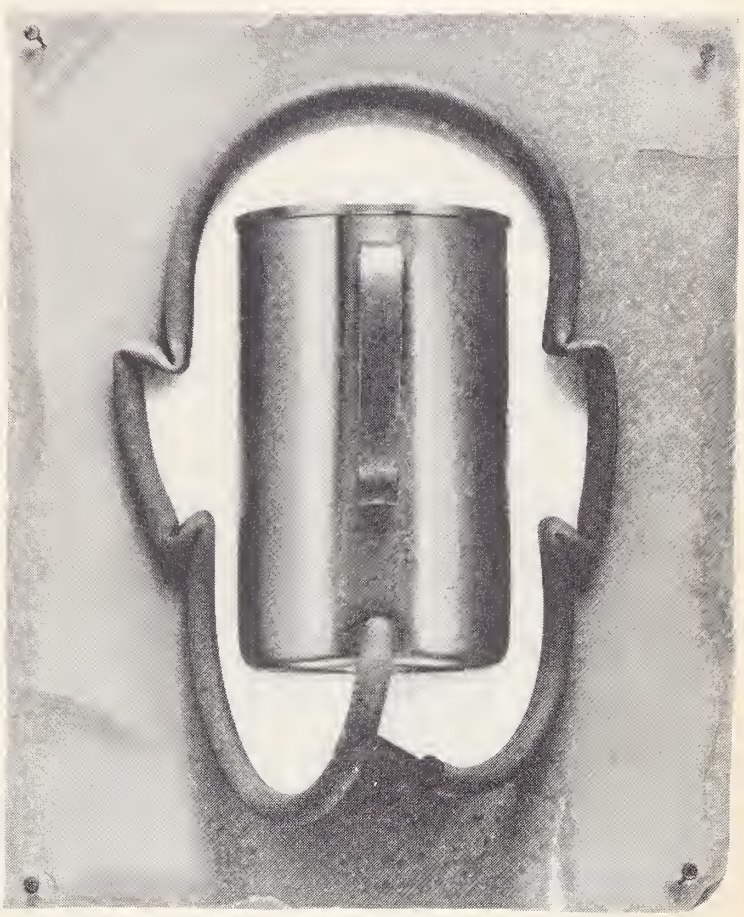
BUTICAPS® [Capsules BUTISOL SODIUM (sodium butabarbital)] 15 mg. (¼ gr.), 30 mg. (½ gr.).

McNEIL

McNeil Laboratories, Inc., Fort Washington, Pa.

Public Enema No.1





aim the rewards of sparing your patients the tubes
d tribulations of unpleasant enemas.

mpared to enemas, Dulcolax suppositories are a
ntler and simpler way to empty the bowel. Gone
e the tubing, the "accidents", and the bruised egos.
st one suppository, inserted against the bowel wall,
ually brings about an evacuation within 15 minutes
an hour.

the hospital, order Dulcolax for constipation or bowel cleansing. Your patients will often prefer it to embarrassing enemas. And you can be sure nurses will appreciate the saving in time and effort.

Dulcolax tablets taken at night usually result in a bowel movement the following morning. A combination of tablets at night and a suppository the next morning generally cleans the bowel thoroughly in preparation for surgery or special procedures. Keep in mind, however, that the drug is contraindicated in the acute surgical abdomen.

Dulcolax®...it's predictable

bisacodyl



er license from Boehringer Ingelheim G.m.b.H.

Geigy Pharmaceuticals, Division of Geigy Chemical Corporation, Ardsley, New York 10502

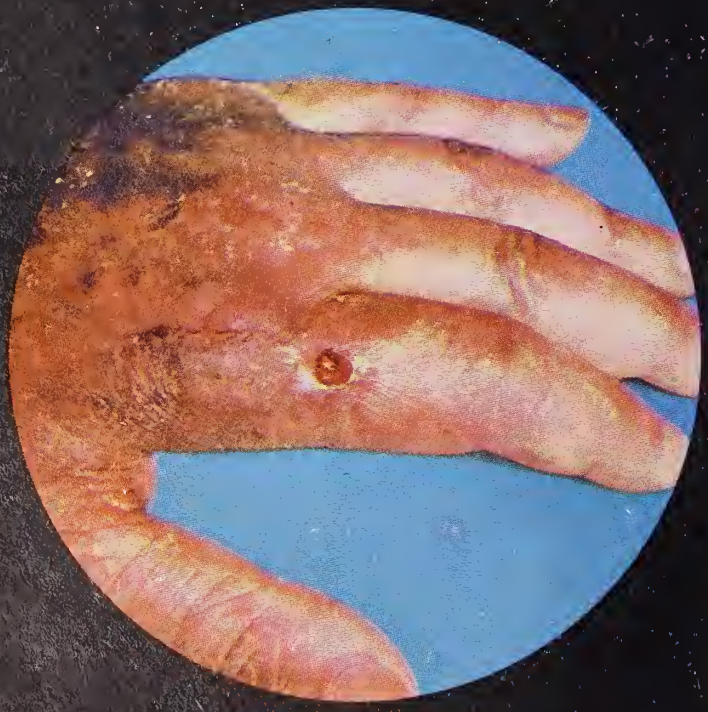
DU-6118

this ulcer did not heal...until its surface was cleared of dead tissue and debris



FIRST APPLICATION
ELASE Ointment is applied to a deep ulceration of a finger.

EIGHTEEN DAYS LATER
Healing has progressed rapidly without interruption or interference from any accumulated purulence or necrotic tissue. Greatly reduced size of lesion and minimal scar tissue indicate quality and vigor of healing which is almost complete.



to aid in debridement
to facilitate healing
in chronic cutaneous ulcers...

Elase® ointment

(fibrinolysin and desoxyribonuclease, combined, [bovine] ointment)

PARKE-DAVIS

By helping to remove dead tissue and debris from the ulcer's surface, ELASE Ointment creates a better environment for the elimination of infection, for healthy granulation...*for healing.* Its lytic enzymes effectively break down DNA in dead leukocytes and other debris...the fibrin in blood clots, serum, and purulent exudates...and the denatured proteins in necrotic tissue. Protein elements of *living* tissue are relatively unaffected. ELASE Ointment is indicated in stasis ulcers and in other infected or inflamed ulcers caused by circulatory disturbances. In cases requiring skin grafting, it is used preoperatively for debridement. For ambulatory patients debridement with ELASE Ointment is a convenient therapy and a regimen likely to be followed. *Precautions:* Observe usual precautions against allergic reactions, particularly in persons with a history of sensitivity to materials of bovine origin or to mercury compounds. *Adverse Reactions:* Side effects attributable to the enzymes have not been a problem at the dose and for the indications recommended. *Discussion:* Successful use of enzymatic debridement depends on several factors: (1) dense, dry eschar, if present, should be removed surgically before enzymatic debridement is attempted; (2) the enzyme must be in constant contact with the substrate; (3) accumulated necrotic debris must be periodically removed; (4) the enzyme must be replenished at least once daily; and (5) secondary closure or skin grafting must be employed as soon as possible after optimal debridement has been attained. It is further essential that wound-dressing techniques be performed carefully under aseptic conditions and that appropriate systemically acting antibiotics be administered concomitantly if, in the opinion of the physician, they are indicated. *Available:* ELASE Ointment is supplied in 30-Gm. tubes containing 30 units (Loomis) of fibrinolysin and 20,000 units of desoxyribonuclease with 0.12 mg. thimerosal (mercury derivative); and in 10-Gm. tubes containing 10 units of fibrinolysin and 6,666 units of desoxyribonuclease with 0.04 mg. thimerosal. ELASE Ointment has a special base of liquid petrolatum and polyethylene; contains sodium chloride and sucrose used during manufacture; is stable at room temperature through the expiration date stated on the package.

Parke, Davis & Company, Detroit, Michigan 48232

PARKE-DAVIS

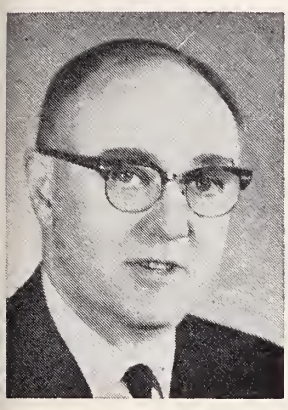
48168

President's Page

The Final Third of the Twentieth Century

The accessibility of quality health care available to everyone on an equitable basis, when it is needed, is our major concern.

Health manpower shortages will probably be with us during the remainder of our professional lifetime. An ever smaller proportion of doctors is providing the primary care of most patients.



There is a steady procession of younger doctors leaving their busy general practices to enter more limited fields. Fewer and fewer beginners are setting up solo practice. The trend is toward forms of practice where the load may be shared and where one's time may be budgeted and predictable working conditions established.

Allied health professionals are being ever more widely involved, with delegation to them of many activities previously reserved to doctors; as examples, surgical technicians, cardiac care nurses and inhalation therapists.

New technologies, work simplifying procedures and new instrumentation, such as computers and automated techniques, are rapidly expanding our capabilities. Health care facilities will be further organized in gradations of complexity, or specialized for emergency and intensive care or for chronic disabilities. Some will be for limited types of patients. The young doctors now coming into practice are already oriented to such developments and will probably accelerate our involvement in these changes.

Continuing medical education is essential to maintain or to upgrade and update our knowledge and our skills. We must replenish our own ranks by enlisting and by training an ever-greater number of physicians, as well as allied health workers, for a diversity of ancillary activities.

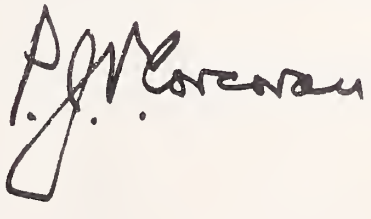
The paper load on practicing physicians must be scrutinized realistically and streamlined to its essentials by discarding outmoded and unproductive relics. Effective emergency care, particularly for crisis needs, must be programmed. This requires suitable communications facilities and improved means of transportation of patients to full-scale medical centers.

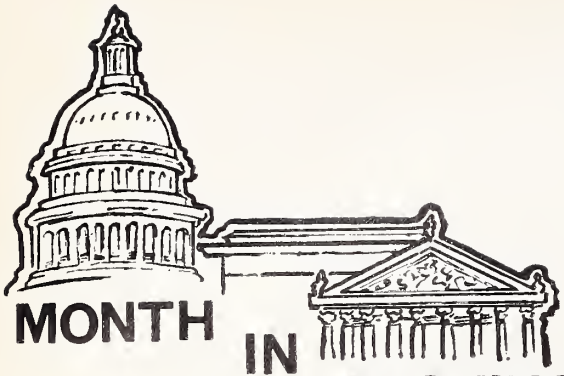
The increased exposure of medical practice to legal risks has led to the present critical situation in professional liability insurance coverage. Our Commission on Medical Economics and Insurance and our Medical Legal Review Committee are actively studying this.

The total fee structure for professional services should be reviewed. Allowances for a given service should be proportionate to the training and skill required, the time and effort expended and the responsibility and risk entailed. These do not remain static; some services have become more complex; some have been simplified. A good relative value schedule, kept current, can give real benefits to many of us.

Methods of third party evaluation of the quality of health care are being promoted. These must be considered and their impact appraised.

I have recently appointed an Advisory Committee on Health Care. I hope that this group of fellow Hoosiers, who are not members of ISMA, will tell us with friendly, but honest candor, how we might better perform our mission in providing the best health services possible. I will transmit their recommendations to you as they become available.





This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

WASHINGTON, D.C.—The Department of Health, Education and Welfare issued proposed regulations setting standards for rubella vaccine, making it possible that it will be ready for distribution in limited quantities by about June 1.

THE STANDARDS cover production methods, safety, purity and potency. They were developed by the Division of Biologics Standards, a unit of the National Institutes of Health. Final regulations could be published as early as May 3. Indications were that two manufacturers would have a vaccine ready for initial distribution soon after the regulations had been made final.

"THIS MEANS that we are one step closer to the prevention of a disease that has caused an untold number of tragic births," HEW Secretary Robert H. Finch said when the proposed regulations were issued.

"WE ARE MOVING ahead to combat German measles in the quickest manner consistent with public safety."

THE REGULATIONS apply to vaccines containing a live virus strain known as HPV-77, which is grown in either duck embryo or dog kidney cell culture systems. Experimental vaccines produced in accordance with the standards have undergone extensive community testing in the United States and abroad. Two manufacturers, Merck, Sharpe & Dohme and Philips Roxane Laboratories have produced vaccines based on this strain.

"WE HOPE that more than one vaccine will be available," Dr. Robert Q. Marston, NIH Director, said. "Regulations covering the use of other virus strains and culture media for rubella vaccine production will be formulated on the basis of extensive tests now going on."

SMITH KLINE & FRENCH Laboratories has tested widely an experimental vaccine containing the Cendehill strain of rubella virus.

AN HEW announcement said:

"GERMAN MEASLES is a threat to susceptible pregnant women at any time, but the threat increases significantly during epidemic years. One of the most tragic and disastrous epidemics to hit the United States in modern times was the German measles epidemic of 1964-1965. This resulted in about 50,000 abnormal pregnancies. About 20,000 infants were born with such crippling defects as mental retardation, heart disease, blindness and deafness. The remaining 30,000 pregnancies terminated in miscarriage or stillbirth.

FDA SEEKS TO HALT MARKETING OF ANTIBIOTIC COMBINATIONS

THE FOOD and Drug Administration has taken the first step to halt the marketing of 78 antibiotic combination products.

THE ULTIMATE ACTION was recommended by the National Academy of Sciences—National Research Council, which is evaluating the effectiveness of about 3,600 new drugs marketed from 1938 to 1962.

GENERALLY, the 78 products were found ineffective as fixed combinations for claims made in their labeling. The FDA emphasized that this does not necessarily mean that either the antibiotics or other active ingredients of the products are ineffective when used alone.

"BUT THE USE of two or more active ingredients in the treatment of a patient who can be cured by one is irrational therapy," said Herbert L. Ley, Jr., M.D., Commissioner of Food and Drugs. "It exposes the patient to an unnecessary risk. Antibiotics should be used like a rifle rather than a shotgun."

THE MAJORITY of the 78 products are antibiotic-sulfa combinations in tablet, capsule or liquid form. Also included are 16 penicillin-streptomycin combinations that are given by injection.

OTHER ANTIBIOTICS used in the preparations include erythromycin, neomycin, tetracycline, chlortetracycline, nystatin, oxytetracycline, oleoandomycin and triacetyloleandomycin. In addition, some of the preparations contain analgesics, vitamins or other ingredients.

THE ANTIBIOTIC combinations are the products of 21 different manufacturers, including Chas. Pfizer & Co.; Eli Lilly & Co.; Lederle Laboratories, division of American Cyanamid Co.; Bristol Laboratories Inc., a division of Bristol-Myers Co.; Merck & Co.; E. R. Squibb & Sons Inc., a subsidiary of Squibb Beech-Nut Inc.; Upjohn Co.; Wyeth Laboratories Inc., a subsidiary of American Home Products Corp.; Abbott Laboratories; and Hoffman-La Roche Inc. In an earlier proposal last December, the FDA similarly moved against products marketed by Squibb, Lederle and Upjohn.

MANY OF THE affected products have been promoted widely and found wide acceptance in the medical profession. Several of the manufacturers promptly said they would contest the FDA ruling and others were expected to oppose it also. The manufacturers were given 30 days to submit any new data on efficacy of the products.

THERE WERE 12 PRODUCTS in the first groups, announced last December. A decision still was pending on whether manufacturers of those products should have additional time to submit evidence of efficacy.

THE FDA CAN halt the marketing of antibiotic-containing preparations by deleting them from regulations listing the antibiotic drugs acceptable for certification. Antibiotics and insulin, unlike other drugs, must be certified on a batch-by-batch basis before they can be marketed.

Continued

SCIENTIFIC JOURNAL DRUG ADVERTISING REVENUE BATTLE CONTINUES

TWO SPOKESMEN for the medical profession asserted before a Senate subcommittee that the policies and scientific journals of their organizations are not biased in favor of the prescription drug industry because of the drug advertising revenue.

SEN. GAYLORD NELSON (D., Wis.), chairman of the Senate Monopoly Subcommittee which is making a broad study of the ethical drug industry, accused the medical journals of following the pharmaceutical industry's line to get advertising dollars.

BOTH DR. EDWARD R. ANNIS, a member of the AMA Board of Trustees, and Dr. Maynard I. Shapiro, president of the AAGP, emphatically denied the charge. Both cited the high, objective advertising standards of their organizations' publications.

"THE American Medical Association's programs and policies have never been, are not now, and will never be shaped by any dependence on the drug industry," Dr. Annis said. "And to assure that there is no conflict of interest, the AMA has consistently separated the editorial management, advertising acceptance and business management of each of its scientific publications. . . .

"WE BELIEVE that no publication surpasses our own standards for acceptable advertising."

NELSON SHARPLY criticized The Journal of the American Medical Association as to the ads it carried on chloromycetin after the drug had been judged to be extremely dangerous. Annis acknowledged that "one Madison Avenue effort . . . slipped through the net" of AMA advertising standards. But he pointed out the various warnings on the drug carried in the editorial content of JAMA and other AMA publications.

"ADVERTISING is screened by a group of physicians, all of whom we consider qualified to perform their task," Dr. Shapiro said. "We don't list the names of these physicians in our magazines because we believe they prefer a degree of anonymity. All are medical school faculty members and all, in our opinion, are well qualified to screen pharmaceutical advertising."

DR. SHAPIRO also said that at least two drug firms had canceled ads in AAGP publications after they had carried editorials adverse to the companies.

NIXON MAKES RECOMMENDATION ON HILL-BURTON FUNDS

THE NIXON ADMINISTRATION recommended to Congress that the Hill-Burton hospital construction and improvement program be changed to permit block allocation of grant funds to states.

SINCE ENACTMENT of the first Hill-Burton legislation in 1946, federal grants for it have been earmarked for specific purposes.

IN A STATEMENT to the House Health Subcommittee, Robert H. Finch, secretary of Health, Education and Welfare, said the nation's health needs had changed since the Hill-Burton program was started.

TODAY'S NEEDS, he said, are twofold:

—Modernization or replacement of existing and obsolete acute care facilities in the hospitals and

—Expansion of other kinds of medical facilities to reduce the pressures on hospitals and help curb skyrocketing medical costs.

HE RECOMMENDED a $150 million annual grant authorization for construction, replacement or modernization of the most critical types of health facilities.

"ADDITIONALLY, we recommend the removal of the existing Hill-Burton categories to provide a better balance of health care facilities in the community by assisting those kinds of facilities which have traditionally been neglected or in short supply," he said.

EXPANSION of neighborhood health center programs also was recommended. The HEW statement said it was required to meet the health needs of the poor.

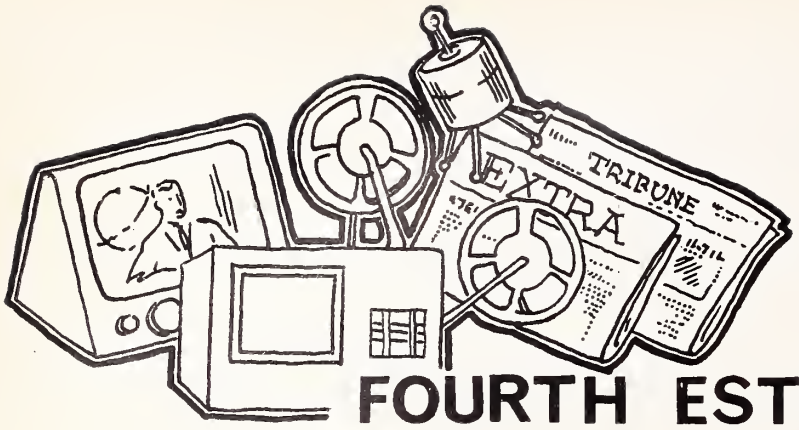
H. PHILLIP HAMPTON, M.D., Tampa, Fla., testifying for the AMA, said the AMA continues its long-standing support of the Hill-Burton program but believes that "the major need that exists today is for the improvement and effective use of existing facilities.

"PRIORITY for modernization and the upgrading of existing facilities will lessen the strain on the available supply of health personnel needed to provide services obtained in hospitals and related facilities," he said.

THE AMA SUPPORTED a provision in one of the two Hill-Burton bills before the subcommittee that would permit states to transfer funds from one allocation to another, providing "further elasticity to the transfer of funds from construction to modernization."

THE AMA OPPOSED as unnecessary the establishment of Hill-Burton priorities for construction or modernization of outpatient facilities or facilities to provide comprehensive health care. Such needs should be met through other laws already enacted, the AMA said. Dr. Hampton explained:

"WE HOPE to make this point clear: We understand the part played by hospital outpatient departments in providing a place for necessary services to a community, and to the role played in teaching and training. But we believe that any need for outpatient facilities, separate and apart from the hospital, or for free-standing diagnostic and treatment centers——or whatever they may be called—can be met through other programs which provide federal assistance. The Hill-Burton program is not the appropriate vehicle for grants or priorities for such separated facilities. Nothing has been demonstrated which indicates either public benefit or public acceptance for this concept of providing ambulatory medical care through hospital operated, rather than physician operated, neighborhood clinics." ◄



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Future Medical Training

Medical educators and the future physicians they are training find themselves engulfed in the unprecedented scientific, economic and social revolutions now transforming American medicine. The impact of these forces is reflected in the changes recently recommended by the Association of American Medical Colleges. If widely adopted, these recommendations will increase the number of physicians graduated annually and make them a far more differentiated group—in terms of background and levels of training—than has traditionally been the case.

The training of tomorrow's doctors is too important for the relevant decisions to be left to medical educators alone. This consideration suggests that the proposals deserve wide public debate so that their implications for the quality of patient care in the future are fully understood.

There can be little argument about the need to increase the number of clinicians and to widen the representation among medical students of geographic areas and of economic and ethnic groups now inadequately represented. But it would be unfortunate if such goals opened the way for quota arrangements that could ultimately mean that less able students would be given preference over the more able. There is already discrimination in those state-supported medical schools that give preference to local applicants over out-of-state "foreigners." Such arrangements serve poorly the interests of patients who need the most skilled and best trained personnel to help them overcome serious illness.

Medical educators naturally have the goal of inducing the most talented young people they can find to enter the field of medicine. Such talented students must not be barred from a medical education by economic or other irrelevant barriers. But neither should they be barred because they come from the "wrong" geographic area or economic or ethnic group which on one basis or another may be deemed to be overrepresented. Ability must be decisive.—*The New York Times.*

Welcome Hospitals, but—

That is more than an attractive new building for Grant Street that Methodist Hospital announced this past week.

It is a facility vital to meeting Gary's health needs. Construction of the $3.3 million extended care unit at Methodist coupled with the new Mercy Hospital main unit will increase Gary total hospital capacity to 932 beds. The two projects are the proof of the success of the 1967-68 Gary Joint Hospital Fund drive. They come none too soon.

But, valuable as they are, they won't solve all of Gary's health problems.

Inviting and important as the new physical plants are, hospitals are only as valuable as the medical staffs on hand to service them.

Those staffs in Gary and throughout the Northwest Indiana area are inadequate. That is true not only in handling hospital cases but in general medical care as well.

What that emphasizes is the need for continued pressures in the effort to win Lake County the branch of the Indiana University Medical School it needs and deserves.

The best-educated observers now lean to the theory that chances are slim that the current Legislature will authorize such an institution in Lake County or anywhere else. However, there still is a strong possibility that a bill will emerge authorizing a commission to make a careful study and bring out specific recommendations for such a facility including its location.

The county needs to be alert to making its strong case for such an institution crystal clear to such a commission if it is set up.

This past week's announcement of the radiologic course at the I.U. Northwest Campus, in cooperation with Methodist Hospital, is further encouragement in the parallel necessity of training experts in other medical and hospital skills.

But without an adequate supply of

doctors, this growing area's health problem will remain acute, and the best answer to that appears to lie in training doctors in our own midst who will be more inclined to stay here for practice after graduation.—*Gary Post-Tribune*, Feb. 23, 1969.

A Palsy Cure?

Several hundred thousand Americans suffer from Parkinson's disease, a debilitating neurological ailment characterized by tremor, muscle rigidity and other symptoms.

In recent years an imposing body of evidence has been accumulating that a chemical nicknamed L-dopa (levodihydroxyphenylalanine) is capable of producing moderate to dramatic improvement among many victims of this "shaking palsy." *The New England Journal of Medicine*, in a recent issue, calls L-dopa "the most important contribution to medical therapy of a neurologic disease in the past 50 years."

A significant public policy question arises because L-dopa is still a research drug not approved for general use. It is available only to a minute fraction of the sufferers from Parkinsonism whom it might benefit.

L-dopa is, of course, a potent drug capable of producing serious side effects. Hence there is every reason to test its use carefully and to make certain that it is administered only where physicians have adequate facilities for monitoring against adverse consequences. Yet as word of L-dopa's promise spreads, an increasing clamor is arising from the army of potential beneficiaries, all anxious to see if they can be helped.

Here is a case where the promising results achieved so far suggest that the government, the medical profession and the pharmaceutical industry should combine to increase the availability of L-dopa more rapidly than now planned—without, of course, relaxing the controls over its use.

At a minimum, it would seem desirable to set up a substantially expanded network of research centers to administer L-dopa under conditions likely to produce both additional research information and therapeutic gains. Caution is imperative with all new drugs, but excessive caution also has costs.—*The New York Times*.

Centennial Of A Pioneer

Dr. Alice Hamilton, one of the most notable physicians ever to be associated with Fort Wayne, completes the hundredth year of her life today—an invalid, residing in Connecticut.

Although born in New York, she was brought as an infant to this city which was the home of her parents and paternal grandparents.

It was in Fort Wayne that she grew up and took her first medical courses before going to the University of Michigan for her M.D. degree, and long before she became an outstanding pioneer in the field of industrial medicine.

In 1969, when many Americans are involved in the fight against the "black lung" and related ailments of miners, it is of great interest to recall that Dr. Hamilton led the struggle against silicosis and lead poisoning many years ago.

She gave unselfishly of herself, her talents and attainments, and she displayed memorable courage in what was at the start virtually a one-woman war to eliminate those avoidable causes of sickness and death.

It is doubtful if many other women—or men—have saved so many lives in the entire history of this nation or of the world.

Eventually, Dr. Hamilton became the first woman member of the faculty of the Harvard Medical School.

Numerous honors have been accorded her, but probably none of them have meant as much to her as the satisfaction of knowing that she has indeed served humanity in a highly significant way.—*Fort Wayne Journal-Gazette*, Feb. 27, 1969.

Family Doctor, a Specialist

One of the more encouraging recent developments in medicine has nothing to do with heart transplants or other such advances.

The reference is to the action making family medicine—the sort provided by the general practitioner—a specialty along with pediatrics, surgery and all the rest.

This action has been taken by the American Medical Association's Council on Medical Education and the Advisory Board for Medical Specialties. Under the new regulations, three years of residency training and a written examination will be required to qualify for specialization in family medicine.

In most states a doctor can now enter general practice after simply completing a year's internship following graduation from medical school.

Thus the qualifications are raised. And at the same time the practice of general or family medicine will enjoy higher status. This is good, for more than one reason.

The trend for many years has been to downgrade the general practitioner within the profession, while the specialist has gained ascendency. Whereas about 73% of all physicians in private practice were general practitioners in 1931, last year only 21% were G.P.'s. Specialty status may arrest or at least slow down this trend, attracting a higher proportion of medical graduates to general practice.

This is important because the G.P., not the man who specializes narrowly in this or that area of medicine, is alone able to deal with the patient as a total human being.

More family doctors, as contrasted with specialists available only during regular hours at office or hospital, are badly needed. The need seems more likely to be met, now that family medicine has been made a speciality —*The Evansville Courier*, Mar. 2, 1969.

Continued

Tattered Blue Ribbon

For the second time in as many years, a modest and wholly justified attempt by the Indiana General Assembly to start the state down the long development road to a second medical school, has been bushwacked by a veto-happy governor.

As did Roger Branigin before him, Gov. Edgar D. Whitcomb has struck down Assembly plans to create a blue ribbon commission which would have authority to choose a medical school site and begin the machinery to build the medical center.

Even the excuse was familiar. Both governors claimed that the state couldn't afford it.

Both times, the excuse was equally stupid.

One of the remarkable things about the medical school movement of the last three or four years has been the fact that Indiana—for once—foresaw a crisis and tried to head it off. The crisis is a predicted shortage of doctors in our state. Even now, its earliest manifestations are being felt, especially in the state's smaller communities. But there is still time to prevent the crisis from becoming full-blown.

That's what the last two General Assemblies wanted to do. They knew that a medical school isn't created overnight. It takes planning and construction and cranking up. After being hung up on the site problem, both the 95th and 96th Assemblies responsibly turned the choice over to qualified commissions. Or tried to.

Two shortsighted governors stood in the way. Another two years must now elapse before there can be a start on the state's second medical school.

When the doctor shortage becomes severe, it will not be the Edgar Whitcombs or Roger Branigins who will go untreated for some painful ailment.

But many less favored Indiana citizens may have cause to curse the men who thought Indiana "couldn't afford" to educate an adequate supply of doctors.—*South Bend Tribune*, Mar. 18, 1969.

Dr. James W. Young

When Dr. James W. Young was graduated from the Indiana University School of Medicine in 1942, he made the decision to be a general practitioner.

His host of friends and his many patients in the Broad Ripple area where he maintained his office can attest to the success with which he carried out that decision. In this day of medical specialization, general practitioners are declining in number, but no other phase of the medical profession provides so satisfactory a relationship between doctor and patient.

Dr. Young represented the best qualities of the old-time general practitioner and spared no effort to give his patients the best medical counsel possible. They regarded Jim Young as a friend as well as their personal physician.

He was dedicated to his profession and was highly respected by his colleagues because of his dedication and ability. He had been chairman of the general practice department at Methodist Hospital three years and was a founder of Health Hazard Appraisal. This is a system to determine the predictability of illness in a patient.

Dr. Young spent most of his adult life in relieving suffering and bringing new hope to his fellow man. His recent death at 56 has taken a man who was a credit to his profession and to his community.—*Indianapolis News*, Mar. 20, 1969. ◄

INDIANA MEDICAL BUREAU
816 Hume Mansur Bldg.
631-5802

A Licensed Employment Agency
Specializing in Medical Personnel

Our 18th Year Of Service



introducing an anticostive* antacid

*Avoids constipation.

an antacid formulated especially for the constipation-prone patient

- Gelusil-M has been formulated to help avoid constipation in these patients: hospitalized/bedridden/debilitated/sedentary/pregnant/elderly/on a bland diet/on anticholinergic-antispasmodic drugs/when straining at stool should be avoided.
- Magnesium content helps maintain intestinal fluid volume and motility.
- Some patients may develop loose stools while taking Gelusil-M. This condition is usually dose-related, and usually responds to dose reduction.

introducing new

GELUSIL®-M*

each 5 ml. teaspoonful contains:
500 mg. magnesium trisilicate
250 mg. aluminum hydroxide (Warner-Chilcott)
200 mg. magnesium hydroxide

*U.S. Patent No. 3,326,755

a consistent buffering anticostive† antacid

†Avoids constipotion.

See next page for prescribing information ▶

GELUSIL–one name to remember...and a dosage form for every patient.



Gelusil®-M Liquid

especially for the constipation-prone patient

Indications: Gelusil-M is indicated for prompt and dependable symptomatic relief of peptic ulcer, gastritis, heartburn, hiatal hernia, esophagitis, and other conditions for which control of gastric hyperacidity is required.

Precaution: Prolonged or intensive therapy in patients with severe renal insufficiency may lead to hypermagnesemia.

Dosage: One to two teaspoonfuls (5 ml. to 10 ml.) between meals and at bedtime or whenever symptoms occur. Certain conditions, such as acute peptic ulcer, may require individualized dosage. If diarrhea occurs, reduce dosage or discontinue use.

Supplied: Gelusil-M (spearmint-flavored)—light green bottles of 12 fl. oz.; and a **special hospital pack.** Keep tightly closed—shake vigorously.

Gelusil® Tablets

a universal take-along antacid

Easy to take along / easy to take / pleasantly mint-flavored. An antacid with adsorbent and demulcent properties which contains in one tablet: 0.25 Gm. aluminum hydroxide (Warner-Chilcott) and 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 tablets—or more—between meals and at bedtime, or whenever symptoms occur. Tablets should be chewed.

Regular Gelusil® Liquid

when constipation is not a problem

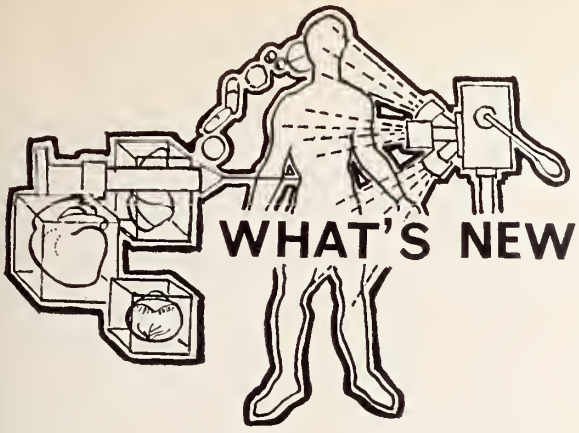
Pleasant mint flavor...ideal for hospital or home. Available in 12 fl. oz. and 6 fl. oz. bottles and a special hospital pack. An antacid which contains adsorbent and demulcent agents in each 4 ml. teaspoonful: 0.25 Gm. aluminum hydroxide (Warner-Chilcott), 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 teaspoonfuls (4 ml. each)—or more—between meals and at bedtime, or whenever symptoms occur.

Also Available: Gelusil® Flavor-Pack, Gelusil-Lac®.

WARNER-CHILCOTT
Morris Plains, New Jersey

GM-IN-92-4C



WHAT'S NEW?

A refuse container with a magazine of 25 continuous polyethylene bag liners is being introduced by Republic Molding for use in hospitals and nursing homes. The roll of liner bags fits into the base of the container and when the full bag is pulled up, the next bag lines the container and is ready for use. The full bag is torn off along a perforated line, may be sealed with a twist-tie closure and disposed of without widespread contamination. The device is called "Tear, Tote & Toss."

* * *

A. H. Robins is introducing a long-acting sulfonamide, Sulla® (sulfameter), for treatment of acute and chronic urinary tract infections. Sulla maintains an effective blood level on a smaller dosage because of slow excretion. Robins warns that rashes which develop during administration of the drug should be considered serious and the medication should be immediately withdrawn.

* * *

Wheelchair comfort and safety is enhanced by two J. T. Posey Company products. One is a cushion-like lining for the seat and back of the chair. It is made of decubitus padding and fastens to the regular seat and back fabric with Velcro adhering straps. Both are removable for laundering. The other item is a geriatric combination waist strap and shoulder strap to prevent slumping forward and falling to one side.

* * *

McNeil is introducing a new potent narcotic analgesic, Injection Sublimaze® (fentanyl). It is a piperidine derivative and is indicated preoperatively and in the immediate postoperative period. It should not be used in children under two years, in patients with bronchial asthma or in patients who may be susceptible to respiratory depression. Its safety in pregnancy has not been established. It is dispensed in ampuls for either intravenous or intramuscular administration.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.



THE BETTMANN ARCHIVE

Just one tablet at bedtime • Prevents painful night leg cramps • Permits restful sleep

How many of your patients stamp their feet at night and lose sleep because of painful leg cramps? Unless prompted, they usually fail to report this distressing condition and suffer needlessly.

One tablet of QUINAMM at bedtime usually controls distressing night cramps and permits restful sleep with the initial dose.

Prescribing information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Side Effects/Precautions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

Letters to the editor

To the Editor:

On 29 January, 1969, Mr. Garrett Graham of the Indiana Hospital Association presented his views towards a second hospital for Bedford. The proposed hospital for 117 beds is being pushed by a clinic group which wants to incorporate their present facilities into the new building. Mr. Graham pointed out to the Lawrence County Health Planning Council that the duplication of basic hospital facilities was a very expensive procedure and that it would create a financial insecurity for the existing county hospital as well as for the new institution. He showed that a county which over-builds its hospital needs by too large a margin is faced with a staggering expense for maintenance of the unused beds, each empty bed costing $8,000 per year at the present time.

This Local Health Planning Council is recently organized and is composed of intelligent and thinking community leaders. They are being tried early in their organizational career to settle a problem which has divided the Lawrence County physicians. Due to Mr. Graham and Mr. Robert Jones of Blue Cross-Blue Shield, whose reasoned appeal brought a note of caution to the exuberance of the uninformed committee, the motion was tabled for that monthly meeting. The group then began a study of the financial realities of hospital building and operation.

A steering committee outlined a program of study and prepared themselves to discuss this second hospital proposal at a meeting on 5 March, 1969. In the meantime the members of the committee were being influenced by discussions with physicians on both sides of the issue. On Sunday afternoon, 2 March, the clinic group hosted a large number of the committee and outlined their hopes and plans for the future. A parliamentary surprise awaited the local health committee in its meeting three days later on 5 March. Immediately after the opening, a motion was placed on the floor to grant approval to the second hospital. It was quickly seconded and brought to a vote by secret ballot. The motion was carried.

So the Local Planning Council has endorsed another hospital for this county. It is hoped to be privately funded and to compete with the county hospital which is itself in a million dollar modernization program and adding 25 more beds. (The State Board of Health recommends about 150 beds for Lawrence County). The new 2.2 million dollar hospital is hoped to attract investors of private funds—even local UAW money if necessary, and perhaps from some insurance company which desires to invest 1.5 million dollars. The next hurdle is to gain approval of a regional health planning council—if one exists. Then. in order to negotiate with Blue Cross for a contract, they must demonstrate need for this additional number of beds. It is hoped that by reducing operating costs, they are able to earn enough from renting office space to doctors, and room rent, and laboratory charges, to pay off both capitalization and interest.

The state of Indiana, and indeed, the whole nation will watch with interest if this ambitious financial scheme can be made to work.

G. E. Kasting, M.D.
1622 24th St.
Bedford 47421

To the Editor:

Opening day for the 1969 summer camps for physically handicapped children at Camp Riley in Bradford Woods will be July 13th. Any physically handicapped child, age 8 through 15, is eligible to apply.

In the past 14 years hundreds of handicapped boys and girls have been enabled through this program to enjoy two glorious weeks of outdoor living, nature study, hikes, swimming, cookouts and all the usual activities of a summer camp. The remarkable thing about Camp Riley is that most of its occupants are on crutches, in braces or wheelchairs, or may be victims of some less obvious handicap such as heart disease or epilepsy.

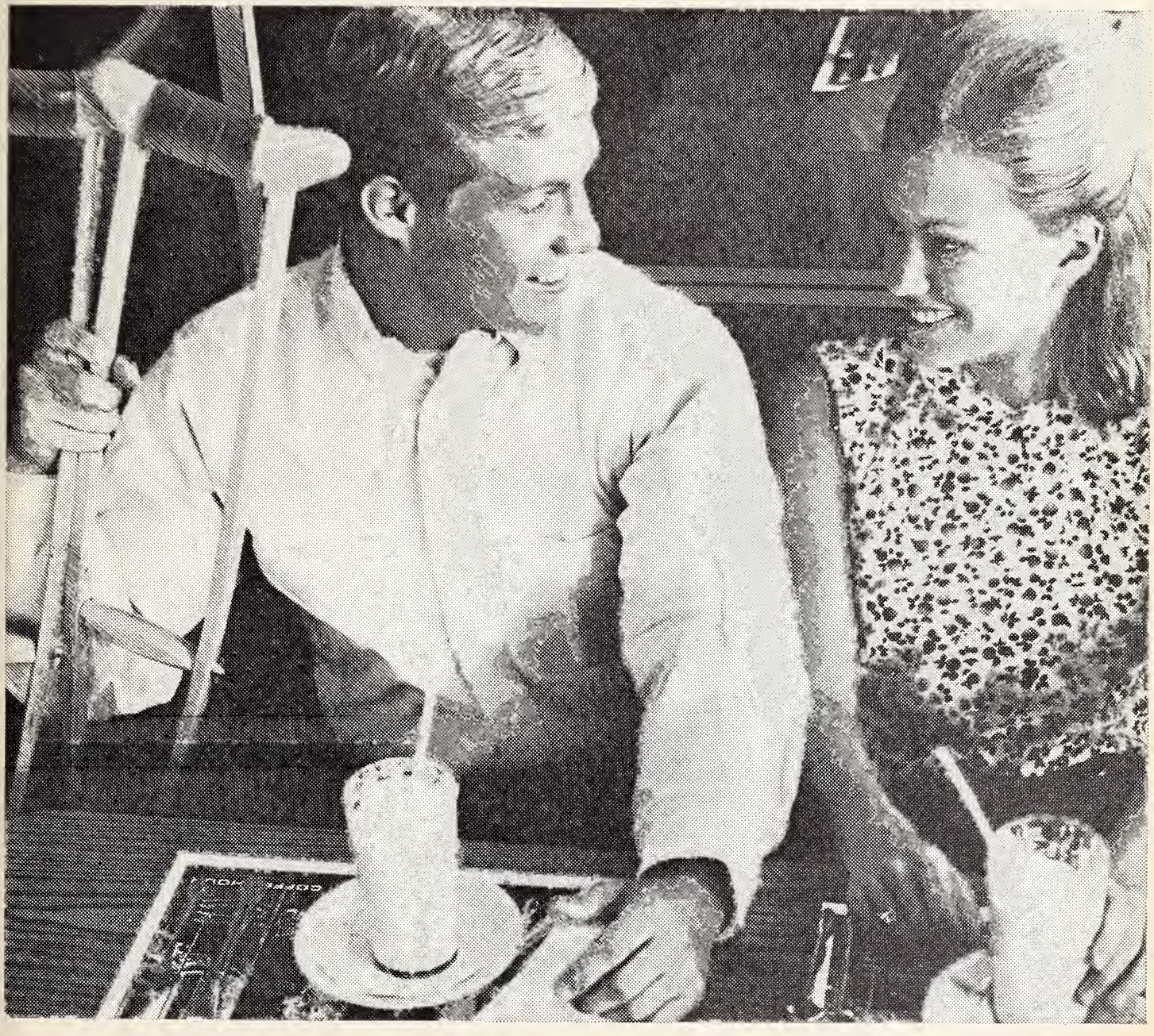
The larger percent of children who attend Camp Riley come from families who cannot possibly finance their camping. The nonprofit camps are an extension of the Riley Memorial Association's service to Indiana's less fortunate children. Continuation of the camp program is made possible by the loyal and generous support of individuals and organizations who each year contribute one or more camperships of $60.00 each for children who otherwise might be denied a camping experience. Camperships are awarded on a basis of need. In reality the $60.00 fee pays less than one-half the actual cost of keeping a handicapped child in camp for two weeks; therefore the need for continuing and expanding campership support is urgent.

Physicians may obtain a brochure and camp application by writing me at Suite 917, 129 E. Market St., Indianapolis 46204.

Thank you very much for your cooperation. ◄

Sincerely,
RILEY MEMORIAL ASSOCIATION
John W. Hillman
Executive Secretary

Coming home is wonderful



when you have

Blue Cross–Blue Shield

Mutual Hospital Insurance, Inc. Mutual Medical Insurance, Inc.
Home Office: 110 N. Illinois St., Indianapolis, Indiana 46204

When you're young and healthy, you think the bad things mostly happen to other people. But accidents and illness do happen to the young and healthy, and many times that includes long hospital stays as well as continuing doctors visits.

That's why we say: coming home is wonderful, when you have Blue Cross–Blue Shield to take over most of the financial worries.

For today's good health care does cost money. And that makes it more important than ever to have Blue Cross–Blue Shield, the health care plan that gives you the most, dollar for dollar, benefit for benefit.

Remember that the health care field is Blue Cross–Blue Shield's business—their only business. They do the job more efficiently than anyone else, handling things directly with hospitals and with doctors, never bothering members or employers.

This is one major reason why over 2,000,000 Hoosiers and 10,000 business firms are served by Indiana's No. 1 health care plan. Lots of them say the same thing:

"I don't know what we would have done without Blue Cross–Blue Shield."

(One of a series of ads being run in key Hoosier newspapers)



Darvon®
Compound-65

Each Pulvule® contains 65 mg. propoxyphene hydrochloride, 227 mg. aspirin, 162 mg. phenacetin, and 32.4 mg. caffeine.

Lilly

Additional information available upon request.
Eli Lilly and Company
Indianapolis, Indiana 46206.

900252

The Journal
of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 62 — May 1969 — Number 5



Digitalis Toxicity: A Review

JOHN M. STONE, M.D.
CHARLES FISCH, M.D.
*Indianapolis**

THE oldest, most valuable and most complex cardioactive drug is digitalis. When properly administered, its therapeutic effects are among the most gratifying in medicine. But, to attain maximum therapeutic response, 60% of the toxic dose must be given. Toxicity may be reached abruptly with malignant manifestations. An overwhelming amount of data has accumulated on digitalis cardiotoxicity. Knowledge of these disorders of conductivity and automaticity is essential to the clinician administering this potent drug. This paper will focus on: (1) the recognition, (2) the indications for "active" therapeutic intervention and (3) the treatment of digitalis cardiotoxicity.

* From the Department of Medicine, Indiana University School of Medicine, and the Krannert Institute of Cardiology, Marion County General Hospital, Indianapolis 46202.

Supported in part by the Herman C. Krannert Fund, U.S.P.H.S. Grants HE-6308, HTS-5363 and HE-5749, the Indiana Heart Association, and the AMA Committee for Research on Tobacco and Health.

Dr. Stone is a U.S.P.H.S. trainee in Cardiology, Department of Medicine, Indiana University School of Medicine.

Recognition of Cardiotoxicity

The diagnosis of digitalis intoxication must be based on the total clinical picture. Although some arrhythmias have commonly been characterized as specific of digitalis toxicity, the statement that a given arrhythmia is due to digitalis cannot be based solely on electrocardiographic manifestations. It must be supported by the presence of recognized contributory factors (e.g., hypokalemia, renal impairment, cerebrovascular accident, intercurrent infection, chronic lung disease, etc.). A thorough familiarity with the pharmacology of the drug (absorption, excretion, extracardiac effects) and with the severity of the underlying heart disease are equally important. These additional considerations, although cogent, will not be dealt with here.

The approach to the diagnosis of digitalis cardiotoxicity includes: (1) analysis of the frequency of various arrhythmias in patients considered to be digitalis intoxicated and (2) determination of the probability that any given arrhythmia is due to digitalis.

Compilation of arrhythmias ascribed to digitalis by 14 investigational teams[1-14] disclosed that 61.6% of the patients manifested ventricular arrhythmias. Bigeminy and multifocal ventricular premature systoles were most common. Atrioventricular conduction disturbances were seen in 34% and various atrial arrhythmias in 26.8%. Although this approach is helpful in alerting the clinician to the possibility of digitalis intoxication, it has several deficiencies. The lack of a control group, the retrospective nature of the studies and a dependence upon observations made by many physicians with different backgrounds limit its usefulness. There are discrepancies in the recognition of various arrhythmias from study to study. For example, all 14 investigators observed second degree atrioventricular block, but only five described non-paroxysmal atrioventricular junctional tachycardia. The arrhythmias classically felt to strongly suggest digitalis intoxication, paroxysmal atrial tachycardia (PAT) with block, atrioventricular (AV) dissociation due to interference and atrioventricular junction tachycardia comprise a rather small percentage of the entire group (9.9%,

9.9% and 11.4% respectively). Whether the proportion of these arrhythmias will increase if sought for more diligently and with the use of continuous monitoring remains to be seen.

The relatively high incidence of atrial fibrillation (11.2%) may be due to the retrospective nature of the studies. It is difficult to determine whether the arrhythmia antedated digitalis therapy or resulted from the drug. The present consensus is that atrial fibrillation and flutter are rarely due to digitalis toxicity.[15,16]

The ideal study to determine the incidence of digitalis induced arrhythmias would be prospective. In such a study, Church, Schamroth, Schwartz and Marriott[1] administered three different digitalis preparations to 39 patients until the earliest signs of toxicity became evident. Twenty of the 39 patients exhibited cardiotoxicity. The cardiotoxic arrhythmias observed included: premature ventricular contractions (15), sinus bradycardia with junctional escape (11), ventricular bigeminy (8), atrial fibrillation (6), PAT with block (5), PAT without block (3), second degree AV block (5) and premature atrial contractions (2).

Of additional help in the recognition of cardiotoxicity is a determination of the probability that specific arrhythmias are due to digitalis. Such studies are prospective and include patients manifesting the arrhythmias in question but who have not received any digitalis. A compilation of data of this type, garnered from the literature[17-22] disclosed that multifocal premature ventricular contractions, AV junctional tachycardia, AV dissociation (not due to block), PAT with block and ventricular tachycardia were observed more frequently in the patients receiving digitalis. Personal experience suggests that the incidence of ventricular tachycardia due to digitalis is probably close to 45%.

These data must also be accepted with reservations. Each series is small, and interobserver variation in the recognition of arrhythmias is a major, uncontrollable, variable. For example, multifocal ventricular premature contractions and atrioventricular dissociation due to digitalis are reported in but one study each. However, when these arrhythmias are accompanied by clinical evidence of digitalis toxicity, one can assume, for all practical purposes, that they are digitalis induced.

The specificity of paroxysmal atrial tachycardia with block, atrioventricular junctional tachycardia, atrioventricular junctional rhythm and ventricular tachycardia is supported further by the high mortality associated with continued administration of digitalis when they are present. Work of Dreifus, McKnight, Katz and Likoff[11] illustrates this point. With failure to stop digitalis, the number of deaths was 14 out of 14 for paroxysmal atrial tachycardia, five out of six for atrioventricular junctional tachycardia, three out of four for atrioventricular dissociation and 12 out of 13 for ventricular tachycardia.

Recognition of digitalis cardiotoxicity is further complicated by the fact that enhanced automaticity within the His-Purkinje system may remain concealed. This enhanced automaticity may be denied expression by a more rapid supraventricular rate which prevents ventricular capture by the slower ectopic focus. Such concealed digitoxic ventricular automaticity has been demonstrated in the dog.[23-27] In each instance, the rate of the ectopic ventricular focus has been slower than the dominant rhythm. Similar observations have been made in humans.[28,29]

The concept of concealed digitalis toxicity is supported by observations by Castellanos, Lemberg, Centurion and Berkovits.[30] They demonstrated that a single electrical pacemaker impulse, occurring outside the period of vulnerability, is able to induce repetitive idioventricular ectopy immediately before, and up to 30 minutes after the disappearance of, glycoside induced ventricular tachycardia. Castellanos, et al. postulated that this phenomenon might be related to loss of intracellular potassium coincident with the electrical discharge; resulting in a lowered threshold of electrical excitability of the digitalized heart. The unique dependence upon administration of excessive amounts of digitalis argues against this postulate.

Tests of Digitalis Toxicity

There is no safe gauge to the degree of digitalization in any one patient. Currently employed tests for the adequacy of digitalization lack specificity or rely upon the aggravation of already hazardous arrhythmias for definition of an end point. These "provocative" tests have merit only when performed by those thoroughly skilled in their execution and interpretation. They are unsafe for general application.

Administration of acetyl strophanthidin has been advocated by Lown and Levine,[31] Rosenberg and Graettinger[32] and von Capeller and Stern.[33] One tenth milligram increments of acetyl strophanthidin are given intravenously at five minute intervals until there is a deterioration of rhythm as determined by constant electrocardiographic monitoring. Extrapolation from the amount of acetyl strophanthidin administered to electrocardiographic deterioration has permitted approximation of the state of digitalization. The production of potentially fatal arrhythmias is an obvious disadvantage.

The calcium chloride infusion test as described by Nalbandian et al.[34,35] is also a provocative test and subject to the same criticisms as the administration of acetyl strophanthidin. An advantage, cited by these authors, is the theoretic reversibility of calcium chloride's effect by sodium-EDTA. Lack of personal experience with this procedure precludes judgmental comment.

The intravenous infusion of potassium salts (40 to 100 mEq. over two hours) in the absence of atrioventricular block offers some diagnostic specificity. Potassium's ability to depress ectopic junctional and ventricular activity not due to digitalis limits its usefulness.[36,37] However, if the ectopic mechanism is atrial, conversion to regular sinus rhythm offers presumptive evidence that the arrhythmia was due to digitalis.[38-40]

Measurement of glycoside levels in the serum is still an experimental procedure.[41]

Carotid sinus stimulation has long enjoyed utility as a diagnostic tool. This vagally mediated slowing of sinus rhythm and prolongation of atrioventricular conduction are valuable aids in unraveling tachyarrhythmias of any etiology. Digitalis accentuates the negative chronotropic myocardial response to vagal stimulation.[42-44] By suppressing higher foci of impulse formation, or by blocking the propagation of these impulses at the atrioventricular junction, potential ectopic ventricular foci are allowed expression. Herein lies the greatest diagnostic usefulness of carotid sinus stimulation. The most significant electrocardiographic alterations are the emergence of rapid ventricular ectopic beats regardless of the dominant rhythm, especially if these beats are multiform; or the appearance of fixed coupled ventricular ectopy in the presence of atrial fibrillation.

Edrophonium chloride (Tensilon®) is a potent acetylcholine esterase inhibitor. Its cardiovascular effect is vagomymetic and parallel to that of carotid sinus stimulation. When administered intravenously, Tensilon® begins to exhibit its effect within one to three minutes and is completely dissipated within 20 minutes. There is a single report[29] of the use of Tensilon® in the diagnosis of digitalis cardiotoxicity.

Pitt and Kurland[29] found that Tensilon® had an unpredictable effect on both rate and rhythm in the absence of digitalis or when therapeutic amounts of the drug had been administered. The electrocardiographic response of patients with digitalis toxicity was dramatic. Sinus slowing in excess of 30 beats per minute and the aggravation or appearance of ventricular ectopy were frequently observed. Our initial experience with diagnostic Tensilon® infusion has not paralleled that of Pitt and Kurland. We have noted many false negative responses.

The test is performed under constant electrocardiographic monitoring. Two milligrams are administered. If there are neither electrocardiographic changes nor extracardiac manifestations of intolerance, an additional eight milligrams are given rapidly. Observation of the electrocardiogram is continued for 20-30 minutes.

Tensilon® has two advantages over carotid sinus stimulation. The effect is more potent and directly upon terminal vagal endings. Secondly, the possibility of cerebrovascular embolic complications in an elderly arteriosclerotic individual is obviated. This is not true of carotid sinus massage.[45-47]

The side effects of Tensilon® are those of profound parasympathetic stimulation and include nausea, abdominal cramps, diaphoresis and syncope. A potential complication, yet to be reported, is complete asystole. When digitalis cardiotoxicity manifests as depressed conductivity without associated increased ectopy, enhanced parasympathetic tone may result in total pacemaker suppression.[23]

Neostigmine infusion has also been proposed as an assessment of glycoside cardiotoxicity.[48] Its action is identical to that of edrophonium chloride. It has the disadvantages of more prolonged action and higher incidence of side effects.

Indications for Active Therapy

Most digitalis-induced arrhythmias can be controlled by stopping the drug. The decision for active therapeutic intervention is at times difficult. It requires considerable judgment and thorough familiarity with the available antiarrhythmic agents. A specific antidote for digitalis is not available. The actions of drugs currently available are not consistently predictable and their side effects may seriously complicate the problem at hand.

The decision to treat an arrhythmia is not difficult if the heart rate is either so rapid or so slow as to compromise cardiac output and result in impairment of regional blood flow, a significant drop in blood pressure or congestive heart failure. More difficult are the numerous arrhythmias that do not compromise circulatory hemodynamics. In such instances, recognition of "serious," "premonitory" or "prefibrillatory" arrhythmias is important. These must be treated aggressively.

In the hope of recognizing such premonitory arrhythmias, deaths ascribed to digitalis were reviewed. Fifteen deaths could be documented as due to digitalis. They occurred only in patients with heart disease. The prefibrillatory arrhythmias were: ventricular tachycardia (10), multifocal premature ventricular contractions (2) and paroxysmal atrial tachycardia with block (2). In one carefully monitored instance, ventricular fibrillation was the first arrhythmia detected.[49,50]

Of eight reported patients with normal hearts who ingested large amounts of digitalis, only one showed occasional premature ventricular contractions.[51] Of the remainder, there were four instances of atrioventricular block and one each of paroxysmal atrial tachycardia with block, atrial fibrillation with junctional rhythm and atrial flutter with junctional rhythm.

Treatment of Digitalis Cardiotoxicity

The correct utilization of all anti-

arrhythmic agents is predicated upon an understanding of the ionic and electrophysiologic alterations they effect at the cell membrane. For this reason, a brief resume of normal cellular ionic distribution at rest and with excitation is pertinent.

The resting cell contains a relative excess of potassium. Sodium is in higher concentration outside the cell. The interior of the cell is electronegative with respect to its surroundings. There are two forces attracting sodium into the cell: a concentration gradient and an electrical gradient. A stable resting distribution of sodium is maintained by two mechanisms. The resting cell membrane is relatively impermeable to sodium. Also, an active mechanism, referred to as the sodium pump, is constantly transporting that sodium which does leak into the cell back to the surrounding tissue fluid. The concentration gradient attracts potassium out of the resting cell while the electrical gradient draws potassium into the relatively negative cell. The two forces counterbalance one another.

When stimulated, the cell membrane's relative impermeability to sodium is destroyed, the sodium pump overwhelmed and sodium rapidly moves into the myocardial cell. The transmembrane action potential reflects this rapid influx of sodium in the inscription of phase 0. Cell membrane integrity is then rapidly re-established and the sodium pump is able to remove the excessive sodium. This re-establishment of equilibrium, or repolarization, is mirrored in phases 1, 2 and 3 of the transmembrane action potential.

In those cells capable of spontaneous impulse formation, phase 4 is not quiescent. There is a gradual leak of sodium into the cell until threshold potential is reached and depolarization initiated spontaneously. These events are referred to as spontaneous diastolic depolarization.

The precise mechanism through which digitalis influences automaticity remains obscure. Accumulating evidence implicates altered ionic transport at the cell membrane.[36,52-54] Paralysis of the sodium pump with excessive intracellular accumulation of sodium and passive depletion of potassium seems most probable.[55,56] It has been suggested[57] that this paralysis of sodium-potassium exchange may represent poisoning of cellular oxidative processes.

Potassium

Potassium is the drug of choice in the therapy of digitoxic-enhanced automaticity.[31,58-69] It may be contraindicated when toxic concentrations of the glycosides depress conductivity. It is essential to recognize this dualism. No therapeutic intervention is as treacherous as inappropriately administered potassium.

Depression of intracellular potassium in the absence of digitalis augments the rate of rise, or slope, of phase 4 of the transmembrane action potential and ectopy emerges.[70] In all myocardial cells, resting membrane and threshold potentials are decreased. The change in resting potential is greater than that of the threshold potential. They move closer together. These changes also encourage spontaneous automaticity. The cardiac glycosides bring about similar electrophysiologic changes, presumably through glycoside depletion of intracellular potassium and toxic concentrations may result in an occasional premature contraction or an ectopic tachycardia.

Decrease of intracellular concentrations of potassium also favors the development of negative after potentials.[71] When of sufficient magnitude, these negative after potentials reach threshold and may produce ectopy.[72] The coupling of these ectopic beats is fixed and a bigeminy results. The ventricular bigeminy characteristic of digitalis toxicity has been explained in this way.

Digitalis has a dual effect upon myocardial conduction. By blocking adrenergic impulses to the heart,[73] digitalis potentiates parasympathetic tone mediated through the vagus nerves; i.e., it potentiates directly the vagal effect. Increased parasympathetic activity depresses automaticity and conductivity.[44] Toxic concentrations of digitalis may exaggerate this antiadrenergic effect and result in atrioventricular or sinoauricular[73,74] block. The paradoxic enhancement of atrioventricular conduction defects by potassium that is occasionally seen in digitalis toxicity has been explained by workers in our department.[75-77] They demonstrated that low concentrations of potassium would reverse this acetylcholine mediated depressed conductivity.

Primarily, digitalis exerts a direct depressant effect on the specialized conduction tissue of the heart. At the cellular level there is decreased rate of rise of the upstroke (decreased slope of phase 0) and decreased amplitude of the transmembrane action potential. Decreased conduction velocity and decremental conduction through the atrioventricular junction parallel these cellular alterations.[78-81] Intermittent or complete failure to stimulate the ventricles may result.

Increasing the extracellular concentration of potassium results in delayed upstroke and decreased amplitude of the transmembrane action potential; an action identical to that of digitalis.[75,82-87] Potassium in moderate concentration augments parasympathetic depression of atrioventricular conduction.[88,89] In the presence of digitalis, this depression of conduction is additive.[87,90,91] This synergism may make the administration of potassium in digitoxic conduction disturbances dangerous.

As a rule, this therapeutically undesirable depression of conduction is preceded by depression of ectopic rhythms. The existence of a margin of safety is supported by data gathered in our laboratory based on 27 infusions of potassium to dogs with acetyl strophanthidin induced

ventricular tachycardia. The amount of potassium necessary to suppress the arrhythmia averaged 3.9 mEq while that necessary to produce atrioventricular block was 18.3 mEq. The plasma potassium level at which the ectopic rhythm was suppressed was 6.3 mEq/L and the level at which atrioventricular block appeared was 8.4 mEq/L. It is our feeling, based on these data and clinical experience, that there should be little or no hesitancy in the use of potassium if a prolonged P-R interval is the only abnormality, provided administration of the cation is carefully monitored. When digitoxic atrioventricular block and enhanced automaticity present with marked hypokalemia, the administration of potassium is not without risk, but slow correction of the potassium deficit is indicated.[92]

Protection against potassium toxicity is partially dependent upon the ability of the body to excrete this ion when exogenously administered. Impairment of renal function or a pre-existing hyperkalemia contradict its use. When digitalis toxicity paralyzes the sodium pump, exaggerated rises in serum potassium with serious hyperkalemia may result from the administration of small amounts of potassium salts.[69,85,87,93]

Intravenous potassium may be given as a solution of 50 to 100 mEq/L at a rate of 0.5 to 0.75 mEq/min under careful electrocardiographic monitoring. Orally, 40 to 50 mEq are given at hourly intervals for up to three doses. Intravenous potassium is perhaps safer than oral administration when the former is carefully monitored electrocardiographically. Impaired renal excretion of large oral doses has been associated with inordinate rises in serum potassium and the development of fatal toxicity.[94,95]

Experimental work with dogs has suggested a more selective benefit from the organic potassium salts L-glutamate and L-ketoglutarate in digitalis toxicity. Keyl[96] reports isolated success with mono-potassium-glutamate when inorganic salts of potassium have been ineffective. However, no comparative study of organic and inorganic potassium salts is available. Keyl, Sucker, Wessel and Rhoads[97] have demonstrated a preferential uptake of the L-glutamate salt of potassium by the digitalis toxic cell. They found no advantage with respect to duration of antiarrhythmic effect.

Drugs Employed to Suppress Digitalis Induced Automaticity

Among the drugs available for the suppression of toxic arrhythmias due to digitalis are quinidine, procaine amide, lidocaine, diphenylhydantoin and propranolol. These have been extensively studied in the laboratory and enjoy a varying clinical popularity. A detailed review of each is beyond the scope of this paper. A knowledge of certain basic aspects of their cellular action is, however, essential to understanding their mechanism in the therapy of digitalis toxicity.

Quinidine, procaine amide and lidocaine contain an aromatic ring and tertiary nitrogen grouping believed essential for their antiarrhythmic properties. Inactivity is related to disruption of the sterochemical relation between the tertiary nitrogen grouping and the aromatic ring. They are bound to the myocardial cell membrane where they have similar effects on electrochemical events as reflected by changes in the transmembrane action potential.[98]

By altering the relative permeability of the cell membrane to ionic (Na+) movement, by a yet undefined mechanism, the spontaneous decrease in resting membrane potential toward threshold potential is depressed. Electrophysiologically, the slope of phase 4 is decreased. They exert a more selective effect on the diastolic depolarization of ectopic foci than upon the sinus node. This fortunate preferential action on ectopic foci delays, or blocks completely, spontaneous depolarization allowing a higher focus, usually the sinus node, to control the heart and override the ectopic focus. Suppression of phase 4 depolarization in all areas of the heart, with asystole, is one of the potential toxic manifestations of all antiarrhythmic agents. The conduction defects that may also exhibit during therapy with these agents are caused by concurrent delay in upstroke (prolongation of phase 0) and decreased amplitude of the transmembrane action potential. Although similar in their mode of action, there are differences in relative efficacy and in toxic manifestations.

Quinidine: Quinidine is effective in abolishing both ventricular and supraventricular ectopy[99] and as maintenance therapy once the acute arrhythmia has been controlled.

Manifestations of quinidine toxicity include hypotension, negative inotropy, delayed and altered intraventricular conduction, aggravation of production of atrioventricular block, nausea, vomiting, flushing paresthesias, psychoses, urticarial rashes, angioneurotic edema and agranulocytosis. Occasional patients exhibit idiosyncrasy, or hypersensitivity, to the drug. This reaction encompasses severe bronchospasm, respiratory arrest and profound vascular collapse. Quinidine production of ventricular fibrillation has also been reported.[100,101]

Procaine amide: Procaine amide is effective in the control of ventricular ectopy.[102-104] It has controlled junctional tachycardia[105] and atrial tachycardia with block,[106] but generally its efficacy against digitoxic atrial arrhythmias is not dramatic.[107] The sustained action of procaine amide renders it especially useful in the management of persistent arrhythmias; until the arrhythmogenic concentration of digitalis has dissipated.

Toxic manifestations are basically those described for quinidine. A

lupus-like syndrome has been produced by long term administration.[108]

Total dose must be tailored to both the response of the arrhythmia and the appearance of toxicity. Intravenously, procaine amide may be given at rates up to 100 mgm. per minute not exceeding 1 gm. in any 15 minute period and not exceeding 2 gm. per hour. Intramuscular dosage is begun with 1 gm. Maintenance therapy is usually adequate at ½ gm. orally or intramuscularly every three to four hours. Electrocardiographic and blood pressure monitoring are essential when given intravenously and important in intramuscular and oral administration.

Procaine amide, like quinidine, is contraindicated in the presence of atrioventricular block.

Lidocaine: The major benefit of lidocaine (Xylocaine®) is its favorable antiarrhythmic response without as marked negative inotropy and hypotension as may be seen with procaine amide.[109] Depression of intraventricular conduction and cardiac output before suppression of an ectopic ventricular focus is familiar to all who have used procaine amide.

Harrison, Sprouse and Morrow[110] report slight elevations of blood pressure in ten out of 14 patients given intravenous lidocaine. The maximal decrease in systolic pressure in the remaining four patients was five millimeters of mercury. This contrasts with an average systolic decrease of 19 mm Hg. in four of five patients given procaine amide. The fifth patient given procaine amide required vasopressor support. Right ventricular contractile force fell slightly with lidocaine administration. When procaine amide was administered, a 14% to 21% decline was observed. Schumacher, Lieberson, Childress and Williams[111] confirm the lack of significant effect on left ventricular contractility or systemic blood pressure by intravenous doses of up to 100 milligrams of lidocaine.

The majority of clinical trials,[110,112-114] of lidocaine report 75-90% suppression of ventricular ectopic beats, ventricular bigeminy and ventricular tachycardia.

In 15 experiments conducted on dogs in our laboratory, ouabain was administered until ventricular tachycardia developed. In each instance injection of 50 to 80 mg. of lidocaine resulted in restoration of normal sinus rhythm.[115]

Significant toxic effects have not been observed with doses under 750 milligrams in one hour. Convulsions have been reported with larger hourly doses.[114] Reported side effects have included hypotension, central nervous system depression, muscular twitching, visual disturbances, tinnitus and vertigo.

Lidocaine is an easy drug to control in an emergent situation. Response to intravenous administration occurs within 45 to 90 seconds and there is virtual disappearance of activity within 20 minutes. Total dose and rate of administration may be more accurately tailored to individual response.

The most successful program of administration is an initial bolus of 75 to 100 mgm., repeated in five minutes until satisfactory control of the arrhythmia, or a maximum of 500 mgm. has been given in one hour. Because of its short duration of action, maintenance therapy with a continuous intravenous infusion of one to three milligrams per minute is required.

Beta Adrenergic Blocking Agents: Propranolol (Inderal®) is the selective beta adrenergic receptor site blocking agent which is available for the treatment of arrhythmias. It acts as a competitive inhibitor of these receptors. Clinical experience with propranolol is meager but its potential effectiveness in the treatment of digitalis-induced arrhythmias is gaining both experimental and clinical support.

Beta adrenergic receptor site blockade by propranolol occurs at doses lower than those producing direct myocardial depression.[116,117] The drug is also capable of completely suppressing adrenergically mediated increases in inotropy and chronotropy without affecting cardiac glycoside inotropy.[118] This dose-related selective adrenergic blockade assumes more than theoretical importance when one remembers that digitoxic arrhythmias are at least in part perpetuated by glycoside enhanced catecholamine excesses.[119-123]

In addition to beta receptor site blockade, propranolol has an effect similar to that of quinidine on the transmembrane action potential.[124] The rate of rise (Phase 0) and overshoot (Phase 1) are decreased. Effective refractory period is prolonged. The electrical fibrillation threshold is increased. This direct effect of propranolol is important in the treatment of digitalis arrhythmias. Tuttle and Innes[125] were able to control digitalis related arrhythmias in catecholamine depleted dogs with propranolol. Other experimental work has shown that doses in excess of those producing pure beta receptor blockade are necessary to reverse digitalis-induced arrhythmias.[126]

Exact quantitation of the antiarrhythmic effect of propranolol in digitalis related arrhythmias is impossible. However, extrapolation from studies relating its effectiveness in the treatment of the same arrhythmias in patients who are and are not receiving digitalis is helpful. These reports suggest more selective control of digitalis related arrhythmias. Success rates of between 75% and 100% are reported.[127-131]

Paroxysmal atrial tachycardia with block due to digitalis responds in 100% of patients.[129,130,132] This response may be conversion to sinus rhythm or simply an increase in the degree of atrioventricular block with slowing of ventricular response. Contrastingly, in paroxysmal atrial tachycardia not due to digitalis toxicity, response has been more variable (23.4%).[132,133] The suppression

of other digitoxic supraventricular ectopic foci has been less dramatic. In all cases the atrioventricular conduction of supraventricular ectopy has been depressed and the ventricular response decreased. Preferential suppression of digitoxic ventricular ectopic beats and paroxysms of ventricular tachycardia have been documented.[128,132-136]

Light headedness, erythematous rashes, visual blurring and mild paresthesias are transient, usually dose related, side effects. They seldom pose any problem and frequently regress with continued administration of the drug. No consistent abnormality of renal or hepatic function has been demonstrated. Nine out of 2,000 surveyed patients showed transiently elevated BUN's. A double blind crossover study using propranolol and placebo showed a larger number of hepatic enzyme abnormalities during placebo administration.[137]

Hypotension, extreme bradycardia, congestive heart failure, heart block, bronchospasm and precipitation of severe insulin hypoglycemia are among the more serious side effects of propranolol. Their incidence has been reported at slightly in excess of two percent.[137] In 5,000 patient administrations of propranolol, 26 deaths have been reported.[137] Fourteen of these 26 deaths could be definitely attributed to propranolol.[137,138] They were characterized by profound bradycardia progressing to an asystolic demise. In the remaining 12 patients, propranolol was administered as a last resort to a severely ill patient. Propranolol is contraindicated in the immediate post-myocardial infarction patient. Removal of adrenergic hemodynamic support in these patients is virtually universally fatal.

Bradycardia frequently represents unopposed vagal activity and has been responsive to atropine.[137,139] Very large intravenous doses of isoproterenol have reversed beta receptor blockade by propranolol and countered the hypotension produced by the drug.[140,141] Recent reports suggest that glucagon may also counteract the myocardial effects of propranolol.[142]

Epstein and Braunwald[143] have demonstrated a reversal of the normal diurnal sodium excretion pattern in healthy individuals receiving propranolol. Sodium retention with congestive heart failure was documented in patients with myocardial or coronary artery disease. In the acute situation this may not be of significance but it underscores the importance of carefully monitoring all patients receiving propranolol.

The induction and maintenance of anesthesia may precipitate digitalis toxicity. This has been related to changes in pH, pO_2, pCO_2 and increased catecholamine levels. It would seem that beta adrenergic blockade would have merit in these circumstances. There are situations, however, where blockade of catecholamine support to the myocardium may be deleterious. Ether and chloroform anesthesia are examples. Propranolol administration has been associated with striking deterioration in cardiovascular homeostasis. Halothane anesthesia does not show this sensitivity.[144]

The major complications of propranolol administration have occurred with excessive doses. Their frequency can be decreased by scrupulous attention to hemodynamic changes during administration of *small doses* at acceptable intervals. No specific antidote is currently available.

The most acceptable intravenous schedule is 0.5 mgm. to 1.0 mgm. given over a 30-second period with additional increments of 0.5 mgm. to 1.0 mgm. at three to five minute intervals until a salutary response is obtained or until the first suggestion of toxicity precludes additional dosage. Orally, 10 mgm. is given initially followed by 10 mgm. increments at 90-minute intervals until the desired alteration of rhythm or toxic effects appear. For maintenance therapy, 10 to 40 mgm. may be administered at four to six hour intervals depending upon response of the patient and the emergence of the particular situation. Beta receptor site blockade and direct atrioventricular junctional depression contraindicate the use of propranolol in the presence of atrioventricular block of any degree.

Antazoline: Antazoline (Antistine®), an antihistamine, has been used experimentally with some success in arrhythmia therapy.[145] Its antiarrhythmic effect has been related to both adrenergic blockade and direct myocardial depression.[146]

In the series of Dreifus, McGarry, Watanabe, Kline, Waldman and Likoff,[147] antazoline was primarily effective in abolishing premature atrial contractions (100%), premature ventricular contractions (96%) and nodal tachycardias (83%). One case of digitoxic ventricular tachycardia converted to regular sinus rhythm. Antazoline is disappointing in the therapy of paroxysmal atrial tachycardia with block. Its anticholenergic property may overshadow depression of conduction and result in 1:1 atrioventricular junctional conduction before the ectopic atrial mechanism is abolished. As the dominant effect is unpredictable, the drug is contraindicated in the presence of heart block. Dreifus et al.[147] found antazoline equally effective in suppressing ectopy not due to digitalis.

Orally, divided doses of 400 to 800 mgm. per 24 hours are suggested. Recommended intravenous administration is 10 mgm. per kgm. over a period of two to three minutes, repeated in two to three hours, if necessary.

Frequently digitalis toxic arrhythmias manifest as a treacherous combination of increased automaticity and depressed conductivity. Here, the decision for active therapy is made more difficult by an aware-

ness that control of the ectopy may aggravate depressed conduction. Data are accumulating that three agents may suppress ectopy while enhancing atrioventricular junctional conductivity. They include diphenylhydantoin, sodium-EDTA and two saturated lactones, tetrahydrofurfuryl alcohol and gamma-butyrolactone.

Diphenylhydantoin (Dilantin®): The antiarrhythmic properties of diphenylhydantoin have been attributed[148,149] to increased sodium transfer across the cell membrane, producing a relative depletion of intracellular sodium. The resting membrane potential is thereby reset to a higher level. A low resting membrane potential has been linked to an increased rate of rise of phase 4 of the transmembrane action potential, to the initiation and perpetuation of negative after potentials and to the production of decremental conduction.

Recent studies by Bigger, Bassett and Hoffman[150] indicate that diphenylhydantoin differs in its electrophysiological properties from the quinidine-like antiarrhythmic agents. They have demonstrated that diphenylhydantoin shortens the duration of the action potential and to a lesser degree the effective refractory period. It is believed that this relative difference in the foreshortening of the action potential and effective refractory period accounts for some of the antiarrhythmic properties of diphenylhydantoin. Additionally, diphenylhydantoin, although having no effect on the rate of rise of phase 0 in normal Purkinje fibers, increased the rate of rise of phase 0 of partially depolarized and depressed fibers.

There is experimental evidence that the cardiac glycosides may lead to arrhythmias mediated through the central nervous system. Ling, Osborne and Dower[151] have demonstrated that centrally produced arrhythmias may be prevented or controlled by diphenylhydantoin. Evidence that a direct central nervous system action by diphenylhydantoin is important in the correction or prevention of digitoxic arrhythmias is lacking. Further work in this area is necessary before conclusive statements may be made.

Diphenylhydantoin will reverse prolongation of atrioventricular conduction due to ouabain.[152] Substantiation by a significantly large number of clinical trials is lacking, but usefulness in cases of digitalis toxic ectopy associated with a block to atrioventricular conduction is suggested. Helfant, Scherlag and Damato[152,153,154] have similarly noted reversal of procaine amide induced atrioventricular conduction delays by diphenylhydantoin. However, in complete heart block, procaine amide and diphenylhydantoin additively depressed automaticity.

Ruthen,[155] Conn,[156] and Rosen et al.[157,158] have reported 92% to 100% abolition of digitoxic ventricular arrhythmias by diphenylhydantoin. Mercer and Osborne[159] report abolition of digitalis related ventricular ectopy in 28% and significant decreases in 34% of the patients they observed. Conversion, or control, of digitalis toxic supraventricular ectopy by diphenylhydantoin varies from series to series. Incidences of from 53% to 78% have been reported.[156,158,159] This divergence of reported efficacy underscores the need for further clinical trial before the clinical usefulness of diphenylhydantoin can be established.

Consistent increase of left ventricular end diastolic pressure and depression of dp/dt has been observed with the administration of diphenylhydantoin.[160-162] This myocardial depression has been equated with that produced by equivalent doses of quinidine and procaine amide. Mierzwiak et al.[161] feel that this depression is more transient than that of quinidine.

A recent observation by Louis, Kutt and McDowell[163] may have significant bearing on the myocardial depression and hypotension associated with diphenylhydantoin administration. They demonstrated that the propylene glycol vehicle commercially supplied with diphenylhydantoin was responsible for the observed hypotension. Administration of diphenylhydantoin in other solvents was not associated with hypotension. It would appear that complicating hypotension can be eliminated provided a suitable substitute for propylene glycol can be found.

Side effects of intravenous administration of diphenylhydantoin have included respiratory arrest,[164] hypotension,[158] cardiac arrest,[165,166] ventricular fibrillation,[167] production or aggravation of congestive heart failure, nausea, headache and injection sight venous thrombosis. Oral therapy has been associated with rashes, gingival hyperplasia and eosinophilia.

Currently recommended intravenous dosage ranges from 125 mgm. to 250 mgm. over a three to five minute period, repeated in 15 to 30 minutes with total dose not exceeding 500 mgm. per hour. When higher doses are required, other measures should be employed. Maintenance therapy with 100 mgm. at four to six hour intervals is effective once the arrhythmia has been controlled.

Chelation: Chelation of calcium is also effective in the therapy of digitalis ectopy. Physiologic data suggests that alteration of intracellular calcium concentration is a fundamental effect of digitalis.[168] Chelating agents, such as sodium-EDTA, depress ionized serum calcium and promptly control approximately 54% of digitalis induced ventricular and atrial arrhythmias.[169,170] Sodium-EDTA has an almost immediate effect but an unpredictably short duration of action. Proponents of calcium chelation feel that it offers a wider margin of safety than intravenously administered potassium.[68,171]

Soffer, Toribara, Moor-Jones and Weber[169] report two patients with ad-

vanced digitoxic heart block, who were treated by slow intravenous infusion of sodium-EDTA. Sinus rhythm with first degree atrioventricular block was restored in both patients. Two additional patients with digitoxic complete heart block did not show improvement in the atrioventricular junctional block. This enhancement of atrioventricular conduction is not specific for digitoxic depression. Two patients with complete heart block not due to digitalis also responded to sodium-EDTA.

Severe burning pain at or just above the site of sodium-EDTA infusion constitutes the most frequent patient complaint. Phlebitis has been observed when infusion concentrations in excess of 0.05% have been employed. Hypotension with an orthostatic exaggeration has been a particular problem suggesting potent peripheral vasodilatation. Hypocalcemic convulsions have been described.[169] Other side effects have included irreversible renal damage, nausea, vomiting, diarrhea, paresthesias, especially circumoral, headache, dermatitis, glycosuria, and histaminic-like reactions.

Suggested rates of sodium-EDTA administration have ranged from 0.3 gm. in 30 minutes to 500 mgm. per minute.[169,170,172] Total dose at any one time is usually 0.6 gm. The abrupt appearance of the symptoms of hypocalcemia is a convincing argument for slow rates of administration. The electrocardiogram is the most sensitive index of therapeutic response and the development of hypocalcemia. Lengthening of the corrected QT interval and the abrupt onset of a sinus tachycardia are the best guides to the imminent development of serious hypocalcemia. These changes have been observed before the development of muscular irritability, positive Chvostek's or Trousseau's signs, or convulsions.

Chelating agents are now rarely used in the therapy of digitalis toxicity. Unpredictable therapeutic response, short duration of action, narrow margin of safety between therapeutic and toxic doses, severity of side effects and the availability of safer, more effective drugs are the primary reasons for its loss of popularity.

Lactones: Two agents which have received scant attention for the treatment of digitalis toxicity are the saturated lactones tetrahydrofurfuryl alcohol and gamma-butyrolactone.[38,173] When the lactone ring of the cardiac glycosides is saturated, they lose their inotropic properties. The intravenous administration of these agents was found to be effective and specific therapy for digitalis ectopy in experimental animals.[174] They have not been tested in humans. They are believed to compete with digitalis for active sites on the cell membrane by virtue of the similarity of their lactone ring to that of the cardiac glycosides. Cosmides, Miya and Carr[174] observed antagonism of glycoside depression of atrioventricular conduction by these saturated lactones.

Heart Block

Penton, Miller and Levine[175] report 27 of 700 cases of complete heart block as due to digitalis toxicity. In other series, the incidence has been essentially the same.

Prior to the introduction of electrical pacing devices, sympathomimetic and vagolytic agents were the only available therapy for advanced, or complete, heart block. Electrical pacing has proven effective and has obviated many of the problems associated with drug therapy of atrioventricular block. The development of this new and effective form of therapy has allowed the clinician the luxury of a critical look at the older forms of therapy. Isoproterenol has been the subject of particular scrutiny.

Becker, Nonkin, Bennett, Kimball, Sternberg and Wasserman[121] have infused isoproterenol in dogs rendered digitoxic with digoxin. Without exception they found that ventricular ectopy was produced or aggravated by doses of isoproterenol capable of producing only sinus tachycardia in animals not receiving digitalis. Two of nine dogs died with ventricular fibrillation produced by the isoproterenol infusion. Atrioventricular conduction was not improved by isoproterenol infusion. Although the animals studied by Becker et al. did not have heart block, the rhythm deterioration during isoproterenol infusion points forcefully to the dangers inherent in its use in digitoxic heart block.

Atropine may counteract digitoxic heart block if the ventricular pacemaker is in the atrioventicular junction. Antagonism of digitalis augmentation of vagal tone explains the salutary response in these cases. Therapeutic success is unpredictable. The usual dose of atropine is 0.75 mgm. to 1.0 mgm. by any route repeated at four to six hour intervals if effective. Intravenous atropine effect is seen three to five minutes after injection.

The newest therapy for digitoxic heart block is also the most widely accepted, contrasting sharply with the newer antiarrhythmic agents. Bipolar endocardial electrical pacing has become the mainstay in the treatment of advanced heart block. It offers two advantages. First, ventricular stimulation at a faster rate than that of the idioventricular focus usually results in its suppression while maintaining, or increasing, cardiac output through increased rate. Thus, two arrhythmias have been treated by a single therapeutic approach in a situation where pharmacologic therapy for the ectopy was contraindicated. Second, antiarrhythmic agents, contraindicated in the presence of atrioventricular junctional block, may now be used should ventricular ectopy persist.

Cardioversion

The use of electric shock in digitoxic arrhythmias presents a special problem. There is evidence that

digitalis decreases the myocardial threshold to electrical fibrillation. Arrhythmias similar to those seen with digitalis toxicity have appeared following cardioversion.[176-181] In general, cardioversion to terminate arrhythmias in patients receiving digitalis, but without evidence of intoxication, appears quite safe. In fact, the incidence of arrhythmias following cardioversion in these patients is the same as in patients not on digitalis.[182]

In the presence of digitalis toxicity, cardioversion is hazardous. It may not only fail to terminate the arrhythmia[177] but unmask more serious disturbances of rhythm. Deaths following cardioversion have occurred in patients considered to be digitalis intoxicated.[176,177,182] These clinical observations are supported by animal studies which demonstrated that digitalis was not a factor in the appearance of post shock ventricular tachycardia unless toxic or nearly toxic doses had been administered.[106,115] Cardioversion should be used *only* when all other means to interrupt digitoxic arrhythmias have failed.

Summary

The diagnosis of digitalis toxicity must be based on the total clinical picture. Isolated analysis of the electrocardiogram is not sufficient. Multi-focal ventricular premature beats, atrial tachycardia with block, atrioventricular junctional tachycardia, A-V dissociation (other than A-V block) and ventricular tachycardia are the arrhythmias most specific for digitalis cardiotoxicity.

A specific antagonist for digitalis is not presently available. The agents and technics currently employed in the therapy of digitalis cardiotoxicity include potassium, quinidine, procaine amide, lidocaine, propranolol, diphenylhydantoin, chelating agents, isoproterenol, atropine and endocardial pacing. It is difficult to quantitate their relative merits. Potassium has withstood the vicissitudes of time and clinical trial. It remains the treatment of choice for suppression of life-threatening arrhythmias. Procaine amide and lidocaine are the drugs of second choice. Diphenylhydantoin and propranolol are promising alternatives, but require further clinical trial. Quinidine and chelating agents are least often used. Electrical endocardial pacing is very effective when atrioventricular block with bradycardia is present. Cardioversion of digitalis-induced arrhythmias is frequently unsuccessful and usually precipitates more malignant arrhythmias. It should be employed only when all other measures fail and the arrhythmia is threatening the survival of the digitalis toxic patient. ◄

(A copy of the references pertaining to this paper may be obtained by writing *The Journal* office.)

A hospital for the diagnosis and treatment of psychiatric illness

WABASH VALLEY HOSPITAL

(a not for profit corporation)

2900 North River Road (State Road 43 north)

West Lafayette, Indiana 47906 Phone 317-463-2555

Active Psychiatric Staff	(Phone)	
W. R. VanDenBosch, M.D.	447-6404	Robert K. Jones, Ph.D. Clinical Psychologist
David L. Evans, M.D.	447-9155	
Joe M. Martin, M.D.	463-2695	Mrs. Margaret Keedy, A.C.S.W. Psychiatric Social Worker
Edgar C. Stuntz, M.D.		
		Elizabeth J. Snyder, R.N. Director of Nursing Service
Limited private practice		
John H. Wilms, M.D.		
F. H. Spurlock, M.D.	749-2441	James Jones, B.P.E. Director of Activity Therapy
Alfred R. Heasty, M.D.		

Donald R. Kinzer, Hospital Administrator

John Sterzer, Business Manager

Admissions are arranged through referral to any active staff psychiatrist.

All general medical and surgical specialties in the community are available through physicians on the open consulting staff.



X-RAY CONFERENCE

Arteriographic Presentation of a Rhabdomyosarcoma of the Thigh

ERICH K. LANG, M.D.
*Shreveport, La.**

THIS 26-year-old Cajun female presented at Confederate Memorial Medical Center with the complaint of a "lump" in the thigh following minor trauma.

The patient had sustained minor trauma and bruises to both thighs during a car collision some two months prior to admission. While normal resolution of hematomas and areas of discoloration ensued over a period of three weeks in other areas, she noted the development of a hard indolent mass in the medial compartment of her left thigh.

Physical examination revealed the presence of an elliptical pear-sized mass apparently firmly adherent and indistinguishable from the medial border of the quadriceps. The skin was freely movable over the mass which appeared to be attached to the deep fascial plane. Laboratory data were unremarkable with the exception of a positive VDRL and Treponema immobilization test. Roentgenograms revealed loss of the normal soft tissue cleavage planes, however, the osseous structures appeared to be unremarkable. In particular, there were no demonstrable periosteal changes or new bone formation.

An arteriogram demonstrated stretching of the superficial femoral artery (Figure 1). The mass itself appeared to be supplied from branches of the deep femoral artery and the early phase roentgenograms demonstrated clusters of abnormal corkscrew vessels with multiple arteriovenous shunts. Late phase films showed rosette arrangement of these vessels. The arteriographic pattern suggested the presence of a malignant soft-tissue tumor, presumably arising from the fascia or quadriceps muscle and on basis of its vascular supply. apparently limited to the deep fascial compartment.

Exploration revealed the presence of a rhabdomyosarcoma apparently limited to the deep fascial compartment. A hind-quarter amputation was carried out. Careful histopathologic examination of nodes from the groin failed to reveal any metastatic tumor.

Comment

Arteriography is useful for establishing the diagnosis of a malignant soft-tissue tumor in the extremities

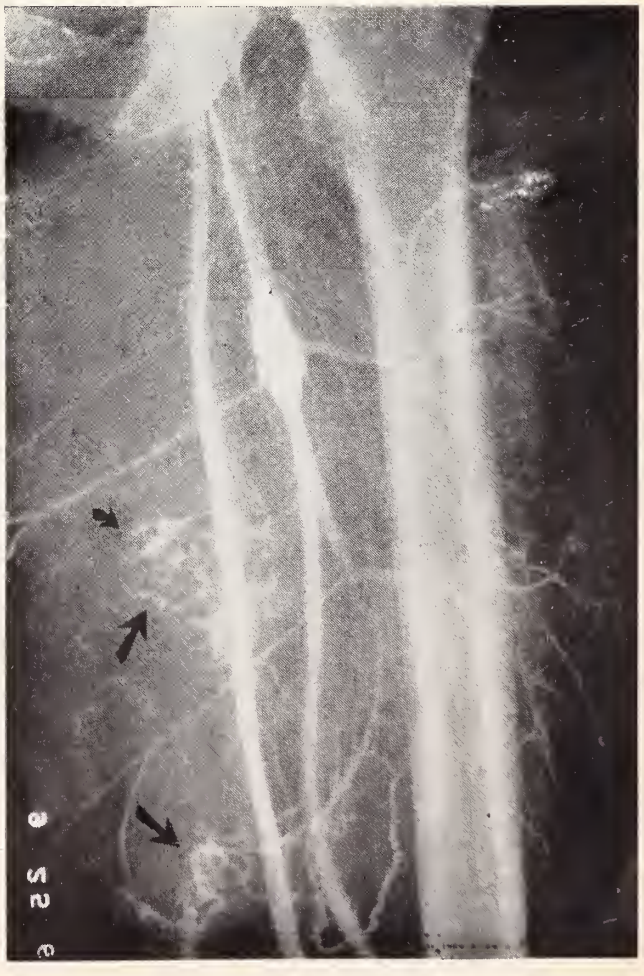


FIGURE 1

NOTE stretching of the superficial femoral artery and supply of the tumor by branches of the deep femoral artery supplying the vastus medialis of the quadriceps. Note in particular that several branches supplying more medial muscles such as the gracilis group do not contribute vascularity to this tumor; hence, the tumor appears curtailed by the deep fascial plane. The presence of arteriovenous shunts and, particularly, the rosette pattern is suggestive but not diagnostic of an undifferentiated rhabdomyosarcoma.

* Professor and Chairman, Department of Radiology, Louisiana State University School of Medicine in Shreveport, Shreveport, La. 71106.

and differentiating such lesions against tumors arising primarily from bone. On basis of its vascular supply, conclusions can be drawn as to the origin of the tumor and the presence or absence of compartmentalization of the tumor in certain fascial planes. Careful anatomical assessment of the vascular supply derived by such a tumor permits the observer to state whether or not the tumor has transgressed fascial planes. The presence or absence of giant capillaries and arteriovenous shunts demonstrable on the arteriogram permit conclusions as to the histologic differentiation of such tumors. The knowledge of the suspected histologic grade of the tumor and its curtailment or transgression of fascial planes can be useful in the choice of the surgical procedures. As experience is compiled, it may be possible to save extremities and limit surgical resection. ◄

Physicians Needed for Proposed Investigation

Based on the premise that accident investigation could discover clues leading to accident prevention, physicians throughout the country are being asked to participate in a proposed investigation. Selected physicians and police officers from various areas of the country will be given an intensive three-day course at UCLA and other universities. Sponsored by the American Medical Association's Committee on Medical Aspects of Automotive Safety, the project will consist of having these teams gather scientific data from automobile accidents.

H. A. Fenner, Jr., M.D., Hobbs, N. M., committee chairman, said that every traffic accident presents a "tremendous opportunity in its tragic toll of human and mechanical wreckage to discover clues to prevention." Supporting this thought, he pointed out that many of the safety devices on present-day automobiles and highways resulted from traffic accident research.

"Most accident reports at the present are related to law enforcement rather than to research-oriented data collection," according to Dr. Fenner. "However, if we had a corps of knowledgeable, trained and qualified physicians and police officers to provide accurate, scientific reports on a large number of accidents, automotive engineers would have the right kind of data to translate into safer motor vehicles and highways," he emphasized.

Interested physicians should send their name, address, age, medical college, and field of practice to the Committee on Medical Aspects of Automotive Safety, American Medical Association, 535 N. Dearborn Street, Chicago, Illinois 60610.

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

Editar: Frank B. Ramsey, M.D., 1802 North Illinois Street, Indianapolis, Ind. 46202.

Associate Editars: A. W. Cavins, M.D., 221 South Sixth Street, Terre Haute; Lall G. Montgamery, M.D., Ball Memarial Haspital, Muncie; David A. Bickel, M.D., 515 Odd Fellaws Building, South Bend; Samuel R. Mercer, M.D., 702 Medical Center Bldg., Fart Wayne; I. W. Wilkens, M.D., 1743 Shelby St., Indianapalis.

Editorial Board: Term Expires

Jack W. Hickman, M.D., Indianapalis . . . Dec. 31, 1969
Frank H. Cable, M.D., Richmond Dec. 31, 1969
Jene R. Bennett, M.D., South Bend Dec. 31, 1970
W. D. Snively, Jr., M.D., Evansville Dec. 31, 1970
Alvin J. Haley, M.D., Fort Wayne Dec. 31, 1971
Wei-Ping Lah, M.D., Gary Dec. 31, 1971

Assistant Editar: Jackie Freers Stahl
Business Manager: James A. Waggener
3935 N. Meridian, Indianapalis, Indiana 46208.

Coordination of Benefits in Group Health Insurance

RAPID growth of health insurance has resulted in duplication of coverage in many instances. Group health policies furnished by employers usually specify protection for all members of the family. When more than one of the family are employed the protection may be more, in its sum total, than is necessary to cover the medical expenses in any one illness.

Group policies are paid for on what amounts to a cost-plus plan. Individual health policies have a standard premium, but group coverage is provided for and paid for on the basis of claim experience and administrative costs. It is important, therefore, both for the workers and for the employer, to keep the cost within reasonable limits and not allow double and triple benefit payments to inflate the cost unnecessarily.

In the case of duplication by group policies the health insurance industry, through its Health Insurance Council, has gradually formulated and adopted a plan which provides additional benefits when two or more policies are concerned, but does not pay more than the actual medical expenses. The beneficiaries, therefore, enjoy the advantages of more than one policy but do not make a profit from the illness. The employer and/or employee who pays for the policy does not pay an amount which is exorbitant due to overpayment of benefits.

At the present time almost all health insurance companies and Blue Cross-Blue Shield have anti-duplication provisions in their group medical policies. The model provision is written in such a way as to make it adaptable to basic plans as well as major medical.

Ground rules are necessary in order to determine which of the multiple policies is first up and which policy (or policies) takes care of the balance of the total bill. They are as follows:

1. It is a firmly established principle that *when a claimant is insured under two or more plans he should be permitted to recover, in total, the amount of the reasonable and customary charges for necessary items of medical expense that are covered in whole or in part under any one of the plans before either plan reduces its benefit payment. Such expenses are referred to as "Allowable Expenses."*

2. Whenever one plan does not contain a non-duplication provision that plan must pay its benefits before the plan which does have a non-duplication clause.

3. When two or more plans contain non-duplication clauses the following "Order of Benefit Determination" establishes the sequence of payment:

 a. the plan covering the patient as an employee pays before the plan covering the patient as a dependent.

 b. the plan covering the patient as a dependent of a male person pays before the plan covering the patient as a dependent of a female person.

 c. where the order of payment cannot be determined in accordance with these rules, the first plan to make payment will be the one that has covered the insured for the longer period of time.

4. The plan that pays first calculates benefits exactly as though duplicate coverage did not exist.

5. The second plan to make payment will therefore reimburse the claimant for all Allowable Expenses not covered by the other carrier provided this amount does not exceed the benefits payable under the plan in the absence of duplicate coverage.

6. Benefit credit—that amount of money which is "saved" through application of a non-duplication provision on a given claim—accrues for a subsequent period, generally one year, as a credit to be applied against future claims.

The net effect of this arrangement is that the claimant is either reimbursed for 100% of his Allowable Expenses or receives the full benefits payable under both plans that would have been allowed if neither plan contained non-duplication provisions.

The process of allocating and controlling benefit payments by the above rules is referred to as "Coordination of Benefits." Since the plan was originally proposed it has been improved upon and is understood by employers and employees.

It is possible to represent the cost of such a group policy in terms of

remuneration per hour per employee. Where a Group Health Insurance Plan is subject to union negotiations, it is necessary that the Coordination of Benefits Provision be negotiated to be included in the contract. It has become habitual to provide group policies on this basis rather than the higher priced individual policies since the take home pay is higher in the first instance.

Guest Editorial

The Service Economy Grows—But Does It?

That question—and some of the answers—emerge from a new study of the service sector, which isn't contributing much more to total national output than it did 40 years ago.

IF the economy slows this year, how much will unemployment rise? That's a nagging problem for Washington's new policymakers. But politics aside, the economic headaches surrounding this question are not so serious now as they would have been a decade ago.

This is because the U.S. has become the world's first service-employment economy, with more than half its labor force working on service jobs. And such employment—in beauty shops and real estate, hospitals and schools, retail trade and government—is less vulnerable to a cyclical slowdown than the more traditional kinds of U.S. employment on the assembly lines of industry.

This is only one of the changes accompanying the country's switch from industrial to service employment. Others were laid out in a recent book (The Service Economy, $10) and a talk with the author, Victor R. Fuchs, vice-president of New York's National Bureau of Economic Research. After six years of sifting the data, Fuchs comes to some major conclusions.

Productivity. It's only partly true that services are more important than ever. Services have lagged behind industry in the growth of output per worker. So the sector has grown to employ more than half the country's workers, without a corresponding rise in the service sector's share of gross national product. Inflation pushed the service share of GNP from 47% in 1929 to 51.6% last year. But in real dollars, services have generated only about 49% of the total GNP for nearly 40 years.

In spite of this, service productivity is not so dismal as many economists have assumed. Output per service worker increased by only 1.1% a year from 1929 to 1965, compared with a 2.2% average rise for industry. But only about one-third of this difference was due to a lag in technological change. Most of the gap reflects a lag both in capital investment per worker and in the improvement of quality among service workers—problems for which solutions are known if people are willing to spend the money that is necessary.

Moreover, there is no reason to assume—as the national-income accountants still do—that major services such as government and entertainment show no growth of output per man. Such "businesses" present difficult problems of measurement for economists, but they probably have experienced a rise in productivity along with the rest of services.

Breakdown. Policymakers and economists should start paying more attention to services, Fuchs maintains. With the growth of employment in such nonprofit institutions as universities, hospitals, and government the country should develop new regulatory instruments to spur efficiency. And if unionization and strikes continue to mount in critical services, a new look at collective bargaining might be called for.

Fuchs defines services to include all white-collar, labor-intensive businesses that deal closely with the consumer: wholesale and retail trade, finance, insurance, real estate, government, and the professional, business, and repair services. Fuchs places transportation, communications, public utilities, mining, manufacturing, and construction in the industrial sector, where the common denominator is heavy capital equipment and complex technology.

Classifying people by industry, rather than by the jobs they perform, probably results in an understatement of the growth in service employment. It omits the shift within industry to service-type jobs such as management, clerical, or sales work. In mining, for example, the share of workers employed in the service-type jobs moved from 13% in 1950 to 22.4% in 1960. In manufacturing, the shift was from 26% to 31% over the same decade. But Fuchs doesn't cut the pie this way because the data are not adequate.

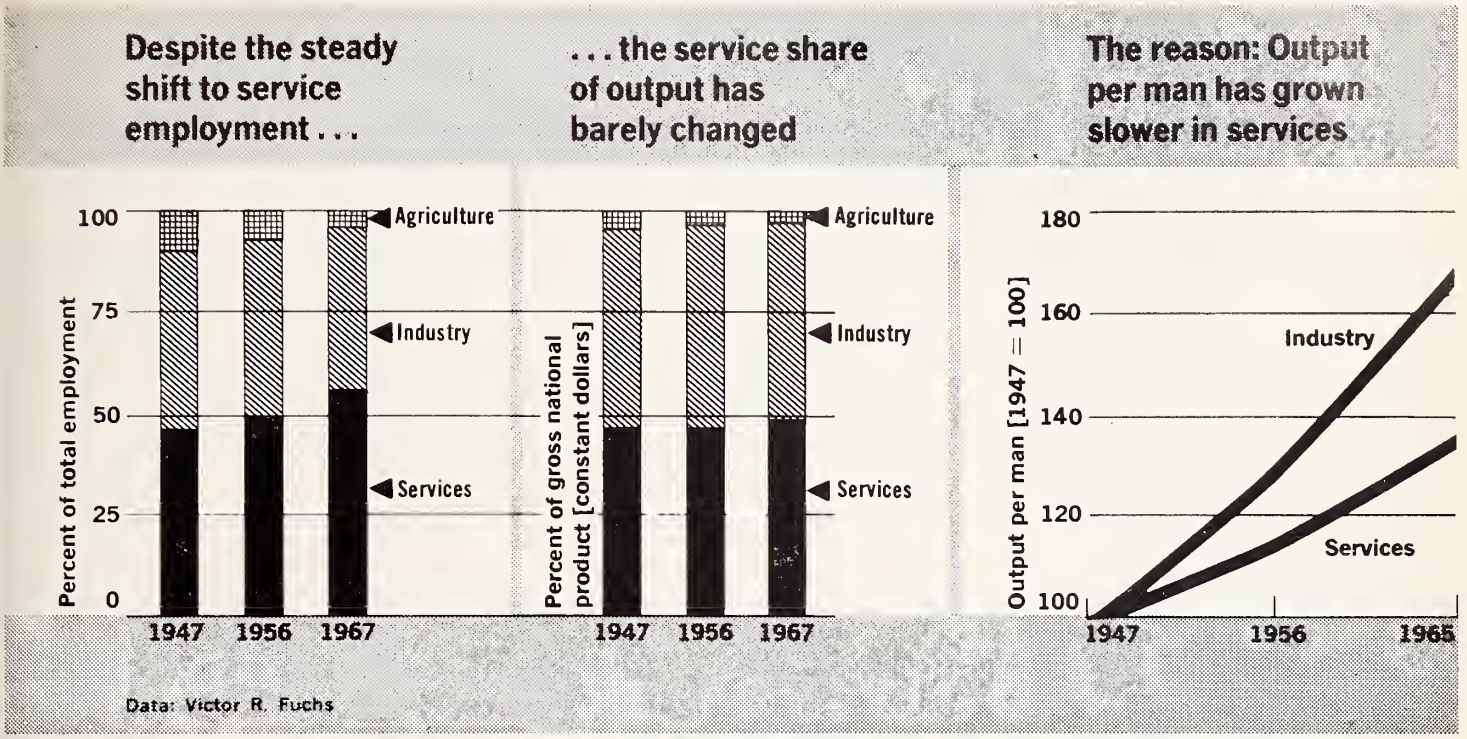
Quality question. It may seem strange that service workers—who include doctors, lawyers, and teachers—lag behind industry in terms of labor quality. But this is a lag in the rise of quality, not in the level of quality. Indeed, service workers on average show a higher level of education than industrial labor.

The increasing quality of labor in industry is partly explained by industry's drive to reduce dependence on unskilled labor. This trend is encouraged by cost pressures from unions and minimum wage laws.

Meanwhile, service industries have moved in the opposite direction, trying to substitute unskilled workers for scarce skilled people. With the country's declared war on poverty, this tendency has helped pull the underprivileged into work as subprofessional assistants in hospitals, offices, and schools. Services have become more dependent on females, the young, and old, while industry has increasingly drawn labor from men in prime age groups.

Rx for efficiency. Prescriptions to improve service productivity must be written pretty specifically to fit the problems of a particular business—beauty parlors and schools have

The strange service economy



little in common except their designation as services in economists' jargon. But for big, nonprofit services such as government and hospitals, Fuchs proposes a basic solution to improve efficiency. These sectors, he says, must devise some sort of substitute for profits to give workers and managers the right incentives.

The prestige of a hospital administrator, Fuchs says, is based on whether he has a good staff and runs a "good" shop, not on his prices or the efficient use of resources. The situation is getting worse, he adds, with the growth of third-party payments from government and Blue Cross, which generally reimburse hospitals for costs, no matter how high they soar.

Fuchs suggests that such compensation be based on the average cost of a group of similar hospitals; this system would force inefficient hospitals to bring down their costs while efficient hospitals earned a "profit," which presumably could be put to good use.

The government seems to be equally immune from efficiency constraints. Says Fuchs: "Businessmen don't look at their budgets and then try to maximize employment with just this constraint, but governments do." The solution that Fuchs and others advocate: push such government operations as the Post Office into the private sector, or set up competition for government services in private industry.

Placing the blame. Fuchs couples his criticism of service industries with a defense of their performance on the price front. He's not particularly surprised by the rapid rise in medical costs, which moved up 18% from 1965 to 1968, while general consumer prices rose only 10%.

Says Fuchs: "Such figures don't tell you anything about who's responsible. The government let the economy get superheated and then poured extra demands in the form of medicare and medicaid into a sector where the supplies were already tightly stretched." The predictable result, he adds, was a sharp rise in wages for young doctors, nurses, and less-skilled hospital workers.

Fuchs insists that above-average price hikes in services are inevitable in a full employment economy, because the sector has below-average productivity increases. But this does not mean that general price levels must rise. "The biggest culprits in the inflation, aside from government," he argues, "are industries with fast-rising productivity that failed to lower prices—not the services."

Added pressure on service wages could be in store from unions, which have only recently marked the growing labor force in services as a prime target for organization efforts. According to Fuchs' analysis, unions in the past have been a key factor keeping industrial average hourly earnings higher than service wages.

New indicators? Fuchs is first to admit that his profession has far to go before its analysis of the service sector comes up to snuff with the vast amount of research into industry and agriculture. He tosses out ideas for new data and analysis to encourage future research efforts.

The assignment starts right at the top, with suggestions that the growth of services has thrown GNP calculations out of joint. He is convinced that GNP measured in constant dollars is becoming less useful for measuring the economy.

A large part of the rise of productivity in services never is reflected in the official count of GNP. Outlays for government, health, education, or defense services are treated as if efficiency never changes—which Fuchs says is not the case. One reason for the neglect is the difficulty of measuring outputs of such "businesses" as health or education or defense.

Fuchs doesn't think that GNP alone—no matter how improved—can really serve as a yardstick of progress in a high-income service economy. Instead, he agrees with former President Johnson that the nation needs a whole battery of social and economic indicators—covering everything from health to crime to unemployment— to measure changes in the quality of American life.—**Reprinted from the February 15, 1969 issue of *Business Week* by special permission. Copyrighted© 1969 by McGraw-Hill, Inc.**

Editorial Notes . . .

St. Luke's Hospital in San Francisco has established the value of gourmet food and wines as a part of the daily diet of patients. In 1961 William Battel, at that time on the staff of Ernie's Restaurant, became chef at St. Luke's. The hospital has become famous for its fine food. The Society of Medical Friends of Wine held a dinner meeting at the hospital recently to savor the food and hear the hospital director, Joseph L. Zem, discuss "The Value of Wine and Fine Food in Hospital Diet."

Some 250 of the large corporations and about 5,000 small companies in the United States now make use of radioisotopes in manufacturing processes. Isotopes are used to diagnose and/or treat between three million and four million patients yearly. One of the new industrial uses of radiation energy is a new construction material made by combining concrete and plastic. When radiated, this combination sets in a form which is many times stronger than standard concrete. One of the new medical adaptations is an implantable engine for heart devices.

A "cluster" outbreak of multiple myeloma is being investigated by the Mayo Clinic and the Public Health Service. Five and possibly six patients have been diagnosed in a period of six months in Thief River Falls, Minnesota, a town of 7,150. The rate here is 45 times the national rate of 1.8 cases per 100,000 population. Close association, other than the small size of the town, is emphasized by the fact that the first patient was the manager of the department store in which one of the later patients, a woman, was employed. She is the wife of the town barber who also has the disease. *Medical Group News* reports that investigators are checking other residents for unexplained fractures, a common symptom since the disease affects the bone marrow.

The average one day cost of hospital care in 1968 was $65.24, an increase over 1967 of 12.4%. Hospitals in 1968 employed more people and paid them higher wages than ever before. Payroll expenses per patient went up by 12.9%. There are now 272 hospital employees for every 100 patients. There were 264 in 1967.

American Medicorp, a corporation which operates hospitals and other medical facilities nationwide for profit, will build a 150-bed general hospital adjacent to the Manned Space Center in Houston, Texas. The local medical society said that American Medicorp was chosen to develop the project "because of the experience of its executives in the hospital management and construction industry and because of its record of previous high quality patient care at a cost-per-patient-day lower than comparable government and nonprofit hospitals in the communities where it is located."

Indiana participated in January with its Partner of the Alliance state when Ball State University was host to 13 graduate students and three professors from Santa Maria University in Rio Grande do Sul, Brazil, South America. The students completed an intensive English language course and series of lectures on U.S. culture. After a two-week tour of Indiana and the Midwest, the students returned to Santa Maria to prepare for a visit of ten Ball State law students next summer. The Partners are active in 37 U.S. states and 15 Latin American nations, working mainly in the fields of health, education, agriculture, business investment and community developmnt.

The Veterans Administration is adopting a new type of construction in order to build a facility which will be flexible enough to allow for future changes in internal walls. The new VA hospital in San Diego will be on the long-span principle, without internal columns and with interior walls which may be relocated. Space will be provided between floors for mechanical and electrical equipment which may be easily relocated also. The 811-bed hospital will cost $34,523,000.

Better cure rates on narcotic addiction are being reported by the National Institute of Mental Health. The Narcotic Addict Rehabilitation Act of 1966 (NARA) provides for both inpatient treatment at Lexington or Fort Worth and also an aftercare-rehabilitation program. Presumed cures are being reported, a few for as long as 18 months. Admission to the treatment cycle is through Federal courts. ◄



Let's be specific about Campbell's Soups... and *reducing diets*



There are more than 30 million people in America who are overweight. During the next year, you probably will see more than 1,000 of them in your own practice.

One good way to help these patients is to give them a reducing diet based on ordinary eating patterns.

Campbell has prepared a sensible plan for weight control based on ordinary eating patterns. The plan consists of a patient instruction booklet and a set of menus which provide approximately 1,400 calories daily. The menus are balanced to provide the minimum daily requirements of nutrients.



To obtain a supply for your office write to:
Campbell Soup Company, Box 265, Camden, N. J. 08101

No two women are quite alike...





and no other oral contraceptive is quite like Ovulen-21®

Each tablet contains ethynodiol diacetate 1 mg., mestranol 0.1 mg.

The progestin is distinctive, and for some women this may mean a different clinical response. The Compack® tablet dispenser is distinctive; its functional simplicity makes it virtually patient-proof. The acceptance of Ovulen-21 is distinctive... together with Ovulen®, it is more often prescribed than any other individual contraceptive product currently available.

Indication—Oral contraception.

Contraindications—Thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia, undiagnosed abnormal genital bleeding.

Warnings—Watch for the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism, retinal thrombosis); if present or suspected discontinue the drug immediately.

British studies reported in April 1968[1,2] estimate there is a seven- to tenfold increase in mortality and morbidity due to thromboembolic diseases in women taking oral contraceptives. In these controlled retrospective studies, involving 36 reported deaths and 58 hospitalizations due to "idiopathic" thromboembolism, statistical evaluation indicated that the differences observed between users and non-users were highly significant. The conclusions reached in the studies are summarized in the table below:

Comparison of Mortality and Hospitalization Rates Due to Thromboembolic Disease in Users and Non-Users of Oral Contraceptives in Britain.

Category	Mortality Rates		Hospitalization Rates (Morbidity)
	Age 20-34	Age 35-44	Age 20-44
Users of Oral Contraceptives	1.5/100,000	3.9/100,000	47/100,000
Non-Users	0.2/100,000	0.5/100,000	5/100,000

No comparable studies are yet available in the United States. The British data, especially as they indicate the magnitude of the increased risk to the individual patient, cannot be applied directly to women in other countries in which the incidences of spontaneously occurring thromboembolic disease may differ.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or sudden onset of proptosis, diplopia or migraine. Withdraw medication if papilledema or retinal vascular lesions are found.

Since the safety of Ovulen in pregnancy has not been demonstrated, it is recommended that pregnancy be ruled out for any patient who has missed two consecutive periods before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the first missed period.

A small fraction of the hormone agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—Pretreatment physical examination should include special reference to the breasts and pelvic organs, and a Papanicolaou smear.

Endocrine and possibly liver function tests may be affected by Ovulen. Therefore, it is recommended that such tests if abnormal be repeated after the drug has been withdrawn for two months.

Pre-existing uterine fibromyomas may increase in size under the influence of progestogen-estrogen preparations.

Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation.

In breakthrough bleeding, and all irregular vaginal bleeding, consider nonfunctional causes. Adequate diagnostic measures are indicated in undiagnosed vaginal bleeding.

Carefully observe patients with a history of psychic depression and discontinue the drug if severe depression recurs.

Any possible influence of prolonged Ovulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study.

A decrease in glucose tolerance has occurred in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be observed carefully while receiving Ovulen.

Because of the effects of estrogens on epiphyseal closure Ovulen should be used judiciously in young patients in whom bone growth is not complete.

The age of the patient constitutes no absolute limiting factor, although Ovulen therapy may mask the onset of the climacteric.

The pathologist should be informed of Ovulen therapy when relevant specimens are submitted.

Adverse Reactions—A statistically significant association has been shown between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: cerebrovascular accidents, neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement, secretion), change in weight, changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, allergic rash, rise in blood pressure in susceptible individuals, mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme and nodosum, hemorrhagic eruption, itching.

The following laboratory results may be altered by oral contraceptives: hepatic function: increased sulfobromophthalein and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test; pregnanediol determination.

References: 1. Inman, W. H. W., and Vessey, M. P.: Brit. Med. J. 2:193-199 (April 27) 1968. 2. Vessey, M. P., and Doll, R.: Brit. Med. J. 2:199-205 (April 27) 1968.

Before prescribing see Detailed Product Information.

SEARLE Where "The Pill" Began
G. D. SEARLE & CO., P. O. Box 5110, Chicago, Illinois 60680

In the complex picture of moderate to severe anxiety...



there is a new reason for prescribing Mellaril (Thioridazine HCl)

effectiveness in mixed anxiety-depression

Long recognized for its usefulness in the treatment of moderate to severe anxiety, Mellaril is now also known to be effective against mixed anxiety-depression.

Often the symptoms of anxiety states are difficult to sort out—even with the most careful probing. The patient may manifest symptoms of agitation, restlessness, insomnia, somatic complaints. But what of the depression that may be mixed in the total picture? It is reassuring to know that Mellaril may be prescribed—with strong possibilities of success—when there is anxiety alone or a mixture of anxiety and depression.

Before prescribing or administering, see Sandoz literature for full product information, including adverse reactions reported with phenothiazines. The following is a brief precautionary statement.

Contraindications: Severe central nervous system depression, comatose states from any cause, hypertensive or hypotensive heart disease of extreme degree.

Warnings: Administer cautiously to patients who have previously exhibited a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to phenothiazines. Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides. During pregnancy, administer only when necessary.

Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures. In epileptic patients, anticonvulsant medication should also be maintained. Pigmentary retinopathy may be avoided by remaining within the recommended limits of dosage. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving). Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension. Daily doses in excess of 300 mg. should be used only in severe neuropsychiatric conditions.

Adverse Reactions: *Central Nervous System*—Drowsiness, especially with large doses, early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; nocturnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. *Autonomic Nervous System*—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. *Endocrine System*—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. *Skin*—Dermatitis and skin eruptions of the urticarial type, photosensitivity. *Cardiovascular System*—Changes in the terminal portion of the electrocardiogram have been observed in some patients receiving the phenothiazine tranquilizers, including Mellaril (thioridazine hydrochloride). While there is no evidence at present that these changes are in any way precursors of any significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients previously showing electrocardiographic changes. The use of periodic electrocardiograms has been proposed but would appear to be of questionable value as a predictive device. *Other*—A single case described as parotid swelling.

Mellaril®
(Thioridazine HCl) 25 mg. t.i.d.

for moderate to severe anxiety and mixed anxiety-depression

SANDOZ SANDOZ PHARMACEUTICALS, HANOVER, N. J. 68-169

The Woman's Auxiliary

REPORTS TO ISMA

Greetings to the members of the Indiana State Medical Association.

This is a beginning for me. As I write this I am not yet president of the woman's auxiliary, but by the time you read it, the 25th House of Delegates in Ft. Wayne will have been held and new officers installed for the coming year.



I am looking forward to a rewarding year with our "State Family" as well as every single member of the auxiliary. The auxiliary program will not be changed drastically but priorities will be evaluated. The auxiliary program is an on-going one and the basic aims and structure of the AMA woman's auxiliary continue from year to year.

As auxiliary members of our time, to be alive in the fullest sense of the word, implies a willingness not only to stand up and be counted, but also to engage in some activity in which we believe. I hope that every one of your "auxiliary wives" will put their county medical auxiliary at the top of their "must attend" list. I believe this is the best way they can put their stamp of approval upon the medical profession and a way to say to the doctors in their community, "You can count on me."

There is no doubt that communication is a vital factor in the continuing growth, expansion and effectivess of any program. Thank you for this opportunity to communicate with you for the next 12 months.

Sylvia Schneider

Directional highway route markers for emergency medical service facilities.

A Sign of Life on Indiana Highways

JOHN S. FARQUHAR, M.D.*
Fort Wayne

WE have all noticed increased publicity about ambulance and emergency medical service. Public interest is growing and it is unfortunate that criticism is more widely circulated than praise. We need not recap the many problems faced in providing good emergency care. We do need to be realistic and admit that the usual emergency is defined by, "I'm sick, (or hurt, or scared)."

We are past the point in time when we can debate the proper use of the emergency room. We must now face the flood of patients who turn to the emergency room at all hours of day or night or weekend. We recognize that some do have an urgent need for expert care.

Throughout the state, we use different methods to provide physician coverage. Within our association, we must now consider different ways to evaluate and update methods of care in the emergency room, on the way, and at the scene of illness or injury. We must also maintain the authority of the physician in planning this type of care.

Our newly formed Commission on Emergency Medical Services is studying many areas of need. We know that veteran members of ISMA have tried for years to develop a system of highway markers to guide the public to available emergency care. Their efforts were thwarted by the inertia of bureaucracy. Now we intend to complete this project.

Preliminary approval has been sought from our Board of Trustees, the Indiana State Hospital Association, the State Highway Commission, the State Board of Health and the Governor's Advisory Commission on Emergency Medical Services. Liaison meetings with the AMA and Chicago Motor Club will have taken place by the time of this publication. Approval must also be obtained from the Department of Transportation. We think they will be smart enough to back a winning idea.

Distinctive Emblem

We have selected the state highway road sign for the basic uniform size and shape. Even the present white reflective background is retained. The AMA universal medical emergency alert symbol replaces the route numbers in the body of the sign. Above, the distance to the hospital or clinic, and below, a directional arrow is displayed. The only new cost involved will be for painting and posting of the signs, when the design is approved. Dr. Lowell W. Hillis has suggested that service clubs might help underwrite the cost of the project in their communities.



PROPOSED road sign.

We propose that the signs be placed at interstate highway interchanges near communities with emergency room facilities. Trail blazing will be accomplished by a sign each mile and over the road junctions where we now place our highway markers. The public has learned to find information in this way. Routes selected should be less than ten miles in length and as direct as possible.

Obviously, the emergency room to be designated should be open 24 hours, 365 days per year. Minimum staff should include one registered nurse present and a physician on call and available within 15 minutes. The criteria of class III emergency facilities as stated in the Governor's Advisory Committee's plan would designate the hospitals toward which we should start directing the road signs.

In addition to providing information for travelers, there are several purposes for the signs. In a simple, inexpensive, visible way, we demonstrate that the medical profession cares. One of our professional symbols will be placed the length and breadth of the state and will dramatize our efforts to upgrade emergency

* Chairman, ISMA Commission on Emergency Medical Care.

care. The installation of these signs on dangerous highways may help remind the reckless driver that danger may be closer than the hospital where he can end up. By coordinating our pilot projects with the traffic accident locator system, we may help reduce our highway toll, both through deterrence and through promptness of care. We may possibly pioneer a program of adequate highway markers for EMS throughout our part of the United States.

The installation of these signs should be planned by local Emergency Medical Service Councils. Local physicians, hospital administrators and highway officials can work together to select the routes. Any projects must be approved by and coordinated with the State Board of Health and Highway Commission. A careful approach can prevent confusion and duplication. We expect to begin this summer. Help us to install ISMA's "sign of life" on our highways. ◄

Physicians Plaza
3610 Brooklyn Ave.
Fort Wayne 46807

No Surprise: Everybody's Debt Keeps Rising

Since 1946, the federal debt held has increased 24% while state and local government debt has skyrocketed a phenomenal 845%. Corporate debt has risen 527% and individual and noncorporate debt 764%.

in the treatment of
IMPOTENCE



Android®
(thyroid-androgen) TABLETS

Effectiveness confirmed by another double blind study*

1. SUMMARY
ANDROID — GOOD TO EXCELLENT 75%
PLACEBO — 20%

2. Forty cases reported.
3. Cites synergism between androgen and thyroid.
4. No side effects in patients treated.
5. Alleviation of fatigue noted
6. Case histories on 4 patients.
7. Although psychotherapy still needed, role of chemotherapy cannot be disputed.

*"*Sexual impotence treatment with methyl testosterone – thyroid (ANDROID) a double blind study" – Montesano, Evangelista: Clinical Medicine, April 1966.*

CONTRAINDICATIONS—Methyl testosterone is not to be used in malignancy of reproductive organs in male, coronary heart disease. Thyroid is not to be used in heart disease, hypertension unless the metabolic rate is low.

Choice of 4 strengths

Android
Each yellow tablet contains:
Methyl Testosterone . . 2.5 mg.
Thyroid Ext. (1/6 gr.) . . 10 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-HP
HIGH POTENCY
Each red tablet contains:
Methyl Testosterone . . 5.0 mg.
Thyroid Ext. (½ gr.) . . . 30 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY
Each orange tablet contains:
Methyl Testosterone . 12.5 mg.
Thyroid Ext. (1 gr.) 64 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C
Each white tablet contains:
Methyl Testosterone . . 2.5 mg.
Thyroid Ext. (¼ gr.) . . . 15 mg.
Ascorbic Acid (Vit. C) . 250 mg.
Thiamine HCL 25 mg.
Glutamic Acid 100 mg.
Pyridoxine HCL 5 mg.
Niacinamide 75 mg.
Calcium Pantothenate . 10 mg.
Vitamin B-12 2.5 mcg.
Riboflavin 5 mg.
Dose: 2 tablet twice daily.
Available: Bottles of 60, 500.

REFER TO PDR

Write for literature and samples:
BROWN THE BROWN PHARMACEUTICAL CO.
2500 W. 6th St., Los Angeles, Calif. 90057

also available with ESTROGEN
Android-E
Each Tablet Contains:
Methyl Testosterone 2.5 mg.
Ethinyl Estradiol 0.02 mg.
Thyroid Ext. (1/6 gr.) 10 mg.
Thiamine Hydrochloride 10 mg.
Glutamic Acid 50 mg.

INDICATIONS: Advantage is taken of the anabolic action of ANDROID without its virilizing effect. Estrogen balances the androgen—only steroid effect remains. Geriatrics, post-operative and debilitating disease, osteoporosis. **DOSE:** One tablet t.i.d. Female patients should have a rest period 5 to 7 days after 21 days of medication. **SIDE EFFECTS:** In the female, excessive dosage may produce virilizing effects of most androgens: hoarseness, hirsutism, enlarged clitoris. Symptoms can be avoided by keeping the dosage below 300 mg. of testosterone per month. **CONTRA INDICATIONS:** See Android. Ethinyl estradiol is not to be used in latent malignancy of reproductive organs or mammary glands.

Space contributed as a public service by this magazin

Pick one to die.
Pick one for jail.
Pick one to waste away.
Pick three for happiness.



Some children find happiness easily. Others need the help and guidance only a trained person can provide, medical attention they cannot afford, love they have been denied. When you decide to give to your United Fund or Community Chest, you may change a life.

Your fair share gift works many wonders/THE UNITED WAY

UNITED

ADVERTISING COUNCIL

27 million families benefit by child care, family service, youth guidance, health programs, disaster relief and services for the Armed Forces from 31,000 United Way agencie

County Medical Society—Scientific, Socio-Economic or Community Service—All These or Something Else?*

C. J. TUPPER, M.D.**
Davis, Calif.

COUNTY medical societies are trying to cope with all kinds of problems. Some of them are groaning and grunting, straining and sweating, trying to pull themselves out of the 19th Century. Some are trying to go too fast; and there are all kinds in between. The obligations we have as physicians in connection with our staff responsibilities at the hospital, our allegiances to specialty societies, the harassment of a heavy practice and multitudinous forms and paper work, governmental and otherwise, all contribute to the confusion.

Against this background, we consider the county medical society, scientific, socio-economic or community service, and ask the question —"All these or something else?"

In the structure of the medical profession in the United States of America, the county medical society is, and has been, a basic unit. It has fulfilled in varying degrees all of the functions described in my title. Today and tomorrow it must fulfill even further functions.

Educational Function

Historically, the county medical society has served a continuing education function in an admirable way. As medical schools and state medical associations have broadened their interests in continuing and postgraduate medicine, and as hospital staffs have strengthened their own programs in these areas, this function of the county society has tended to decline. The rise in specialization and the attendant difficulties in designing programs of interest to all members has been a factor in this as well.

In addition to its educational or scientific function, the county medical society has, from the beginning, served as a quality control. Formerly, society membership was required for one to gain hospital staff membership. Legally, such a requirement is no longer valid, but most hospitals still require that an applicant for staff membership meet the criteria for membership in the county society, even if he does not actually belong. Grievance committees, mediation committees, boards of censors, utilization committees, all have been important in the past and in many ways are assuming even greater importance today, as federal legislation in the health care field continues to expand.

Community service where the county medical society is concerned has included service to several communities. One is the community making up the entire county and the towns within it. Here, immunization programs, health educational programs, and the like, have been participated in by most county societies. We continue to work with the poor and should. But we should also point out that infant mortality among the poor, for example, is a result of social conditions as well as medical. To varying degrees, county societies have also provided service to the community of physicians. This has taken the form of libraries, group insurance purchases, malpractice liability insurance availability, answering services, collection agencies, and the like.

And we must not overlook the role of the county medical society as the mechanism through which representation is chosen for participation in the affairs of medicine at the state and at the national level.

Patient Welfare

The final justification for our existence as physicians and in organized groups as physicians must, in the ultimate analysis, relate to the care of patients. All that we do professionally should be related to patient welfare. We have a responsibility for the quantity, quality and availability of medical care. Doctors are teachers and, in that role, must share the responsibility for the transmission of knowledge and for the creation of new knowledge, and for the storage of existing knowledge. Quality of medical care is a responsibility assumed by organized medicine and reflected, in addition, to hospital staff activity. Education is a responsibility not only for others entering our field in the best Hippocratic tradition, but it is also our responsibility to educate individual patients and to provide education to the patient in groups.

A county medical society should provide leadership and guide the development of facilities, institutions, and agencies throughout the community which aid in caring for the

* Presented before the Conference of Medical Society Officers, August 21, 1968, Chicago, Ill.

** Dean, School of Medicine, University of California, Davis, Calif.

patients in the broadest sense. Thus the area of public health, professional advice for public schools, concern with immunization, sanitation, water purification, sewage disposal, nutrition, and more, are involved. Modern society deals with experts, and the county medical society should be the focus and source of all that information dealing with medicine and such information and leadership should be given unselfishly and in the spirit of cooperation.

None of the above is new to you, but using it as a base, I should like now to talk more generally about these late 1960's in which we live. We are, in this country, and in these times, in the midst of a social revolution and perhaps an economic one that is so vast that it is difficult for us to comprehend. One need look back only over the last five years and ten years to gain an impression of the speed with which it its developing. We in medicine consider ourselves more keenly aware of these changes exemplified in part by Medicare and Medicaid and yet even we, touched so closely by them, probably see only the portion of the iceberg that rises above the surface of the water. These changes contain challenges that we must accept; and the county medical society is one unit, perhaps the most effective one, through which we may meet these challenges. Our President, Dr. Wilbur, in his presidential address commented on this matter with great knowledge and insight, and I recommend that you look back for the July 15 issue of the *AMA News* and, on page 5, that you again read with care his presidential address. Dr. Wilbur points out that physicians are the busiest of men, that their time and concentration are understandably centered on the pressures of daily professional demands on their time and attention. For these and other reasons, too often others have planned the developments and relationships of medicine and society and others have done the planning in the economics of health care. Today, many circumstances force our profession to become involved in the changes of contemporary life. Medical care and health care are being redefined as social services and civil rights. We now have a national commitment to health and health care, a social commitment.

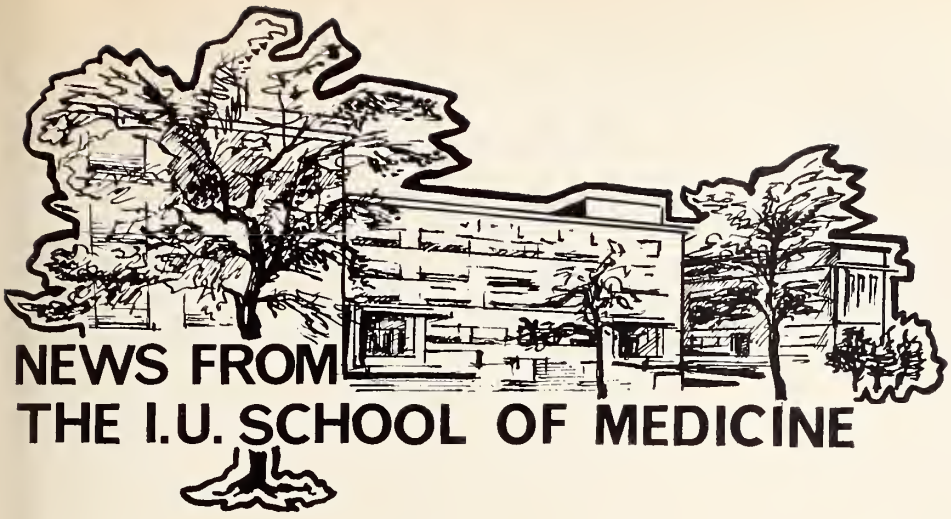
We must find answers to questions posed by Dr. Wilbur. One, who will do the planning on health in the future? Two, who will guide the changes that are inevitable? Three, who will make the decisions? Will it be us, or will it be government? In the final analysis, it will be neither. It will rather be the public that is served. For this is the most powerful and ultimate determining force that determines the social, economic, and political direction of our nation. Thus, the matter of who will shape public opinion becomes of crucial importance.

Poor Public Relations

This is the crucial something else that we must deal with in our county medical societies. In spite of all of our efforts, our public relations at the county society level have left a great deal to be desired. It has been my privilege to participate in surveys in depth of three of the best county medical societies in the United States and yet, in each of those surveys, there was evidence that the societies involved were receiving far less credit than they should for their activities, that they were subject in varying degrees to criticism by the news media for being aloof, by public service groups for failure to involve themselves in community activities in the larger sense, and for a holier than thou know-it-all attitude. We found that often these criticisms were unfair and unjust, yet they were opinions held by important people in communities. Those societies have taken important steps to correct this situation, and all of us must do so wherever such a situation may exist. We must act, rather than react.

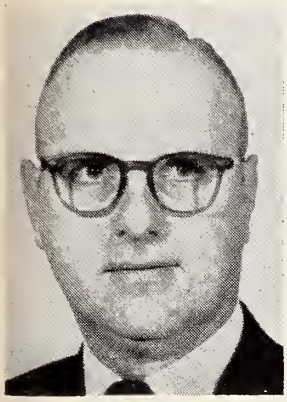
Our county societies range from loosely knit and casual organizations to very efficient and highly organized ones. It appears to me that we are going to have to employ people in our societies at the county level where we do not now have them to serve as executive secretaries and, where we do have them, that we will need to augment the staffs. We need to be supplied with abstracted information which we do not as individuals have time to digest. We need to have the expert help of professionals who can aid us in our community involvement, make contacts, arrange things for us, see that we are represented, and aid us in a continuing effort to keep all of the members of each county society more deeply involved than is usually the case today. With regional medical programs a reality, with comprehensive health planning now upon us, we must develop and foster an attitude of community orientation with ground roots planning and ground roots activity, and I see the county medical society as the ideal group for this. Indeed, it begins as individuals when we plan the future of our own practices, and it begins with groups of physicians in their function as a hospital staff, and goes on beyond that to the town and the county.

And so I see the county medical society as scientific—yes; as socio-economic—yes; as community service —yes. I see it as all of these and something else. I see it as the mechanism, as the device that will make it possible for the individual physician through his society to help guide public opinion so that we can cooperate effectively with government and others with special interest in the health field, while we preserve the best features of the private practice of medicine: the physician-patient relationship, free choice of physician and hospital, fee for service, and those other principles that we in the profession know to be so essential to the high quality of American medicine. ◄



NEWS FROM THE I.U. SCHOOL OF MEDICINE

Dr. Steven Claus Beering, chief of the internal medicine service at Wilford Hall Air Force Hospital, Lackland Air Force Base, Texas, has been named professor of medicine and assistant dean at the school of medicine of Indiana University at Indianapolis.



Medical school Dean Glenn W. Irwin Jr., said that Dr. Beering will serve as director of the school's continuing education and postgraduate training program as well as teach in the department of medicine.

The school annually has sponsored approximately 30 postgraduate courses of from one day to two weeks' duration to help Hoosier physicians keep abreast of the latest developments in various medical specialties. They have been given at the medical center and at other locations throughout the state. This program has been under the direction of Dr. Jack Hickman, who now will devote his entire attention to his position as assistant dean for student affairs. Expansion of the Indiana Program for Statewide Medical Education will mean greater responsibilities for both offices, Dr. Irwin said.

Dr. Beering will begin his new duties on July 1.

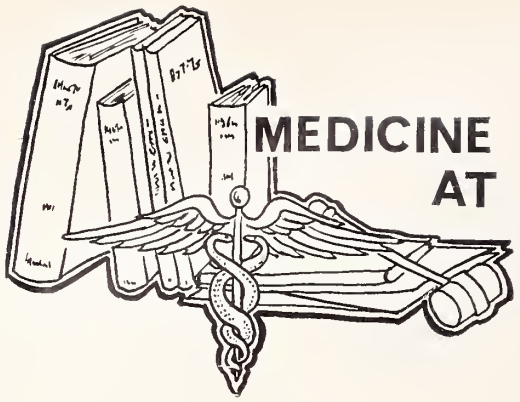
Born in Berlin, Germany, Dr. Beering completed secondary school at Pittsburgh, Pa., and received the B.S. (summe cum laude) and M.D. degrees from the University of Pittsburgh. He took his internship at Walter Reed General Hospital, Washington, D.C., and went to Wilford Hall Hospital in 1959 as a resident in internal medicine. He has been at Wilford Hall since, except for periods to take postgraduate courses in endocrinology and metabolism at Johns Hopkins University School of Medicine, Columbia University College of Physicians and Surgeons, University of Chicago, and University of Washington, Seattle. He also took the primary course in aerospace medicine at the School of Aerospace Medicine, San Antonio, Texas. He is licensed to practice medicine and surgery in Pennsylvania and Texas, and is certified by the American Board of Internal Medicine.

In addition to his position as chief of the internal medicine service at Wilford Hall, he has been serving as education coordinator for that hospital and consultant in internal medicine to the U.S. Air Force Surgeon General. In the service since 1957, he holds the rank of Lieutenant Colonel.

A member of Phi Beta Kappa, scholastic honorary, and Alpha Omega Alpha, medical honorary society, Dr. Beering was named to the University of Pittsburgh in medicine, the Roche Award in medicine, the Heart Prize in medicine, the Wickerham Award in medicine, the Mosby Award in medicine, and the Air Force Commendation Medal for his medicine teaching program. He has served as visiting professor of medicine at the University of Oklahoma and consultant in internal medicine and metabolic diseases at Santa Rosa Medical Center, San Antonio.

He belongs to numerous professional societies, and has been author and co-author of many scholarly papers published in leading journals. He presently is doing research in several fields.

Dr. Beering is married, and he and his wife have two children, aged seven and nine. ◄



MEDICINE AT LAW

Reconstruction of Physician's Income—The Commissioner of Internal Revenue's use of the bank deposits-expenditures method in reconstructing a physician's income was proper, the Tax Court ruled. The Commissioner's determination of deficiencies in the physician's income taxes was supported by the evidence.

When the physician's returns were audited, he refused to supply his books to the Commissioner because a criminal investigation was in progress. Since the books were not available to him, the Commissioner had the right to use the bank deposits-expenditures method to ascertain the physician's income. The Commissioner's use of the income figures so obtained in assessing the deficiencies was proper, even though the physician ultimately produced his books and they appeared to verify the amounts he reported as income.

The court rejected the physician's contention that the Commissioner miscalculated his "cost of living" during the years in issue. The acceptance of such contention could be based only on an incredible finding that the physician's living expenses had decreased after the birth of two children.

The court also held that the physician's contention that he had had a cash hoard was inconsistent with the facts. He had redeemed bonds prior to maturity when he established his practice and had made no investments until three years later. He borrowed money at interest at least three times prior to and during the years in issue. He had made capital acquisitions five years after he established his practice which would have eaten into any capital accumulated from his practice.—*Shaffrey v. Commissioner*, T. C. Memo 1968-250 (Oct. 29, 1968).

Hospital's Refusal to Perform Therapeutic Abortion—A jury verdict of $100,000 against a hospital in a suit by a child born with serious defects, whose mother had had German measles during the pregnancy and been refused a therapeutic abortion by the hospital, was set aside by a New York trial court. The law provides no remedy for being born in a handicapped condition, when the alternative to being born in such condition is not to be born at all. The jury's award of $10,000 in favor of the mother was affirmed. The hospital was negligent in not telling her of the disagreement among the members of its therapeutic abortion committee as to the necessity of an abortion in her case and in dissuading her from going to another hospital.

The mother entered the hospital on the advice of her physician, who feared that the child she was carrying would be born with defects because she had been afflicted with German measles during the pregnancy. While she was hospitalized, her case history was reviewed by the four physicians who were members of the hospital's therapeutic abortion committee. Since the committee members were equally divided in their opinions as to the necessity of an abortion, no abortion was performed. The child when born had serious physical and mental disabilities that will handicap her for the rest of her life.

There was no evidence of any kind produced to support the child's allegations that the hospital caused her birth defects or that it could have prevented the defects. The evidence showed that the child's birth defects resulted from the mother's having contracted German measles in the early stages of her pregnancy and that the only way the child could have been spared the defects would have been not to have been born at all.

There is no remedy for having been born under a handicap, whether physical or psychological, when the alternative to being born in a handicapped condition is not to be born at all. In tort actions, damages are measured by comparing the condition the injured party would have been in, if the other party had not been negligent, with his impaired condition resulting from the negligence. It is impossible to weigh the value of life with handicaps against the nonexistence of life itself.

The hospital clearly had the right not to terminate the pregnancy. At the time in question, it was a felony to procure the miscarriage of a woman unless it was necessary to save her life. There was no evidence that the mother's life was in danger at any time. The hospital could have placed total reliance on the statute in refusing the abortion, but it was never cited by the hospital as the reason for its refusal. The reason given by the hospital was that the committee decided that there was not the requisite proof that the mother had indeed had German measles.

There was sufficient evidence to support the jury's findings that a physician on the hospital staff assured the mother that she did not need a therapeutic abortion and that she should not seek one elsewhere. There was no evidence that she was ever told that two of the four phy-

sicians who examined her and reviewed her medical history were of the opinion that her pregnancy should be terminated. Since refusal to perform an abortion meant that the mother would be risking the birth of a handicapped baby, it was not unreasonable to say that a prudent hospital would have told her that two of the four physicians on the committee were of the opinion that her pregnancy should be terminated. Such a disclosure would be the equivalent of the reasonable disclosure of the risks inherent in proposed therapy that a physician is required to make to a patient before employing such therapy. If the mother had known of the disagreement among the physicians, she might have sought another opinion elsewhere.

The jury could also have found that the hospital was negligent in dissuading the mother from going elsewhere for an abortion. There were other reputable hospitals in the city that performed abortions where the woman had contracted German measles early in her pregnancy. In dissuading the mother from seeking the services of another hospital, the hospital gave her a false assurance that in her case an abortion was not indicated—*Stewart v. Long Island College Hospital*, N.Y.S.2d (N.Y., Nov. 27, 1968).

Physician Liable for Premature Discharge of Patient—A patient was awarded damages of $18,404 by an Illinois trial court jury in her suit against a physician for negligence in treating an infection which developed after an incomplete abortion. Approximately $16,000 of the award was compensation for pain and suffering.

The patient was treated with Chloromycetin three times while she was hospitalized. The physician did not prescribe any antibiotic for the patient when she discharged her from the hospital. The patient returned to the hospital a week later, suffering from infection and fever. She remained in the hospital for a month.—*Oploh v. Webster*, Cir. Ct., Cook Co., Docket No. 63 S-22601 (Ill., Oct. 25, 1968).

No Liability for Failure to Diagnose PKU—A mentally retarded child was denied recovery in his suit against two pediatricians for their alleged negligence in failing to diagnose his condition as PKU. A Michigan appellate court ruled that the trial court did not abuse its discretion in excluding the testimony of the child's expert witnesses from Chicago and Los Angeles on the ground that they were not qualified to testify as to the standard of care applicable in Detroit, where the alleged negligence occurred.

The witness from Chicago testified that commercial medicines and special dietary programs were available for children suffering from PKU throughout the time that the child was untreated. He also testified that tests for PKU were easy to make and were routinely made in the hospitals of the nation.

The witness from Los Angeles testified as to the dissemination of knowledge about PKU throughout the nation, both to pediatricians and hospitals. He stated the opinion that any certified pediatrician should have made a PKU test at the time that the child was under the care of the pediatricians.

Three Detroit physicians testified for the pediatricians. They stated that it was not common practice for pediatricians in the Detroit metropolitan area to use the recognized tests for PKU at the time in question because the disease was so rare. They stated that the pediatricians did not depart from the usual standard of care of pediatricians in the area.

The jury returned a verdict of $80,000 for the child. The trial court set aside the verdict and entered judgment for the pediatricians. The reason given by the trial court for its action was that, since the child's witnesses did not practice in Michigan, they could not be considered by the jury as worthy of belief regarding the actual standards of practice in the Detroit area at the time of the incident. The trial court further ruled that the evidence did not show that Detroit was a community "similar" to Los Angeles, despite the Los Angeles physician's belief that the existence of medical centers engaged in PKU research in both cities made them "similar." There was testimony showing that the general practitioners in the Detroit area did not know that the medical centers in the area were engaged in PKU research at the time in question.

The reviewing court said that it was somewhat disturbed by the fact that the pediatricians knew of PKU, its symptoms, and the tests to detect the disease at the time in question. However, this was not sufficient to overcome the evidence that they did not depart from accepted standards of practice in the community.

Under prevailing law, it could not be said that the trial court abused its discretion in excluding the testimony of the child's medical witnesses. Competent cross-examination and the testimony of the Detroit physicians to counter the assumptions of the Los Angeles physicians effectively showed that he was not familiar with the prevailing practice of pediatrics in the Detroit area and the area was shown not to be "similar" to Los Angeles. Although one might not be pleased with the level of thoroughness of Detroit area pediatricians at the time in question, the court said, it was the law of the state that a physician was not to be held to a greater duty of care than that expected of his fellow physicians in the community.—*Naccaroto v. Grob*, 162 N.W.2d 305 (Mich., June 26, 1968; appeal granted, Sept. 10, 1968).

No Proof of Negligence in Electroshock Therapy—The state

was not liable, under the North Carolina Tort Claims Act, to a mental hospital patient who sustained a hip fracture during an electroshock treatment, a state appellate court ruled.

The patient had the burden of establishing that the hospital employees were negligent in their administration of the treatment. The state presented no evidence. The hearing officer was justified in rejecting the patient's testimony as to what happened. His testimony, considered as a whole, showed that he actually had no memory of what happened because he was under sedation.—*Bailey v. North Carolina Department of Mental Health*, 163 S.E.2d 652 (N.C., Oct. 23, 1968).

No License Required for Teaching Hospital M.D.—The Florida Board of Regents could not be enjoined from permitting unlicensed physicians from practicing medicine in two state-operated teaching hospitals connected with a state university medical school, a state appellate court ruled. The physicians, employed by the university and on the staffs of the hospitals, were exempt from the licensing statute.

The licensing statute specifically provides that it is not to be construed as applying to any person employed as a physician in a state institution. The court said that it believed that the legislature used the term "institution" in its broad meaning of an establishment of a public character. This would include such university facilities as the two hospitals.—*Snyder v. Burns*, 214 So.2d 636 (Fla., Sept. 24, 1968; rehearing denied, Oct. 30, 1968).

Heart Attack Death Caused by Accidental Injury—In a suit to recover accidental death benefits for a policyholder's death from a myocardial infarction suffered after engaging in unusual physical exertion, the questions of whether there was an accident and whether it was the proximate cause of death were properly submitted to the jury, a federal appellate court ruled. The admission in evidence of the standard mortality table was erroneous, but it was not grounds for reversal.

The policyholder suffered the myocardial infarction after helping carry his ill father-in-law from the bathroom to a couch in the den. The trip was a strenuous one because of the father-in-law's extreme resistance to being moved.

The policyholder had had no symptoms of heart trouble before the fatal attack. There was evidence that his arteries were sclerotic, but no more so than would be expected of a man of his age, size, and habits. There was expert medical testimony that the strain involved in carrying his father-in-law was the precipitating cause of the infarction.

The trial court properly instructed the jury that, although his heart attack resulted from his voluntary act of carrying his father-in-law, it could be considered an accident if there was no reasonable expectation that such an injury would result from his activity.

The insurance company contended that it was not liable because the evidence failed to show that the death was, as the policy required, directly caused by the accident alone, independently of all other causes. It argued that there could be no recovery if the insured's arteriosclerosis contributed to his death.

Recovery would be barred only if the arteriosclerosis was the proximate cause of death, the court said. Where a party is suffering from a pre-existing disease when an accident occurs, the disease is considered only a condition, and not the proximate cause of death, although the disease may have had some contributory or remote role in the death.

The admission of the mortality table as evidence that the policyholder would have lived a longer life but for the accident was improper. The table is generally admissible in wrongful death or damage actions for consideration of the probabilities of damage over a period of years. It in no way serves to show whether a person will or will not die by natural causes or otherwise at any particular age. Nor does a mortality table tend to prove the probabilities of dying at a particular age. However, the error in admitting the table in evidence was harmless, because the jury would not have reached a different verdict if the table had not been in evidence.—*Continental Casualty Company v. Jackson*, 400 F.2d 285 (C.A. 8, Aug. 12, 1968).

Chiropractic Inadequate, HEW Says; Recommends Exclusion From Medicare—The Department of Health, Education and Welfare has recommended to Congress that chiropractors continue to be excluded from the nation's Medicare program.

Both national chiropractic organizations were given opportunity to present all their evidence in the exhaustive study conducted by HEW at the direction of Congress.

The 90th Congress, in adopting the Social Security Amendments of 1967, had ordered HEW to "make a study relating to the inclusion under the...(medicare) program...of services of additional types of licensed practitioners performing health services in independent practice." The charge from the Congress also called for a determination of the need and costs of such additional services "and the measures that should be adopted to protect the health and safety of the individuals to whom such services would be furnished."

HEW concluded that chiropractors, who claim they can cure disease by spinal adjustments, are so poorly educated that they cannot adequately diagnose or appropriately treat human diseases. In its report on the study of "Independent Practitioners," HEW also found that chiropractors base their practice on ideas which scientists cannot accept.

Among the "conclusions" of the study are:

"1. There is a body of basic scientific knowledge related to health, disease, and health care. Chiropractic practitioners ignore or take exception to much of this knowledge despite the fact that they have not undertaken adequate scientific research.

"2. There is no valid evidence that subluxation, if it exists, is a significant factor in disease processes. Therefore, the broad application to health care of a diagnostic procedure such as spinal analysis and a treatment procedure such as spinal adjustment is not justified.

"3. The inadequacies of chiropractic education, coupled with a theory that de-emphasizes proven causative factors in disease processes, proven methods of treatment, and differential diagnosis, make it unlikely that a chiropractor can make an adequate diagnosis and know the appropriate treatment, and subsequently provide the indicated treatment or refer the patient. Lack of these capabilities in independent practitioners is undesirable because: appropriate treatment could be delayed or prevented entirely; appropriate treatment might be interrupted or stopped completely; the treatment offered could be contraindicated; all treatments have some risk involved with their administration, and inappropriate treatment exposes the patient to this risk unnecessarily."

The recommendation to the Congress reached by HEW after the study says, "Chiropractic theory and practice are not based upon the body of basic scientific knowledge related to health, disease, and health care that has been widely accepted by the scientific community. Moreover, irrespective of its theory, the scope and quality of chiropractic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment. Therefore, it is recommended that chiropractic service not be covered in the Medicare program."

HEW said the study was conducted with the assistance of prominent outside consultants and that every effort was made to insure that the requests for inclusion in Medicare received "unbiased, impartial consideration."

Individual copies of the chiropractic section of the HEW report, together with an analysis, may be obtained by writing to the American Medical Association's Department of Investigation, 535 North Dearborn, Chicago, Illinois 60610. Requests for the full report, entitled "Independent Practitioners Under Medicare," should be directed to the Department of Health, Education and Welfare, Washington, D.C.

Physician Not Liable for Nurse's Wrong Injection Route—A direct verdict in favor of a physician was upheld in a suit by a patient for injuries sustained when a hospital nurse allegedly administered drugs intravenously, although the physician had ordered intramuscular injection. There was no evidence of any negligence on the physician's part, a federal appellate court ruled, and any negligence on the nurse's part was not imputable to him.

However, a directed verdict in favor of the hospital was held to be improper. There was evidence that would support a finding that the nurse was negligent, and her negligence would be imputed to the hospital.

The physician had prescribed penicillin for the patient following an operation. On the sixth postoperative day, the physician added chymar to the drug order. Both drugs were to be administered intramuscularly. The patient suffered a grand mal seizure immediately after the nurse injected the drugs.

The evidence established that intramuscular injections of penicillin and chymar were proper medication for the patient and that it was proper practice to allow a nurse to give the injections in the physician's absence. Since the nurse was not the physician's agent, any negligence on her part could not be imputed to him. Nor could the physician be held liable under the doctrine of *res ipsa loquitur*, because the doctrine is not generally applicable to suits against physicians for professional negligence under the law of West Virginia, which was controlling here.

There was expert testimony that an intravenous injection of chymar could bring on an immediate reaction but that an intramuscular injection would not cause a reaction for five or ten minutes. Another expert witness testified that a reaction from an intramuscular injection would take from one to three hours.

A physician who testified for the patient stated the opinion that the instantaneous reaction which the patient experienced could not have resulted from an intramuscular injection and could have resulted only from an injection of the drug into the bloodstream.

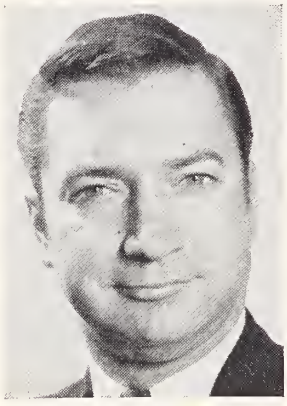
The patient's claim was not defeated by testimony that there were a number of things, such as epilepsy, a brain tumor, or a stroke, that could be the precipitating cause of a grand mal seizure. The witness was merely replying to a general question, and he was not asked whether the patient's seizure was caused by any of the maladies that he mentioned.

It was contended that the seizure could have resulted from anaphylactic reaction to penicillin injected intramuscularly. There was expert testimony that an anaphylactic reaction could not result from one injection of penicillin. The witness stated that an anaphylactic reaction could result from a second injection, but only if there was an interval of about 10 days between injections of penicillin. He said that an anaphylactic reaction would not be instantaneous as this one was.—*Moore v. Guthrie Hospital, Inc.*, 403 F.2d 366 (C.A. 4, Oct. 29, 1968). ◄

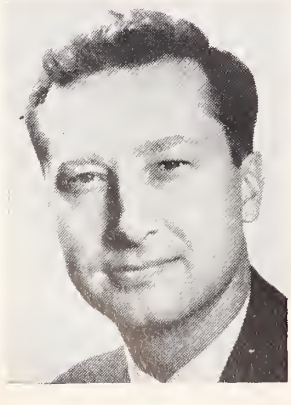
Blue Shield Assists Physicians In Health Planning Activity

(One of a series prepared by Blue Shield)

The Blue Shield Board of Directors has authorized the Professional Relations Division of Blue Shield to loan two field men to the Indiana State Medical Association for one year for the purpose of aiding physicians throughout the state of Indiana in the formation of local and areawide comprehensive health care planning groups. These two Blue Shield representatives, Gary R. Miller and Henry W. Kiszla, are now available to local medical groups and county medical societies to assist in developing comprehensive health planning in their areas. Such groups come under Public Law 89-749 and amendments included in Public Law 90-174.



Gary R. Miller



Henry W. Kiszla

These two Blue Shield field men are responsible to the Indiana State Medical Association's Committee on Governmental Medical Programs. Committee membership includes Wilbert McIntosh, M.D., Riley, chairman; Otis R. Bowen, M.D., Bremen; James H. Gosman, M.D., Indianapolis; Vincent J. Santare, M.D., Munster; Frederic L. Schoen, M.D., Fort Wayne; and Gilbert Wilhelmus, M.D., Evansville.

The Indiana State Board of Health, headed by Andrew C. Offutt, M.D., has the ultimate responsibility in the state of Indiana for comprehensive health planning.

Indiana Blue Shield has always been actively involved in attempting to coordinate health facilities within communities by working with the medical profession, and believes that this cooperative, physician oriented approach is the best solution to the problem of comprehensive health planning.

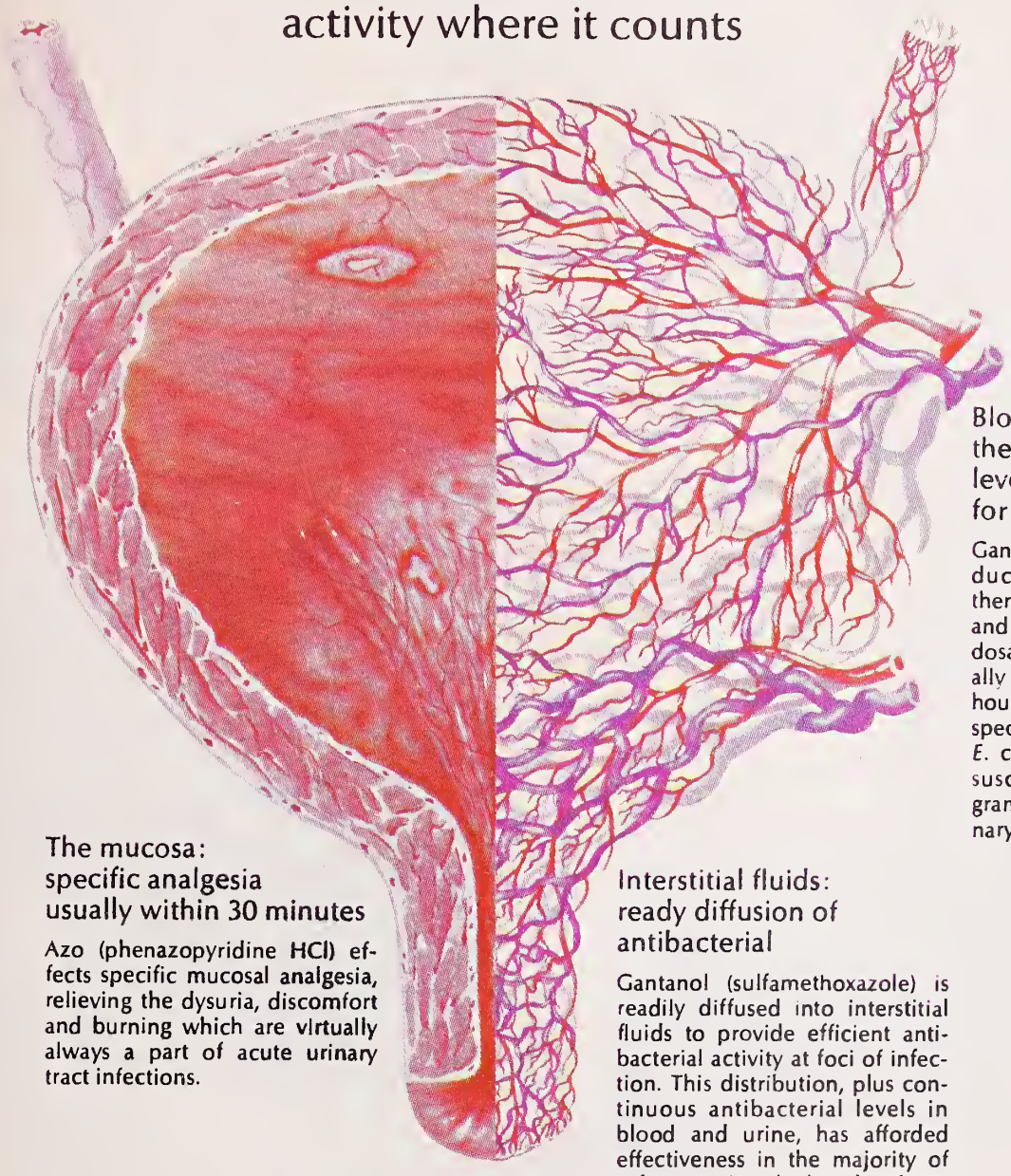
The importance of planning for the future was stressed by Dwight L. Wilbur, M.D., president of the American Medical Association, in his inaugural address last year. He said it is vital for the AMA and state and local medical societies to plan for the future—"to plan as never before.

"We have been challenged by the government to plan for medical research, education and service," Dr. Wilbur declared. "The Regional Medical Programs and the Comprehensive Health Planning laws specifically require planning. The pressure to develop more health manpower in all categories, the interrelationships of manpower on the health team, the question of licensing of health personnel on a national plan, the need for more hospitals, more extended care facilities, more nursing homes are before us. In a great country such as ours, communities and regions are so widely diverse in character that local, regional and state planning groups and committees, councils and commissions are necessary. We must participate and lead in the planning and activities of these groups. As individual physicians we must plan the future of our own practices and as members of hospital staffs we must look forward and plan for the development of these institutions. We must ally ourselves with the many people outside the medical profession who have a vital interest in such planning by virtue of their professional, technical, community, financial or other involvement.

"Planning is best when it is voluntary and whenever possible we should initiate it," Dr. Wilbur said. ◄

Inner Sites...

In Cystitis...Azo Gantanol® focuses analgesic-antibacterial activity where it counts



The mucosa: specific analgesia usually within 30 minutes

Azo (phenazopyridine HCl) effects specific mucosal analgesia, relieving the dysuria, discomfort and burning which are virtually always a part of acute urinary tract infections.

Interstitial fluids: ready diffusion of antibacterial

Gantanol (sulfamethoxazole) is readily diffused into interstitial fluids to provide efficient antibacterial activity at foci of infection. This distribution, plus continuous antibacterial levels in blood and urine, has afforded effectiveness in the majority of infections in which it has been used.

Blood and urine: therapeutic antibacterial levels within 2 hours for up to 12 hours

Gantanol (sulfamethoxazole) produces prompt and prolonged therapeutic levels, in both blood and urine, with convenient *b.i.d.* dosage. Clinical response is usually obtained within 24 to 48 hours. The wide antibacterial spectrum of Gantanol includes *E. coli* and a variety of other susceptible gram-negative and gram-positive pathogens in urinary tract infections.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Urinary tract infections with associated pain or discomfort when due to susceptible organisms; prophylactically in urologic surgery, catheterization and instrumentation.

Contraindicated in sulfonamide-sensitive patients, pregnant females at term, premature infants, newborn infants during the first three months of life, glomerular nephritis, severe hepatitis, uremia and pyelonephritis of pregnancy with gastrointestinal disturbances.

Warnings: Use only after critical appraisal in patients with liver damage, renal damage, urinary obstruction or blood dyscrasias. If toxic or hypersensitivity reactions or blood dyscrasias occur, discontinue therapy. In intermittent or prolonged therapy, blood counts and liver and kidney function tests should be performed.

Precautions: Observe usual sulfonamide therapy precautions including maintenance of an adequate fluid intake. Use with caution in patients with histories of allergies and/or asthma. Patients with impaired renal function should be followed closely since renal impairment may cause excessive drug accumulation. Occasional failures may occur due to resistant microorganisms. Not effective in virus and rickettsial infections.

Adverse Reactions: Headache, nausea, vomiting, urticaria, diarrhea, hepatitis, pancreatitis, blood dyscrasias, neuropathy, drug fever, skin rash, Stevens-Johnson syndrome, injection of the conjunctiva and sclera, petechiae, purpura, hematuria or crystalluria may occur, in which case the dosage should be decreased or the drug withdrawn.

ROCHE

Roche LABORATORIES

Division of Hoffmann - La Roche Inc.
Nutley, New Jersey 07110

Azo Gantanol®

(Each tablet contains 0.5 Gm sulfamethoxazole and 100 mg phenazopyridine HCl.)



Preludin® phenmetrazine hydrochloride

Preludin is indicated only as an anorexigenic agent in the treatment of obesity. It may be used in simple obesity and in obesity complicated by diabetes, moderate hypertension (see Precautions), or pregnancy (see Warning).

Contraindications: Severe coronary artery disease, hyperthyroidism, severe hypertension, nervous instability, and agitated prepsychotic states. Do not use with other CNS stimulants, including MAO inhibitors.

Warning: Do not use during the first trimester of pregnancy unless potential benefits outweigh possible risks. There have been clinical reports of congenital malformation, but causal relationship has not been proved. Animal teratogenic studies have been inconclusive.

Precautions: Use with caution in moderate hypertension and cardiac decompensation. Cases involving abuse of or dependence on phenmetrazine hydrochloride have been reported. In general, these cases were characterized by excessive consumption of the drug for its central stimulant effect, and have resulted in a psychotic illness manifested by restlessness, mood or behavior changes, hallucinations or delusions. Do not exceed recommended dosage.

Adverse Reactions: Dryness or unpleasant taste in the mouth, urticaria, overstimulation, insomnia, urinary frequency or nocturia, dizziness, nausea, or headache.

Dosage: One 25 mg. tablet b.i.d. or t.i.d. Or one 75 mg. Endurets tablet a day, taken by midmorning.

Availability: Pink, square, scored tablets of 25 mg. for b.i.d. or t.i.d. administration, in bottles of 100 and 1000.

Pink, round Endurets® prolonged-action tablets of 75 mg. for once-a-day administration, in bottles of 100 and 1000. (B)R3-46-560-B

Under license from Boehringer Ingelheim G.m.b.H.

For complete details, please see full prescribing information.

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York 10502

She runs good chance of losing weight.

Exercise and Preludin run together in helping patients to lose weight.

Preludin often puts a curb on appetite and promotes a sense of well-being. By boosting a dieter's spirit, Preludin may help patients get the exercise you may prescribe.

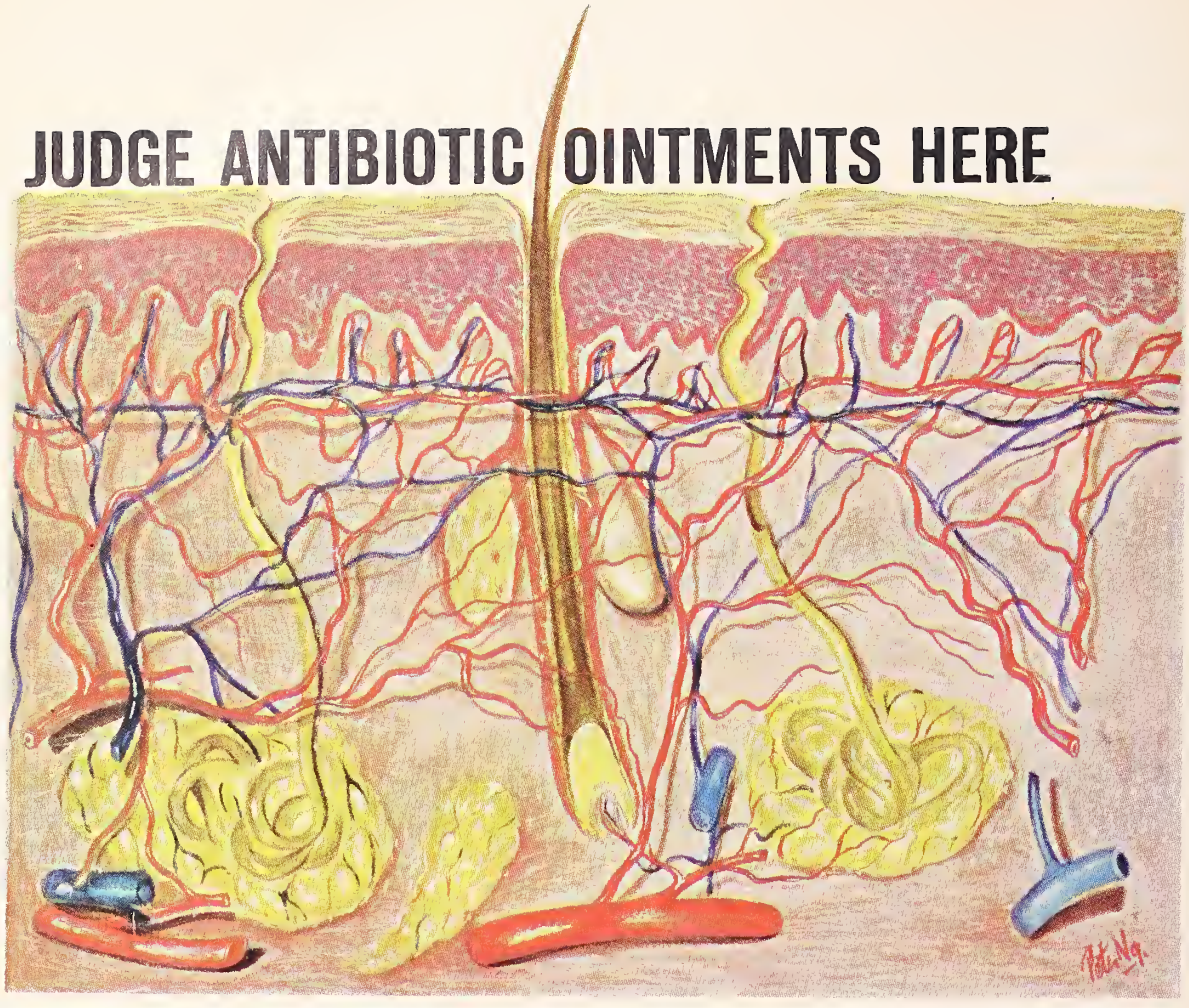
One Endurets tablet taken between breakfast and midmorning usually provides daylong and early-evening suppression of appetite.

A few patients may experience overstimulation or insomnia. For a brief summary of all adverse reactions, precautions, warning and contraindications, please see the adjoining page.

Preludin® phenmetrazine hydrochloride

Endurets® prolonged-action tablets

JUDGE ANTIBIOTIC OINTMENTS HERE



Results on skin are final proof of any topical antibiotic's effectiveness

No in vitro test can duplicate a clinical situation on living skin. 'Neosporin' (polymyxin B—bacitracin—neomycin) Ointment has consistently proven its effectiveness in thousands of cases of bacterial skin infection. The spectra of the three antibiotics overlap in such a way as to provide bactericidal action against most pathogenic bacteria likely to be found topically. Diffusion of the antibiotics from the special petrolatum base is rapid since they are insoluble in the petrolatum, but readily soluble in tissue fluids. The Ointment is bland and nonirritating.

Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Supplied: Tubes of 1 oz., ½ oz. with applicator tip, and ⅛ oz. with ophthalmic tip.

Complete literature available on request from Professional Services Dept. PML.

'NEOSPORIN'®

brand

POLYMYXIN B-BACITRACIN-NEOMYCIN OINTMENT

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.



ABSTRACTS, BOOK REVIEWS

QUESTIONS AND ANSWERS ON CONTACT LENS PRACTICE

Jack Hartstein, M.D., C. V. Mosby & Co., St. Louis, 1968; 199 pages with 90 illustrations; $10.75.

The light weight of this book combined with its thinness and the excellent quality of the printing and the paper, make it a "comfortable" book for the tired physician to hold in one hand or in his lap without struggling to keep it in bifocal range.

Each paragraph in the various chapters is written as the answer to a question which introduces the subject. The book was apparently written for students or the novice in contact lens fitting, as it goes into considerable detail in describing various instruments, such as several different makes of slit lamps, and the many maneuvers in their use.

Of particular value to the practitioner is the chapter on "Signs and Symptoms in Detecting Needed Lens Adjustments." Here each complaint or symptom is discussed in a separate paragraph with detailed description of its cause and its correction.

I highly recommend this book for the student or the novice in contact lens practice. It can provide a healthy review or serve as a quick reference for the established practitioner.

FRANK H. COBLE, M.D.
Richmond

POETRY THERAPY

Edited by Jack J. Leedy, M.D., J. B. Lippincott Co., Philadelphia, 1969; 280 pages.

More than a score of eminent psychologists and psychotherapists (less than a third being also M.D.'s) have collaborated in the exploration of this, previously fallow, frontier. As an internist with no flair for poetry, most of this volume was news to me.

The foreword by Dr. Theodor Reik sets the tone for what follows. On p.5, he tells most simply—but, oh, how eloquently—about a poem that closes with the line, "Ne t'es-tu fais mal, mon enfant"—Did you hurt yourself, my child? The entire book is worth having just for the sake of this passage alone.

One vagrant thought about this type of therapy does haunt me. The therapist and the patient in this milieu have the most intense and intimate rapport. Yet, as of today and tomorrow, computerized pharmacodynamics is beginning to take over psychiatry; we are beginning to write chemical formulas for long and short term memories. Will Jung, Freud and Adler still have vaid meaning by the end of this century?

In the interval, I cannot think of a nicer gift to an intelligent colleague or friend. The binding and printing are good; I detected no typographical errors.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

Abstracts From Various Literature, Prepared by AMA

CONTROLLED TRIAL OF DIET HIGH IN UNSATURATED FAT FOR PREVENTION OF ATHEROSCLEROTIC COMPLICATIONS

S. Dayton et al. (VA Center, Los Angeles)
Lancet 2:1060-1062, (Nov. 16), 1968.

In a clinical trial of a diet low in saturated fat and cholesterol, and high in unsaturated fat of vegetable origin, carried out on 846 middle-aged and elderly men living in an institution, the subjects were allocated randomly to the experimental diet or to a control diet, and were followed double-blind. The combined incidence of myocardial infarction, sudden death, and cerebral infarction was significantly lower in the experimental group than in the control group. The incidence of fatal atherosclerotic events was also lower in the experimental group than in the control group, but total mortality rates were similar.

EMOTIONAL PROBLEMS AND REACTIONS OF MEDICAL UNIT IN CHRONIC HEMODIALYSIS UNIT

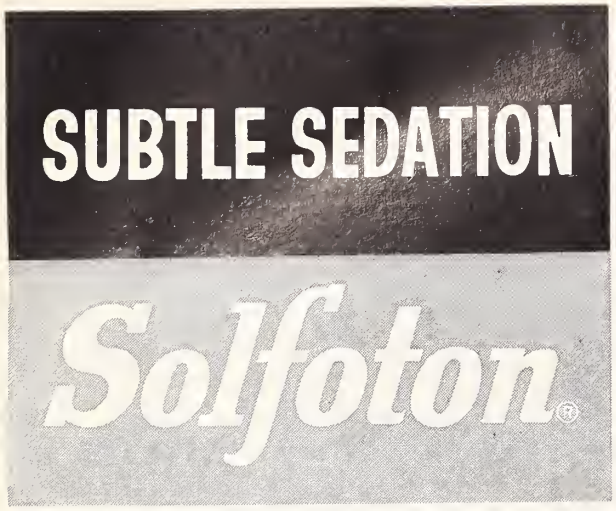
A. K. De-Nour (Hadassah Medical Organization, Jerusalem, Israel) and J. W. Czaczkes
Lancet 2:987-991, (Nov. 9), 1968.

In a two-year study of the emotional problems of the medical team in a hemodialysis unit, the main reactions observed in the

Continued

Achromycin V
250 mg. capsules

ACHROMYCIN® V
TETRACYCLINE HCl
Lederle
481D-9



Sedation without peaks and valleys

REMOVES THE MENTAL BLUR
THAT CLOUDS VISION

CONSTRUCTIVE THERAPY—Solfoton in any form taken at 6 hour intervals maintains sedation at the threshold of calmness, sustaining a mental climate for purposeful living.

Each tablet or capsule contains:

PHENOBARBITAL (Warning: may be habit forming) ... 16 mg.
BENSULFOID® (See P.D.R.) 65 mg.

Precaution: same as 16 mg. phenobarbital

Literature and clinical supply available to physicians.

FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION

AVAILABLE

SOLFOTON (yellow, uncoated tablets "P")
100s, 500s, 5000s
SOLFOTON CAPSULES (yellow and brown)
100s, 500s, 1000s
SOLFOTON S/C (sugar-coated, beige tablets)
100s, 500s, 4000s

WILLIAM P. POYTHRESS & CO., INC.
RICHMOND, VIRGINIA 23217
Manufacturers of ethical pharmaceuticals since 1856



team were feelings of guilt, possessiveness, over-protectiveness, and withdrawal from patients. Demands that patients should do extremely well on the treatment, as well as the tendency to deny that the patients are ill, are believed to result from these emotional reactions. A similar constellation of stresses and reactions might occur in any dialysis unit, and probably to a lesser degree in any medical team.

INDICATIONS FOR AND RESULTS OF IRRADIATION OF CARCINOMA OF LUNG

W. L. Caldwell (Vanderbilt University Hospital, Nashville, Tenn.) and M. A. Bagshaw
Cancer 22:999-1004, (Nov.), 1968.

In the majority of patients with pulmonary cancer seen in a radiotherapy department, it is not possible to achieve more than short-term palliation. No pretreatment criteria allow the radiotherapist categorically to decide definitely which patients might be cured and which might receive palliation only. A number of clinical features—pain, weight loss of ten pounds or more, supraclavicular metastases, hemoptysis, large mass requirement treatment fields of more than 200 sq cm, or history of resection longer than six months earlier—make long-term control unlikely, but some with these signs or symptoms may still be cured. Split-course therapy is suggested as a means of refining this selection process since the rest period allows longer observation prior to commitment to a high dose. It is important that high-dose therapy be offered to the favorable patients since as many as 5% to 8% of all referred patients can be cured, and approximately 20% can be given long-term palliation. Satisfactory treatment results in the Stanford series were more frequent with doses in excess of 5,500 rads in six weeks by conventional fractionation.

DIVERTICULITIS IN THE ELDERLY

B. P. Colcock (Lahey Clinic Foundation, Boston)
Geriatrics 23:122-127, (Nov.), 1968.

Emergency surgery in the elderly patient carries a higher mortality rate than elective surgery, especially for diverticulitis of the colon, which frequently leads to perforation or obstruction of the large bowel. If surgery is reserved for the treatment of these complications, the morbidity associated with the surgical treatment will remain high. To avoid a fatality, patients with complicated diverticulitis often require two or three operations and spend a total of several weeks in the hospital. The mortality and particularly the morbidity associated with surgical treatment can be greatly reduced by an elective resection in patients with recurrent or persistent diverticulitis. If resection of the diseased bowel is carried out on a well-prepared colon, it carries very little risk even in the elderly patient. The disease is completely removed by one operation and the patient spends less than two weeks in the hospital.

BURN THERAPY: V. DISASTER MANAGEMENT—TO TREAT OR NOT TO TREAT? WHO SHOULD RECEIVE INTRAVENOUS FLUIDS?

A. W. Phillips (Massachusetts General Hospital, Boston)
Ann. Surg. 168:986-996, (Dec.), 1968.

In a disaster, when there are more burn casualties than can be cared for by the available personnel or when medical supplies are limited, a knowledge of the probabilities of survival for pa-

tients of varying ages with varying burn extents will aid in achieving the maximum number of survivals. A helpful rule is the "Adult Rule of 90," worked out from actual burn statistics. Adults whose age plus burn extent exceeds 90 have less than a 50:50 chance of survival. If everyone cannot be treated, these should be among the first for whom palliative management is considered. If the situation improves, this rule can be softened to 100 or, if supplies and personnel are still insufficient, it can be dropped to 70. Conventional treatment should be resumed at the earliest possible opportunity. If this rule had been used on 932 consecutively admitted burned adults at the Massachusetts General Hospital, only 12 who actually survived would have been denied fluids. At the cost of those 12 lives, 1,000 liters of fluid would have been saved, enough to treat 60 adults or 120 children in whom it might spell the difference between life and death.

INCIDENCE, SIGNIFICANCE, AND MANAGEMENT OF EARLY BRADY-ARRHYTHMIA COMPLICATING ACUTE MYOCARDIAL INFARCTION

J. F. Pantridge et al. (Royal Victoria Hospital, Grosvenor Rd., Belfast, Ireland)

Lancet 2:1097-1101, (Nov. 23), 1968.

Among the initial 550 patients with myocardial infarction managed by the Belfast mobile coronary-care unit, 400 (73%) came under intensive care within four hours. Bradyarrhythmia was found to be a remarkably frequent early complication. Posterior infarction was complicated by bradyarrhythmia in 61% of the patients who came under intensive care within one hour, and in 43% this dysrhythmia was present at the initial examination. It is suggested that excessive vagal discharge manifested by bradyarrhythmia is an important precursor of ventricular fibrillation and an important factor in the early high mortality from myocardial infarction. The use of atropine in the management of bradyarrhythmia is described, and its value in the correction of early acute heart-block is reported.

LIGNIN: A BILE-SALT SEQUESTRATING AGENT

M. A. Eastwood and R. H. Girdwood (Royal Infirmary, Edinburgh, Scotland)

Lancet 2:1170-1172, (Nov. 30), 1968.

The diarrhea following massive resection of the distal small intestine is caused partly by an excess of bile salts passing to the colon and acting as a cathartic agent. Lignin, a naturally occurring bile-salt sequestrating agent, was used to control this diarrhea. It acts by binding bile salts in the colon.

RAPID BEDSIDE METHOD FOR CONTROL OF HEPARIN THERAPY

J. A. Blakely (Department of Medicine, Sunnybrook Hospital, Toronto)

Canad. Med. Assoc. J. 99:1072-1075, (Dec. 7), 1968.

A simply performed, rapid test designed to replace the whole-blood clotting time in the control of heparin therapy at the bedside or in the dialysis unit has been developed. The test is a whole-blood activated partial thromboplastin time performed on native blood; it is simple to perform, is suitable for use by personnel unfamiliar with coagulation procedures, and has a readily recognizable end point. Results may be interpreted from a graph in terms of whole-blood clotting time. Time required is roughly 10% of that required for whole-blood clotting time.

RESPONSIBILITY OF PHYSICIANS IN OFF-THE-JOB ACCIDENT PREVENTION

N. C. Kiefer (1285 Avenue of the Americas, New York)

Arch. Environ. Health 18:63-66, (Jan.), 1969.

More than half of all accidents to workers, and 74% of the fatal ones, occur off the job. The responsibilities of the industrial physician to both his company and its employees and also to his community, therefore, must certainly include aggressive and imaginative measures to prevent accidents that occur outside working hours.

DETECTION OF MINUTE VENOUS AIR EMBOLI WITH ULTRASOUND

J. C. Maroon et al. (Indiana University Medical Center, Indianapolis)

Surg. Gynec. Obstet. 127:1236-1238, (Dec.), 1968.

A new method of detecting air embolism is based upon the fact that an air-blood interface is an excellent means of reflecting ultrasound. After filtering, this reflected ultrasound can be heard and recorded. With this technic much smaller amounts of air can be detected than with the usual clinical procedures of listening over the precordium or from the esophagus with a stethoscope.

CIGARETTE SMOKING: ITS RELATIONSHIP TO CORONARY HEART DISEASE AND RELATED RISK FACTORS IN WESTERN COLLABORATION GROUP STUDY

C. D. Jenkins, R. H. Rosenman, and S. J. Zyzanski (School of Public Health, Chapel Hill, N.C.)

Circulation 38:1140-1155, (Dec.), 1968.

In a 4½ year prospective epidemiological study of over 3,000

ESCORT YOURSELF . . .

to Home Lawn Mineral Springs for a few days health vacation —the mineral baths and excellent meals in an atmosphere of serenity will leave your cares behind and play golf on a beautiful course.



HOME LAWN
MINERAL SPRINGS
Martinsville, Indiana

M. C. Pitkin, M.D.
Medical Director

J. W. Gibbs, M.D.
Medical Director
Associate

employed men 39 to 59 years of age, incidence of coronary heart disease (CHD) was significantly associated both with current and former cigarette usage. More specifically, this association was strong for men suffering symptomatic and fatal myocardial infarction but was insignificant for men sustaining silent myocardial infarction or angina pectoris only. The association was much stronger in younger- than older-age groups. Altered risk of CHD was not found in pipe or cigar smokers. Cigarette habits at intake were associated with elevated serum lipids and differences in other risk variables, but when these were controlled statistically the smoking/CHD associations remained. Cigarette/CHD relationship was studied further in men with and without the coronary-prone behavior pattern (type A). In the ages 39 to 49 years, the increased risk of CHD associated with moderate and heavy cigarette smoking occurred in type A behavior pattern.

INDICATIONS AND RESULTS OF NOBLE'S PLICATION IN CHILDREN

G. Brandesky and H. Hartl (Chirurgische Abteilung des Landes Kinderkrankenhauses, Linz, Austria)

Deutsch Med. Wschr. 93:2471-2474, (Dec. 20), 1968.

Noble's plication was performed in 31 children. Fixation of the last ileal loop to cecum and ascending colon and the use of nonabsorbable suture material were of particular importance. Total small intestinal plication was preferred to partial except in certain cases such as infants in poor general condition. The main indication for operation in children and adults is ileus due to adhesions. However, chronic invagination and certain cases of congenital rotational malformation with extensive membrane formation also are indications. Where the operation was technically satisfactory no complications were observed; there was no ileus recurrence. Re-examination one to 12 years after operation showed that the children had developed normally and were without symptoms.

THE PHYSICIAN'S ROLE IN THE CONTROL OF SMOKING

S. M. Ayres (St. Vincent's Hospital, New York)

Bull. N.Y. Acad. Med. 44:1546-1552, (Dec.), 1968.

The physician should ban ashtrays from the office and waiting room, incorporate the importance of discontinuing smoking in a general discussion of treatment, suggest tobacco substitutes such as an unfilled pipe or hard candy. He should stress that, in chronic bronchitis and emphysema, continued smoking is obviously self-destructive, and patients who exhibit such tendencies may well need psychiatric help. If the patient demonstrates symptomatic improvement, this should be related in part to abstinence from smoking. ◄

HIGHLAND HOSPITAL

ASHEVILLE, NORTH CAROLINA

Founded 1904

A DIVISION OF THE DEPARTMENT OF PSYCHIATRY OF DUKE UNIVERSITY

Accredited by the Joint Commission on Accreditation and Certified for Medicare

Complete facilities for evaluation and intensive treatment of psychiatric patients, including individual psychotherapy, group therapy, psychodrama, electro-convulsive therapy, Indoklon convulsive therapy, drugs, social service work with families, family therapy, and an extensive and well organized activities program, including occupational therapy, art therapy, athletic activities and games, recreational activities and outings. The treatment program of each patient is carefully supervised in order that the therapeutic needs of each patient may be realized.

High school facilities for a limited number of appropriate patients are now available on grounds. The School Program is fully integrated into the hospital treatment program and is accredited through the Asheville School System.

Complete modern facilities with 85 acres of landscaped and wooded grounds in the City of Asheville.

Brochures and information on financial arrangements available

Contact: Mrs. Elizabeth Harkins, ACSW, Coordinator of Admissions

or

Charles W. Neville, Jr., M.D.

Assistant Professor of Psychiatry and Medical Director

Area Code 704-253-2761

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date July 13-17, 1969
Place New York, N. Y.

NORTHERN INDIANA PSYCHIATRIC SOCIETY

Date Fourth Wednesday of every month, September through June

Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA ACADEMY OF GENERAL PRACTICE

Date April 14-16, 1970

Place Indianapolis

INDIANA CHAPTER OF AMERICAN ACADEMY OF PEDIATRICS
Date May 14-15, 1969
Place Stouffer Inn, Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 10-14, 1969
Place Murat Temple and Essex House Motel, Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 6-8, 1969
Place Morris Inn, South Bend

INDIANA HOSPITAL ASSOCIATION
Date October 15-17, 1969
Place Center for Continuing Education, University of Notre Dame, South Bend

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 13-16, 1969
Place Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS

Date May 24, 1969

Place Marott Hotel, Indianapolis

INDIANA STATE NURSES ASSOCIATION

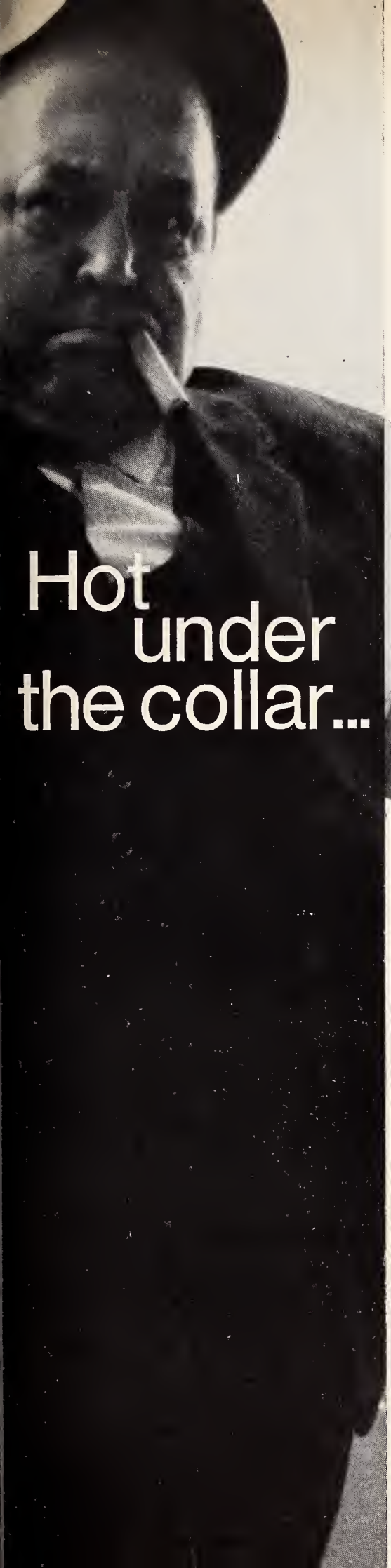
Date October 16-18, 1969

Place Civic Auditorium, Evansville

INDIANA ASSOCIATION OF PATHOLOGISTS

Date December 6, 1969

Place Indianapolis Motor Speedway Motel, Indianapolis



Hot under the collar...

high under the cuff.



Sometimes
he forgets he has hypertension, gets hot under the collar. . . high under the cuff.

For such patients, consider **Regroton®**

chlorthalidone	50 mg.
reserpine U.S.P.	0.25 mg.

To lower blood pressure
and allay anxiety in hypertension.

For brief summary of prescribing information, see next page.

RE-6392

Regroton®

Geigy

chlorthalidone 50 mg.
reserpine U.S.P. 0.25 mg.

the once-a-day tablet for anxious hypertensives

Regroton is a combination of two basic antihypertensives designed to lower blood pressure and allay anxiety in hypertension. With Regroton he can keep his shirt on and you can keep his blood pressure down.

Before prescribing, please review carefully the indications, contraindications, warning, precautions, adverse reactions and dosage information below.

Regroton®
Each tablet contains:
chlorthalidone 50 mg.
reserpine U.S.P. 0.25 mg.

Indications: Hypertension.
Contraindications: History of mental depression, hypersensitivity, and most cases of severe renal or hepatic diseases.
Warning: With the administration of enteric-coated potassium supplements, which should be used only when adequate dietary supplementation is not practical, the possibility of small-bowel lesions (obstruction, hemorrhage, and perforation) should be kept in mind. Surgery for these lesions has frequently been required and deaths have occurred. Discontinue coated potassium-containing formulations immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Discontinue one week before electroshock therapy, and if depression or peptic ulcer occurs.
Use in pregnancy: Because chlorthalidone may cross the placental barrier and appear in cord blood and thiazides may appear in breast milk, this drug should be used with care in pregnant patients and nursing mothers. When used in women of childbearing age, the potential benefits of the drug should be weighed against the possible hazards to the fetus. Use of chlorthalidone may result in fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers.
Precautions: Antihypertensive therapy with this drug should always be initiated cautiously in postsympathectomy patients and in patients receiving ganglionic blocking agents, other potent antihypertensive drugs, or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half. To avoid hypotension during surgery, discontinue therapy with this agent two weeks prior to elective surgical procedures. In emergency surgery, use, if needed, anticholinergic or adrenergic drugs or other supportive measures as indicated. Because of the possibility of progression of renal damage, periodic kidney function tests are indicated. Discontinue if the BUN rises or liver dysfunction is aggravated. Hepatic coma may be precipitated. Electrolyte imbalance, sodium and/or potassium depletion may occur. If potassium depletion should occur during therapy, the drug should be discontinued and potassium supplements given, provided the patient does not have marked oliguria.
Take particular care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Severe salt restriction is not recommended. Use cautiously in patients with ulcerative colitis or gallstones (biliary colic may be precipitated). Bronchial asthma may occur in susceptible patients.
Adverse Reactions: The drug is generally well tolerated. The most frequent side effects are nausea, gastric irritation, vomiting, diarrhea, constipation, muscle cramps, headache, dizziness and acute gout. Other potential side effects include angina pectoris, anxiety, depression, bradycardia and ectopic cardiac rhythms (especially when used with digitalis), drowsiness, dull sensorium, hyperglycemia and glycosuria, hyperuricemia, lassitude, restlessness, transient myopia, impotence or dysuria, orthostatic hypotension which may be potentiated when chlorthalidone is combined with alcohol, barbiturates or narcotics, leukopenia, aplastic anemia, skin rashes, thrombocytopenia, agranulocytosis, nasal stuffiness, increased gastric secretions, nightmare, purpura, urticaria, ecchymosis, weakness, uveitis, optic atrophy and glaucoma, and pruritus. Eruptions and/or flushing of the skin, a reversible paralysis agitans-like syndrome, blurred vision, conjunctival injection, increased susceptibility to colds, dyspnea, weight gain, decreased libido, dryness of the mouth, deafness, anorexia, and pancreatitis when epigastric pain or unexplained G.I. symptoms develop after prolonged administration. Jaundice, xanthopsia, paresthesia, photosensitization and necrotizing angiitis are possible.
Average Dosage: One tablet daily with breakfast.
Availability: Pink, single-scored tablets in bottles of 100 and 1000.
(B)46-600-C
For details, please see complete prescribing information.

Geigy Pharmaceuticals
Division of
Geigy Chemical Corporation
Ardsley, New York 10502

RE-6392

WANTED: Physicians Locations

GENERAL PRACTICE

Kenneth J. Ahler, 214 Frank Ave., Ellsworth Air Force Base, South Dakota 57706

Thomas H. Andrews, 209 S. Market St., Cordell, Okla. 73632

Andreas F. Siraa, 909 University, Seattle, Wash. 98101

SPECIALISTS

Joseph B. Bray, U.S. Army Hosp., Camp Zama Japan, APO San Francisco, Calif. 96343—*Ear, Nose and Throat*

Kenneth S. Gerwin, 4600 S. 4 Mile Run, Apt. 1130, Arlington, Va.—*Ear, Nose and Throat*

Changwoo Ahn, 591 Harley Dr., Columbus, Ohio 43202—*General Surgery*

Ali A. Garmestani, 501 Franklin House, 269 S. 9th St., Philadelphia, Pa. 19107—*General Surgery*

Sol Shaz, 19th & E., Washington, D.C. 20003—*General Surgery*

Marvin Z. Slesh, 800 Rose St., Lexington, Ky. 40506—*General Surgery*

Martin E. Silverstein, 671 Second Ave., New York, New York 10016—*General Surgery*

Nejat M. Tajen, Victoria Hospital, London, Ontario, Canada—*General Surgery*

Laurence F. Tinckler, 7 Mossgiel Ave., Ainsdale, Southport, Lancs, U.K.—*General Surgery*

Fred H. Thornton, Shore Drive, Marinette, Wis. 54143—*General Surgery*

David L. Adams, 19 Forest St., South Burlington, Vt. 05401—*Internal Medicine*

Chung S. Kim, 4813 Danby Dr., Nashville, Tenn. 37211—*Internal Medicine*

Nurul Huda, 1530 E. Swan Circle, St. Louis, Mo. 63144—*Ophthalmology*

Ralph H. Weeks, 5917 W. Wisconsin, Milwaukee, Wis. 53213—*Ophthalmology*

Benja V. Assanasen, 15 Soi Senanikom 2, Paholyotin Rd., Bangken, Bangkok, Thailand—*Pediatrics*

Robert Fishman, R.D. 2, Glens Falls, New York 12801—*Radiology*

Gill Brehm, 524 Poplar St., Sterling, Colo. 80751—*Urology*

Donald G. Mode, 2816 Ennis Rd., Nashville, Tenn. 37211—*Urology*

Gene G. Stunkle, 912 Brookside Dr., Enid, Okla. 73701—*Research*

J. E. Blumgren, 1002 Third Ave., Vinton, Iowa 52349—*School Health*

ADDITIONAL LOCATIONS

County *Town*

Clinton—ROSSVILLE—population 800. Located close to Lafayette and Frankfort where hospital facilities are available. Community is planning to build a not-for-profit Community Health Care Center with a 100-bed facility, with a future of 200 beds. Financial aid available to physician. Contact Mr. Edson O. Bent, Administrator Director, Community Health-Care, Inc., Rossville, for details.

Kosciusko—SILVER LAKE—located in the lake region of northern Indiana with a population 500 with a surrounding area of 2,500. Nearest hospital is at Warsaw, 12 miles away. Fully equipped office for rent. After July the community will be without the services of a physician. Contact Pearl H. Pierson, M.D., or Mr. Harold Metzger, Silver Lake, for details.

Morgan—MARTINSVILLE—county seat town, population 7,600, located in central Indiana, 30 miles south of Indianapolis. County hospital with 80 beds and a new 60-bed addition under construction. Community needs at least two general practitioners. Contact Mr. Robert S. Kendall, 60 South Jefferson St., Martinsville, for details.

Orange—County population approximately 18,000 with eight physicians in the county. Hospital facilities at Paoli which is an open staff hospital. Interested physicians looking for a truly gratifying general practice of medicine are cordially invited to investigate Orange County which is located in southern Indiana. Contact C. X. McCalla, M.D., President, Orange County Medical Society, Paoli, or Ivan A. Clark, M.D., Chief of Hospital Staff, Paoli, for details. ◄

I.U. School of Medicine Postgraduate Courses

(Division of Postgraduate Medical Education)

DATE	COURSE TITLE	LOCATION	COURSE DIRECTOR
May 13/14	Indiana Multidisciplinary Child Care Conference	Stouffer's Inn	Morris Green, M.D.
May 21	Orthopedics for the General Practitioner	I.U.M.C.	James B. Wray, M.D.
May 22	Psychiatry in Everyday Practice	Elks Country Club, Sullivan, Ind.	Betty Dukes, M.D.



Lilly Scientists Report New Developments in Cancer Research

Scientists of Eli Lilly and Company recently reported two developments of wide interest to cancer researchers: the crystallization of L-asparaginase, the first enzyme to be found useful against cancer, and the discovery of a "new lead" in the treatment of experimental solid tumors.

In a paper read before the American Association for Cancer Research, Peter P. K. Ho, Ph.D., biochemist, disclosed the development of a method for producing L-asparaginase for the first time in its pure crystalline form. Although asparaginase has shown promise in the treatment of leukemias, its clinical evaluation has been hampered in this country and abroad by a shortage of pure material.

Martin J. Sweeney, Ph.D., biochemist, read a paper on mycophenolic acid, which in oral and injectable forms has demonstrated broad-spectrum activity against solid tumors in mice and rats, significantly inhibiting growth of nine of eleven types of solid tumors. A relatively nontoxic substance obtained from a penicillium mold, mycophenolic acid, demonstrated marked inhibition of a lymphosarcoma in mice even when treatment was delayed six days after the implanting of the tumor, Dr. Sweeney noted.

The clinical study of this agent is in its preliminary phase, and no results are yet available.

Here's some
Professional Advice
(on vacations)

Analyze your situation and if it calls for a vacation . . . plan one at Shingwauk Village. This is a resort village with *everything!* Distinctive cottages clustered around beautiful Little Pine Lake and our heated pool. Golf, swim, boat, fish . . . enjoy *complete* recreational facilities, fine foods and relaxing privacy. All-day supervised activities for children. Shingwauk Village . . . best "getawayfromitall" spot around!

AAA

Shingwauk VILLAGE
240 woodsy acres
For color brochure, Write
Box 13, Aitkin, Minnesota 56431

Dr. Meyer Resigns

Dr. Hans W. Meyer has resigned as assistant superintendent-medical from the Beatty Memorial Hospital at Westville and is now residing in Michigan City. Dr. Meyer had been clinical director at the Muscatatuck State Hospital and the Fort Wayne State Hospital & Training Center prior to his Beatty position.

Dr. Schaffer Presents Paper

Dr. James J. Schaffer, Bloomington pediatrician, presented a paper entitled "Direct Serial Blood Sugar Determinations by use of the Auto-Analyzer Technic in Respiratory Distress Syndrome" at the meeting of the American Pediatric Society and the Society for Pediatric Research in Atlantic City.

Parke-Davis Constructing New Manufacturing Facility in Mexico

Parke-Davis is constructing a new facility near Puebla, Mexico for the manufacture of empty gelatin capsules.

This is an expansion of the Parke-Davis Mexican operation which has been active for 40 years. The output of the new plant will serve their other Mexican plants and also supply other Latin American countries.

Named to Surgeon Group

Seventeen Indiana physicians have been inducted as new members of the American College of Surgeons.

They are: **Drs. Richard K. Parrish of Decatur, DeWayne L. Hull and John W. Lee of Fort Wayne; Charles E. Rutherford and Jacob W. Scheeres of Lafayette; Irineo Z. Gutierrez of Marion; George G. Kelly of Munster; Frank M. Sturdevant of Portage; Arnold W. Kunkler of Terre Haute, and Robert S. Harcourt, Daniel M. Newman, John G. Pantzer Jr., Raymond O. Pierce Jr., John N. Pittman, John R. Russell, Paul A. Schneider and John G. Suezler of Indianapolis.**

Dr. Baptisti Speaker

"The Responsibility of the Medical Assistant in a Changing World" was the topic chosen by **Dr. Arthur Baptisti, Jr., Indianapolis,** when he spoke before graduates of the School for Medical and Dental Assistants recently.

Syntex Corporation Forms New Scientific Instrument Division

The Syntex Corporation is forming a new division which will engage in research, development, production and marketing of scientific analytical instruments.

Research experience has developed a high degree of expertise in analytical instruments in the field of chemistry. Syntex expects that their products will be useful in other disciplines, in addition to pharmaceuticals and fine chemicals.

Dr. Warren Gives Talk

Dr. J. B. Bennett, Warren, who spent several months in Vietnam as a volunteer treating the civilian population, spoke recently before the Bluffton Rotary Club.

Organ Transplant Registry Names Scientific Director

John J. Bergan, M.D., a Chicago vascular surgeon, has been named the scientific director of the American College of Surgeons-National Institutes of Health Organ Transplant Registry, which is housed and administered at ACS headquarters in Chicago.



Dr. Bergan, who has been active in human organ transplantation during its period of rapid growth as a new field of surgical science, is assistant professor of surgery at Northwestern University's School of Medicine, and chief of the school's Transplantation Divison.

A graduate of Indiana University School of Medicine in 1954, Dr. Bergan interned for one year at the University's Medical Center hospitals. From July, 1955, through June, 1959, he was a surgical resident at Chicago Wesley Memorial Hospital and, subsequently, chief resident in surgery. He has been affiliated with Northwestern University since 1959, conducting active research in vascular physiology and in organ transplantations.

Dr. Bergan is an attending surgeon at Chicago Wesley Memorial, Veterans Administration Research, Passavant Memorial and Cook County hospitals. He serves, also, as consultant in vascular surgery to the U. S. Public Health Service.

Dr. Holdeman Gives Talk

Dr. Lillian Holdeman, South Bend pediatrician, recently spoke at the Northeast Division Conference on Instruction, Indiana State Teachers Association meeting in Fort Wayne. Her topic was "Sex Education: A Need in the Public Schools."

Jayshees Speaker

"Children's Questions on Sex" was the subject of **Dr. Joseph J. Zore, Richmond,** when he spoke at a recent meeting of the Richmond Jayshees.

Nurses Meeting

Five hundred nurses from throughout eentral Indiana recently attended a one-day institute on care and rehabilitation of the individual with cancer of the head and neck at Indianapolis. Among the speakers at the meeting were: **Drs. Sterling P. Tignor, Raleigh E. Lingeman, James E. Bennett, and John F. Dillon,** all of Indianapolis.

AAGP Will Pay Consultants To Guide Graduate Programs

The American Academy of General Practice will pay a consulting fee and the expenses of qualified consultants to help hospitals and medical schools plan and set up graduate and undergraduate training programs in family practice.

The program will aid in the establishment of residency training programs to produce candidates for the newly-created specialty of family practice.

Dr. Starks Re-elected

Dr. William O. Starks, Anderson, was recently re-elected first vice-president of the United Cerebral Palsy Association of Madison County.

Dr. Darling Honored

Dr. Dorothy Darling, Gary, was named "Lady of Achievement" recently by the Gary Business and Professional Women's Club. Dr. Darling, an anesthesiologist, is very active in civic groups.

Physicians on Panel

Dr. Otto D. Klassen, medical director for Oaklawn Psychiatric Center, Elkhart, spoke on the ethical implications of abortion and treating the terminal patient at a special forum recently at Bethel College there. He was joined in the panel discussions by **Drs. Edward P. Mininger, Elkhart; H. Clair Amstutz, Goshen and Williard Krabill, Goshen.**

Smith Kline & French Announces New Numbering System for Packages

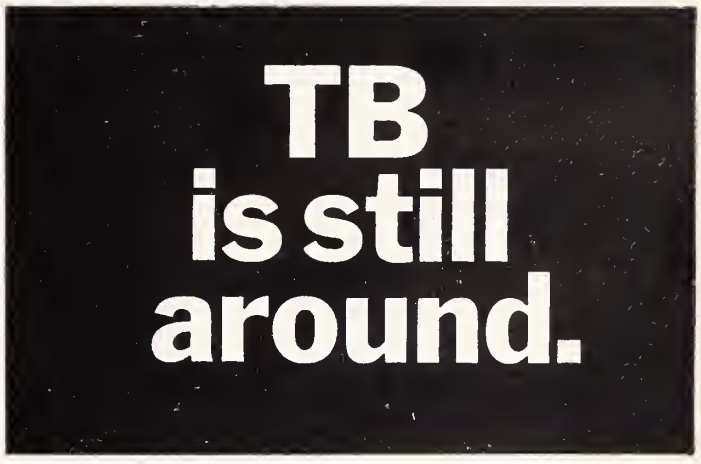
Smith Kline & French announce a new system of numbering which will apply to its drug product packages, labels and shipping cases, and later will be utilized to identify tablets and capsules.

The symbol will consist of five characters, the first three will represent product, form and strength (one letter and two digits) and the last two characters will represent package size.

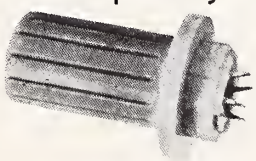
Dr. Bryan Gives Talk

Dr. Franklin A. Bryan, coordinator of the Fort Wayne Internship Plan, spoke on the Indiana University Medical Education Plan recently at a meeting of the Northeast District Council of the Indiana Hospital Association at Huntington.

Continued



In 1967 almost 45,000 new active cases were reported. Isn't that a good reason to make tuberculin testing with the white LEDERTINE™ Applicator a routine part of your physical examinations?



TUBERCULIN TINE TEST
(Rosenthal) with Old Tuberculin

Precautions: With a positive reaction, consider further diagnostic procedures. Use with caution in persons with active tuberculosis or known allergy to acacia. Vesiculation, ulceration, or necrosis may occur at the test site in highly sensitive persons.

Lederle LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, N.Y.
472-9

NEWS NOTES

Continued

Dr. Sheeley Speaker

Dr. William F. Sheeley, Indianapolis, Commissioner for Mental Health, spoke before a combined meeting recently of the Delaware County Child Guidance Clinic and the Delaware County Mental Health Association in Muncie. His topic was "Salvaging Children: A Sound Investment."

Speaker at Luncheon

Dr. Daniel Thomas, Gary physician who specializes in hypnosis, spoke on that subject recently at a luncheon meeting of the Civic Department of the Gary Woman's Club.

Dr. Serna Speaks

Dr. Carlos Serna, East Chicago, recently appeared at a meeting sponsored by the American Cancer Society in Hammond to answer questions on the signs and prevention of cancer. Two films were shown and then Dr. Serna was available for answering questions.

Dr. Artis Elected

Dr. Myrle E. Artis, Kokomo, has been elected a director of the Kokomo Chamber of Commerce in the professional division.

Three Indiana Residents Among Pfizer Scholarship Recipients for 1968-69

Three Indiana residents are among the 98 students throughout the United States who were awarded $1,000 medical school scholarships during the 1968-1969 academic year by the Pfizer Laboratories Division of Chas. Pfizer & Co., Inc.

The medical scholarship program provides each of the 98 medical schools in the United States with a $1,000 scholarship. These scholarships are administered solely by the dean of each medical school or by a committee established by him.

The three Indiana recipients were selected by the three medical school authorities on the basis of academic qualifications, financial need or both.

They are: Lawrence Joseph Franks, 7750 Allisonville Rd., Indianapolis, Indiana. Mr. Franks is a member of the class of 1969 at Northwestern University Medical School. He is a 1965 graduate of Northwestern University.

John William Brown, R.R. 1, Gosport, Indiana. Mr. Brown is a member of the class of 1970 at Indiana University School of Medicine. He is a 1967 graduate of Indiana University.

Henry J. Marchiniak, Jr., 3941 N. Washington Rd., Fort Wayne, Indiana. Mr. Marchiniak is a member of the class of 1971 at Loyola University Medical School. He is a graduate of the University of Notre Dame.

The medical scholarship program was instituted by Pfizer Laboratories Division in 1962. Since that time, almost $650,000 has been made available to students at medical schools in the United States.



I told her seams were crooked . . . how was I to know they were varicose veins?

Named Chairman

Dr. Robert E. Hannemann, Lafayette, has been named chairman of the American Academy of Pediatrics Head Start Medical consultation service. The Academy is administering the consultation service under a contract with the U.S. Office of Economic Opportunity.

Dr. Walther Re-elected

Dr. Joseph E. Walther, Indianapolis, has been re-elected to the presidency of the Winona Memorial Foundation.

Dr. Radcliff Named

Dr. Forest F. Radcliff, Evansville, has been elected to the board of trustees of the Vanderburgh County Society for Crippled Children and Adults and The Rehabilitation Center.

New International Health Advisory Council Formed

An International Health Advisory Council has been formed under the sponsorship of Booz, Allen & Hamilton of Chicago. Dr. Lowell Coggeshall will serve as chairman.

The purpose of the council will be to review major developments in the health and medical services fields, advise on directions in which these fields are moving and the requirements that should be anticipated for the future.

In addition to Dr. Coggeshall the members are Dr. Lester Breslow, School of Public Health, University of California; Ray E. Brown, Executive Vice President of Affiliated Hospitals Center, Boston; Dr. George James, President of Mt. Sinai Medical Center, New York City; and Walter J. McNerney, President of the national Blue Cross Association.

Life With Teens is Topic

"Understanding the Teen-Ager in Your Life" was the theme of the Ninth Conference for Women, sponsored by the Oaklawn

Center Auxiliary, Elkhart. One of the speakers was **Dr. C. Glenn Harris, South Bend,** assistant medical director of the Mental Health Center of St. Joseph county.

Dr. Moore Speaks

Dr. Donald F. Moore, superintendent of LaRue D. Carter Hospital, Indianapolis, spoke on "Depression—Everybody's Responsibility" at a workshop on suicide study recently which was sponsored by the county Mental Health Association in Columbus.

Dr. Anderson Named

Dr. John B. Anderson, Vincennes, has been named president of the new Knox County Area Health Facilities Planning Council. The group will make a comprehensive study of health needs in that area and make recommendations regarding their achievement.

Dr. Baxter Moderator

Dr. Neal Baxter, Bloomington, will be the moderator of a panel discussion on "Aircraft Disasters" which will be held during the annual meeting of the AMA in New York City in July. The session will be conducted by the AMA Committee on Disaster Medical Care together with the Committee on Aerospace Medicine of the AMA Council on Occupational Health.

Dr. Wade Honored

Dr. Reynolds Wade, Fort Wayne, has been awarded a Certificate of Merit for Distinguished Service in Gynecological Surgery by the editorial board and sponsors of the Dictionary of International Biography. The publication is an established record of contemporary achievement.

Dr. Miller Named

Dr. Hugh A. Miller of Miles Laboratories of Elkhart was elected chairman and president of the National Vitamin Foundation at its recent annual meeting in New York City.

Auburn Doctor Elected

Dr. John C. Harvey, Auburn, has been elected president of the Tuberculosis Association there.

Dr. Forney Named

Dr. Vernon J. Forney, Director of the Chicago Regional Office of the Health Services and Mental Health Administration of the Public Health Service, has been promoted to the grade of Assistant Surgeon General. Dr. Forney is responsible for direction of public health service programs in Indiana, Illinois, Wisconsin, Michigan and Ohio. He is a native of Valparaiso, Indiana and received the D.D.S. degree from Indiana University School of Dentistry.

VA Director Leaves

Wilfred E. Stonebraker, who has been director of the VA hospital at Fort Wayne since January, 1967, has been appointed director of the VA hospital at Salt Lake City.

Dr. Erickson Serves as Consultant

Dr. Gustaf W. Erickson, South Bend, has been selected by the American Academy of Pediatrics to serve on the team of physician consultants to evaluate the medical aspects of Head Start programs in some 2,000 communities throughout the United States.

Physician Honored

Dr. Hugh H. Steele, West Lafayette, has received the Silver Antelope Award, one of the highest adult honors given by the Boy Scouts of America. The award is presented to only a select few adult scouters annually on the basis of their distinguished service to boyhood.

Dr. Rohrer Speaker

Dr. Bryce B. Rohrer, Walkerton, gave a talk on "Adult Sex Education" at a recent meeting of the Plymouth Area Chapter of Parents Without Partners, Inc.

Dr. Bowen Named

Dr. Otis R. Bowen, Bremen, has been named to a 100-member Vincennes University State Advisory Committee. The committee was formed as the result of the increased demand for information from all parts of the state regarding the programs and purposes of the university.

Marion County Blood Bank Officers

The Community Blood Bank of Marion County has elected Donald R. Franklin, Assistant Director of Hospital Finance at Indiana University, as its president. This is the first time a medical layman has served as president.

Dr. Robert A. McDougal, Indianapolis, is vice president and Chester M. Warman, Finance Director of Methodist Hospital, is the secretary-treasurer.

Continued

HELP FOR THE CONGENITALLY HANDICAPPED CHILD It wasn't so long ago that congenitally handicapped children were allowed to reach school age or even later before being fitted with a prosthesis. In recent years, experience has shown that fitting at an earlier age produces more effective results—both mentally as well as physically. HANGER provides individually designed prostheses to give aid to the congenitally handicapped child. Children with "HANGER PROSTHESES" can live normal lives. Using their HANGER appliances they exercise freely, ride bicycles, roller skate, play basketball, tennis, and engage in most of the activities like other growing children. These activities enable the child to become self-reliant. Each HANGER prosthesis follows much the same design as those for the adult, but utilizes specially developed components of appropriate size, thus providing a smoother transition as the child grows into adulthood. HANGER also provides devices and techniques for the initial fitting of infants and problem cases. Training of children in the use of their prosthesis is highly desirable, even though children present some problems not seen in adults. Since the attention span of young children is short, extreme patience is required. Some handicaps make an ideal gait-pattern difficult if not virtually impossible to achieve. It should be noted that complete cooperation of the parent is necessary regardless of the experience and ability of the therapist. (Often the parents pass on a sense of guilt that is completely unfounded as there are now known preventive methods to combat the problem of a congenital handicap.)

Hanger PROSTHESES

1332 N. Illinois St., Indianapolis, Indiana 46202
312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

NEWS NOTES

Continued

Dr. Heiser on Program

A program entitled "Proposal for Sex Education in Elkhart Schools" was presented by **Dr. Ervin W. Heiser, Elkhart,** at the Unitarian Universalist Fellowship recently. Dr. Heiser was a member of a committee formed to study aspects of implementing a sex education program in primary and elementary schools.

Dr. Stilwell Speaker

Dr. William Stilwell, Richmond anesthesiologist, spoke recently before a meeting of the Reid Hospital Alumnae and Registered Nurses Club. He discussed various kinds of anesthesia and described new technics and types of anesthesia.

I.U. Allergist Speaks

Dr. John T. Haynes, Indianapolis, recently addressed a luncheon meeting of the Indianapolis chapter of the Children's Asthma Research Institute and Hospital. Dr. Haynes is associate director of the allergy clinics at Riley and Methodist Hospitals.

Seminar Speakers

A seminar was conducted recently at Union Hospital, Terre Haute, on the care of the obstetrical patient and on the newborn infant requiring intensive care nursing. Speakers included: **Drs. J. L. Stoelting, William Scully, Thomas Conway, Gordon McLaughlin, Rose Sison, and Roger West.**



Sir, that's not for sale. It's just an advertising gimmick.

Dr. Heubi Appointed

Appointment of **Dr. John E. Heubi, Indianapolis,** specialist in pediatrics, to the newly established post of clinic director of pediatrics at Marion County General Hospital was announced recently.

Dr. Bernoske Honored

Dr. Daniel G. Bernoske, director of the Indiana State Board of Health's Bureau of Medical Services at Indianapolis, was honored recently as one of three Indiana athletes from the 1920 "Golden Era" of sports for outstanding service to I.U.'s athletic program.

Dr. Lippert Named

Dr. Karl M. Lippert, recently director of the Columbia, S.C., VA hospital is now director of the VA hospital in Fort Wayne. Dr. Lippert is a graduate of the University of Cincinnati.

After service in the Army in World War II, he was chief of a surgical service for the VA until 1960 when he was named deputy director for the medical area which includes Indiana. He has been at the Columbia facility since 1964.

Dr. Antreasian Speaker

Dr. Berj Antreasian, Indianapolis, president of the Clinical Society of the Indianapolis Diabetes Association, spoke before the Lay Society of the association recently.

Sex Education Discussed

Dr. Robert W. Kepler, LaPorte obstetrician and gynecologist, talked on "Sex Education for Children" at the recent meeting of the St. Peter's Home and School Association.

Dr. Bloom Gives Talk

Dr. George Bloom, Elkhart, discussed his two months' voluntary medical service in Vietnam before the Elkhart Jayshees recently.

Dr. Bloss Elected

Dr. Bryant A. Bloss, Evansville, has been named vice-president of the board of directors of Southern Baptist Hospitals, Inc. He was also elected a member of the executive committee.

Dr. Ramker Appointed

Dr. Daniel T. Ramker, Hammond, has been re-elected to active membership in the American Academy of General Practice.

Dr. Merritt is Speaker

Dr. A. Donald Merritt, Indianapolis, chairman of medical genetics at the Indiana University School of Medicine, discussed "How Diabetes May Be Inherited" at a recent meeting of the Diabetes Association.

Dr. Kopcha Narrates Film

Dr. Joseph E. Kopcha, Gary, recently spoke at the meeting of the Junior Rosary Society of St. John the Baptist Church in Whiting. Dr. Kopcha narrated the film "Preface of Life." ◄

From *The Journal* 50 Years Ago

A neurosis is the expression of an attempt to adjust oneself to an unpleasant circumstance or situation, the degree proportionate to the failure of the individual. It is a natural mental defense unconsciously established, which affords the apparently easy way out of a difficulty. It is the outgrowth of unhealthy mental habits, the result of careless indifference and fostered chiefly by innate selfishness. It manifests itself in civil life as pettiness, peevishness, instability, inadaptabilities, lack of responsibility which grows into the fear of same, restlessness, irrelevant nervousness, fickleness of nature and conduct, disregard of rights and feelings of others, abiding concern of self, vague apprehensions, needless worries, morbid reflections, etc.

It should be classified as a psychoneurosis, manifesting any or all of the unnatural psychic reactions which do not completely overrule judgment and approaches the borderline of the psychoses so closely that distinction is more easily made than a difference and under the nomenclature of neurasthenia, psychasthenia, nostalgia, insomnia, etc., it has made its way into our literature and clinical discourse. With changing environment it is a livable possibility. The individual so constituted can accomplish his or her purpose so long as there exists the actual changing scene or possibility of that is not denied, or at least can make the passing grade, avoid the public charge or incompetency and maintain the respect of the average community. It is common to all ages from accountability to senility and requires for its demonstration only such a man and a circumstance, not of his finer choosing Major Charles D. Humes, M.C., "War Neuroses," *JISMA*, May, 1919.

★

Specialized Service

IN

PROFESSIONAL LIABILITY INSURANCE

is a high mark of distinction

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

Professional Protection Exclusively since 1899

INDIANAPOLIS OFFICE:

Kenneth W. Moeller and Philip P. Capasso, Representatives

665 East 61st Street Telephone: 317-255-6525

Mailing Address: P.O. Box 20132, Indianapolis 46220

WHAT'S SO WEAK ABOUT THE WEAKER SEX?

OFTEN... HER LOWER G. I. TRACT



Psycho-abdominal Distress: Frequently Female

Women aged 15 to 45 appear to be more prone than men to bloating, cramping pain of stress-related intestinal disturbances such as irritable or spastic colon.[1,2]

Frequently Recurrent

In the experience of many physicians, women are more likely to reappear time after time with repeated complaints of lower G.I. distress.

Requiring Definitive Therapy

Often needed is therapy adequate to control both the somatic and the emotional components of psycho-abdominal complaints.

Definitive Dual Therapy

'Milpath' contains a proven synthetic anticholinergic useful for relieving hypermotility, spasm, and hypersecretion of the gastrointestinal tract.

In addition, 'Milpath' provides a time-tested tranquilizer for mild but effective anti-anxiety action.

With Flexible Dosage

- 'Milpath'-400 (meprobamate 400 mg. + tridihexethyl chloride 25 mg.) Usual adult dose: 1 tablet *t.i.d.* and 2 at bedtime.
- **When less tranquilization is required: 'Milpath'-200 (meprobamate 200 mg. + tridihexethyl chloride 25 mg.)**

Wallace Pharmaceuticals/ Cranbury, N. J. 08512

gently but firmly

MILPATH®

(meprobamate + tridihexethyl chloride)

relaxes smooth muscle and psyche

Please see the following page for brief summary of prescribing information.

Gently but firmly MILPATH®

(meprobamate + tridihexethyl chloride)

Relaxes smooth muscle and psyche



Usual Adult Dosage

One 'Milpath'-400 tablet, three times a day at mealtimes, and two at bedtime. For greater anticholinergic effect, two 'Milpath'-200 tablets, three times a day at mealtimes and two at bedtime. Doses of meprobamate above 2400 mg. daily not recommended.

Indications

Useful in organic and functional disorders with hypersecretion and hypermotility of G.I. tract, especially when accompanied by anxiety, neurosis, or tension states. Should be used as an adjunct to all other therapeutic measures.

Contraindications

Tridihexethyl chloride: Urinary bladder-neck obstructions, e.g., prostatic obstruction due to hypertrophy; pyloric obstructions because of reduced motility and tonus: organic cardiospasm (megaesophagus); glaucoma; possibly in stenosing gastric or duodenal ulcers with significant gastric retention.

Meprobamate: Previous allergic or idiosyncratic reactions to meprobamate.

Precautions

Tridihexethyl chloride: Use cautiously in elderly males (possible prostatic hypertrophy).

Meprobamate: Carefully supervise dose and amounts prescribed. Consider possible dependence or habituation (reported occasionally after excessive use), particularly in severe psychoneurotics, alcoholics, ex-addicts. Withdraw gradually (one or two weeks) after excessive dosage for weeks or months to avoid recurrence of pre-existing symptoms (e.g., anxiety, anorexia, insomnia) or withdrawal reactions (e.g., vomiting, ataxia, tremors, muscle twitching; rarely, epileptiform seizures, more likely in those with CNS damage or latent convulsive disorders). If drowsiness or visual disturbance occurs, reduce dose and advise against activity requiring alertness (driving, machinery operation). Effects of excess alcohol may be increased. Grand mal seizures possible in persons with both petit and grand mal. Prescribe cautiously in small amounts to patients with suicidal tendencies. Prescribe with caution to patients with known sensitivity to compounds of similar chemical structure, e.g., carisoprodol.

Side Effects

The following side effects of components may occur with 'Milpath'.

Tridihexethyl chloride: Severe effects rare on recommended dosage. Anticholinergic effects: dry mouth (fairly frequent at oral doses of 100 mg.), constipation or "bloated" feeling. Possible: tachycardia, dilation of pupils, increased ocular tension, weakness, nausea, vomiting, headache, drowsiness, urinary hesitancy or retention, dizziness.

Meprobamate: Drowsiness, sometimes with ataxia, usually controlled by decreasing dosage, occasionally with aid of central stimulants (e.g., amphetamine). Rarely, allergic or idiosyncratic reactions (usually after one to four doses); in mild form: itchy, urticarial or erythematous, maculopapular rash, generalized or confined to groin. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever, transient leukopenia, and one fatal bullous dermatitis (after meprobamate and prednisolone) reported. More severe, very rare hypersensitivity: fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (one fatal), anuria, anaphylaxis, stomatitis and proctitis. Treat symptomatically (e.g., epinephrine, antihistamines, possibly hydrocortisone); stop and do not restart the drug. Isolated agranulocytosis, thrombocytopenic purpura, one fatal aplastic anemia reported, but only in presence of known toxic drugs, porphyric symptoms reported but relationship not established. Fast EEG activity, usually after excessive dosage. Impairment of visual accommodation reported by one observer. Fixed drug eruption with meprobamate and cross reaction to carisoprodol reported.

Suicidal attempts may produce drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse, and death. Excessive dosage has led rapidly to sleep, then reduction of vital signs to basal levels. Empty stomach, and if respiration becomes very shallow and slow, cautiously give CNS stimulants (e.g., caffeine, pentylenetetrazol, amphetamine); also pressor amines if indicated.

Supplied

In two strengths:

'Milpath'-400: Yellow, scored tablets.

'Milpath'-200: Yellow, coated tablets.

Before prescribing, consult package circular.

References

1. Harrison, T. R., et al.: Principles of Internal Medicine, Fifth Edition, New York, The Blakiston Division, McGraw-Hill Book Company, 1966, p. 1019. 2. Bockus, H. L.: Gastroenterology, Second Edition, Philadelphia & London, W. B. Saunders Company, 1964, Vol. II, p. 729 et seq.

(1928A01J)

FUTURE MEETINGS, SEMINARS, COURSES

Annual Postgraduate Course In Gastroenterology in October

The American College of Gastroenterology will conduct its annual Postgraduate Course in Gastroenterology at the Rice Hotel in Houston, Texas, on October 23, 24, and 25. For further information write the College at 299 Broadway, New York City 10007.

Postgraduate Course on "Crisis Counseling" in Colorado

A postgraduate course on "Crisis Counseling" will be conducted by the University of Colorado School of Medicine at the YMCA Conference Center, Estes Park, Colorado, from June 15 to 20 inclusive.

Tuition for a single registrant is $90. Tuition for a physician-clergyman team is $125. Write the Office of Postgraduate Medical Education, 4200 E. Ninth Ave., Denver 80220.

Postgraduate Course in Laryngology, Bronchoesophagology

The Department of Otolaryngology of the Illinois Eye and Ear Infirmary and the College of Medicine of the University of Illinois at the Medical Center, will conduct a postgraduate course in laryngology and bronchoesophagology from November 3 through 14.

This course is limited to 15 physicians and will be under the direction of Paul H. Holinger, M.D. It will be held largely at the new Illinois Eye and Ear Infirmary, 1855 W. Taylor St., Chicago, and will include visits to a number of Chicago hospitals. Instruction will be provided by means of animal demonstrations and practice in bronchoscopy and esophagoscopy, diagnostic and surgical clinics, as well as didactic lectures.

Interested registrants will please write directly to the Department of Otolaryngology, College of Medicine, University of Illinois at the Medical Center, Postoffice Box 6998, Chicago, Illinois 60680.

Abstracts of Papers Called for Wayne University Thyroid Service

Wayne State University announces the Ninth Annual Workshop of their Thyroid Service to be held at the David Whitney Bldg., Detroit, on December 10.

Abstracts of papers to be considered for the program are called for now and must be received prior to August 1. For full particulars write Dr. Robert Douglass, 23023 Orchard Lake Road, Farmington, Michigan 48024.

Society for Cryosurgery Party for AMA Convention Time

The Society for Cryosurgery announces that a cocktail party will be held on Tuesday, July 15, 5:00 p.m. to 7:00 p.m.

All cryosurgeons and others interested in low-temperature therapy who are attending the 1969 AMA Annual Convention in New York City are invited.

Secure admission ticket and information on location of party from the attendant at the desk assigned to the Society for Cryosurgery in the general registration area in the Coliseum. Society members free; nominal charge for guests.

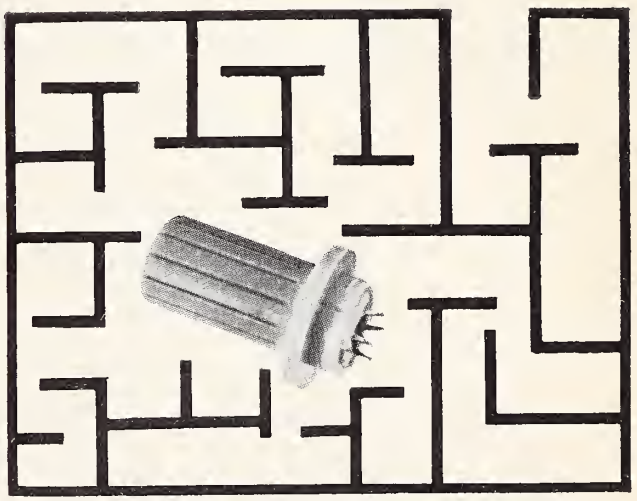
"Peptic Ulcer" Postgraduate Course Listed for August 14-16

"Peptic Ulcer" will be the subject of a postgraduate course to be conducted by the American Gastroenterological Association on August 14, 15 and 16 at Aspen, Colorado.

The tuition fee is $100, except for fellows, house staff and students who pay $50. Registration will be limited. Write AGA Course, P. O. Box 20056, Denver, Colorado 80220.

Eighth Annual Congress of Gerontology to Meet in Washington

The 8th International Congress of Gerontology will meet in Washington, D. C. on August 24 to 29. Full details may be obtained by writing the Congress at 9650 Rockville Pike, Bethesda, Maryland 20014. ◄



HISTO IS CONFUSING.

Histoplasmosis can mimic such unrelated diseases as TB, leukemia, pneumonia and syphilis. Use the blue Histoplasmin LEDERTINE™ Applicator as the first step in differential diagnosis and as a routine step in physical examinations for the permanent records of your patients.

HISTOPLASMIN, TINE TEST
(Rosenthal)

Precautions—Nonspecific reactions are rare, but may occur. Vesiculation, ulceration or necrosis may occur at test site in highly sensitive persons. The test should be used with caution in patients known to be allergic to acacia, or to thimerosal (or other mercurial compounds).

Lederle LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, New York
473-9

County, District News

Allen

Speaker at the March 4 meeting of the Allen County (Fort Wayne) Medical Society was Dr. Samuel Saslaw, Professor of Medicine and Microbiology at Ohio State University. His topic was "Current Concepts of Antibiotics."

Carroll

Dr. Carlos E. Amaya, Flora, is the new president; Dr. Don J. Wagoner, Burlington, the new vice-president and Dr. Robert M. Seese, Delphi, the new secretary-treasurer of the Carroll County Medical Society.

Dearborn-Ohio

Three speakers provided by the Indiana Heart Association discussed the "Coronary Care Unit" at the March 6 meeting of the Dearborn-Ohio County Medical Society.

Elkhart

Dr. Ernest Berkas, Detroit, spoke on "Thoracic Trauma" at the March 6 meeting of the Elkhart County Medical Society.

Howard

A film on "Current Concepts of Shock" highlighted the March 4 meeting of the Howard County Medical Society.

Jay

Dr. William H. Cripe, Portland, has been elected president of the Jay County Medical Society.

Knox

"Blood Gases" was the topic chosen by Dr. D. J. Combs, Vincennes, when he spoke at the March 18 meeting of the Knox County Medical Society.

Kosciusco

Dr. Mark Dyken, Indianapolis, spoke on "Cardiovascular Therapy" at the March 18 meeting of the Kosciusco County Medical Society.

Morgan

New officers of the Morgan County Medical Society are: Drs. William P. Winter, Martinsville, president; Edward Kourany, Mooresville, vice-president and M. A. Turner, Martinsville, secretary-treasurer.

Parke-Vermillion

Speaker at the March 18 meeting of the Parke-Vermillion County Medical Society was Dr. Morton E. Tavel, Indianapolis, who discussed "Risk Factors in Coronary Heart Disease."

Scott

New secretary of the Scott County Medical Society is Dr. Dominador F. Llamas, Austin.

Vanderburgh

Dr. Spiro Mitsos, director of the Rehabilitation Center at Evansville, spoke on the present programs and services of the center at the March 11 meeting of the Vanderburgh County Medical Society.

Wayne-Union

Dr. James Flinchbaugh, a minister, spoke on "Tensions—at the Time of Death" at the March 11 meeting of the Wayne-Union County Medical Society.

Wells

"Gastric Physiology" was the subject chosen by Dr. Lester R. Dragstedt, Research Professor of Surgery at the University of Florida, when he spoke at the March 17 meeting of the Wells County Medical Society.

Whitley

Officers of the Whitley County Medical Society for the coming year will be: Drs. Thomas Hamilton, president and Frank Thompson, secretary-treasurer. Both of the new officers are from Columbia City. ◄

Sailor Tattooing Doesn't Belong in Federal Research

The 1969 Federal Budget has $17 billion earmarked for research, development, testing and evaluation. Calling attention to a past Administration study on a sailor's love life and the psychological influences of tattooing, *Washington Report,* official publication of the Chamber of Commerce of the United States, comments: "One can only hope that none of the new budget will be wasted on such silly projects."

Dear Doctor:

Wouldn't you like your patients to learn more bout the contributions made by the world of ıedicine to their welfare? So that they can better ppreciate the efforts of the health team to keep ıem in good health?

To tell the stories of medical and pharmaceu- cal advances to people throughout the country, ıe Pharmaceutical Manufacturers Association is ponsoring a unique "magazine within a magazine." t is called *Medicines and your family's health* and the rst issue appears in the November *Reader's Digest*.

We would like to send you 50 free reprints of *Medicines and your family's health* for use in your reception room. Your patients will find the articles in this issue factual, educational and of immediate personal interest.

Just fill out the coupon below and send it to us.

Order Desk
Pharmaceutical Manufacturers Association
1155 Fifteenth St., N.W.
Washington, D. C. 20005

Gentlemen:
Please send me 50 free copies of
Medicines and your family's health.

Name_____

Street_____

City_____ State_____ Zip_____



INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—March, 1969

Disease	Mar. 1969	Feb. 1969	Jan. 1969	Mar. 1968	Mar. 1967
Animal Bites	556	398	236	755	771
Chickenpox	714	689	685	667	584
Conjunctivitis	141	129	96	133	143
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	89	32	15	120	83
Gonorrhea	485	434	484	579	495
Impetigo	93	111	99	99	98
Infectious Hepatitis	35	65	22	47	104
Infectious Mononucleosis	123	92	61	153	85
Influenza	8788	6214	38177	1719	2049
Measles					
Rubeola	131	50	31	150	97
Rubella	338	173	68	103	150
Meningitis, Meningococcal	7	8	7	6	6
Meningitis, Other	6	3	3	9	9
Mumps	337	307	235	822	1134
Pertussis (whooping cough)	3	4	6	16	28
Pneumonia	295	465	754	308	510
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1608	1014	725	1185	1538
Syphilis					
Primary & Secondary	30	29	30	22	17
All Other Syphilis	117	94	89	142	105
Tinea Capitis	6	23	26	17	8
Tuberculosis (Active)	91	59	61	98	128

How to pay for a college education without using savings or investments.

With our low cost plan you can finance your child's education out of regular monthly income. Choose a plan to cover one, two, three or four consecutive years' expenses with up to 72 months to repay. Insurance protection is included at no extra cost. Write today for our free brochure.

CAP
College Aid Plan, Inc.

College Aid Plan, Inc.
1008 Elm Street
Manchester, New Hampshire 03101
Attention Dept. C-3

Please send me your brochure, "The Modern Method of Financing an Education."

Name_____

Address_____

City_____ State_____ Zip_____

Deaths

William S. Ehrich, M.D.

Dr. William S. Ehrich, retired Evansville urologist, died March 31 in a nursing home at Pawley's Island, S. C. He was 88 years old.

Dr. Ehrich started practice in Evansville in 1908 after being graduated from the Medical College of South Carolina in 1903. He was the first urologist in Southern Indiana, and for years thereafter, the only one. For several years he was chief of the surgery staff at Deaconess Hospital; he also set up the hospital's first radiology department; was president of the City Health Board; was a past-president of the Vanderburgh County Medical Society; a life member of the American College of Surgeons; a Senior Member of ISMA and member of the 50-Year Club.

Arthur W. Kistner, M.D.

Dr. Arthur W. Kistner, 65-year-old Elkhart general practitioner, died March 6 at General Hospital there.

Graduated from the University of Illinois School of Medicine in 1927, Dr. Kistner practiced in Chicago for two years and then went to Elkhart to practice with his father, Dr. John Kistner, and then in his own practice. He was a member of the Elkhart County Medical Society.

George L. Mitchell, M.D.

Dr. George L. Mitchell, a practicing physician for 56 years, died March 26 in Bloomington Hospital at the age of 84.

Dr. Mitchell began his practice in Quincy, Ind., in 1912, the year he was graduated from the I.U. School of Medicine. He moved his practice to Smithville in 1914 and was credited with delivering almost all the senior population of the Smithville-Harrodsburg area. He was a Senior Member of ISMA, a member of the 50-Year Club and the Owen-Monroe County Medical Society.

William R. Troutwine, M.D.

Dr. William R. Troutwine, retired Crown Point physician, died April 2 in a hospital at Marathon, Fla., where he was spending the winter.

The 59-year-old physician, graduated from Marquette University School of Medicine in 1937, was a past president of the Lake County Medical Society. He had practiced medicine in Crown Point since 1937, and retired last year.

Ansel C. Worley, M.D.

Dr. A. C. Worley, of Plantation, Fla., a Fort Wayne general practitioner from 1929 until retiring in 1966, died March 2 at the age of 74.

Dr. Worley, a native of Kentucky, was graduated from the University of Louisville School of Medicine in 1923. He had served on the staffs of the Lutheran and Parkview Memorial Hospitals and was on the visiting staff of St. Joseph's Hospital. He was a Senior Member of ISMA and member of the Allen County Medical Society.

James W. Young, M.D.

Dr. James W. Young, 56, general practitioner in the Broad Ripple area of Indianapolis since 1947, died March 15 in Methodist Hospital.

Dr. Young was graduated from the I.U. School of Medicine in 1942 and was a former member of the board of directors of the Marion County Medical Society. He had also served three terms as chairman of the general practice department of Methodist Hospital. ◄

HARDING HOSPITAL, Inc.

(A Fully Accredited Private Psychiatric Hospital)
WORTHINGTON
OHIO

For the Diagnosis and Treatment of Psychiatric Disorders

and with

Limited Facilities for the Aging

GEORGE T. HARDING, M.D.
Medical Director

D. L. HANSON
Administrator

Phone: Columbus 614-885-5381



Your Contributions Are Needed . . .

SUPPORT THESE PROGRAMS OF THE AMA-ERF

- *Funds for Medical Schools* -- Contributions may be designated for one particular school. Undesignated contributions will be distributed equally among all medical schools. No restrictions are placed on the use made of this money by the schools.
- *Loan Guarantee Fund* -- Provides guaranteed loans to medical students, interns and residents. For every dollar in the fund, the private banking industry loans $12.50, at a maximum rate of 6% simple interest.
- *Honors and Scholarship Program* -- Designed to attract students of high promise to careers in medicine—meetings, personal contacts and written materials will be employed. Medical school scholarships will be available to those who need them.
- *Undesignated Contributions* -- Money not designated for any specific AMA-ERF program will be placed in the general fund and the Board of Directors will decide on its use, depending upon need.

AMA-ERF

American Medical Association
Education and Research Foundation
535 North Dearborn Street
Chicago 10, Illinois

COMMERCIAL ANNOUNCEMENTS

BUY AND TRY: Wye Plantation Aberdeen-Angus frozen semen from Advanced Register P.R.I. sires officially gaining over four pounds per day or whose 365-day weights are above 1,200 pounds. (Performance tested sires always for sale.) WYE PLANTATION, Queenstown, Maryland 21658. Telephones: 301-827-7166 or 301-827-7160.

AVAILABLE: Well established practice in lake area of Northern Indiana. Office in association with two G.P.'s in 4-year-old Erdman Building with lab, x-ray and pharmacy. Coverage system with 5 other G.P.'s. Excellent opportunity to start fast with good patients. Community with small industry economy planning new community hospital. Contact William Cron, M.D., 827 S. Union St., Warsaw, Ind. 46580.

FOR SALE: A well planned, large, recently remodelled office building, for medical practice. Located in an active thriving community. One other physician present who would welcome a medical colleague. Thirteen miles from a 300-bed community hospital. Easy terms. Contact: Mr. Victor A. Selby, Jr., President, The Citizens State Bank of Fairmount, Fairmount, Indiana 46928.

WANTED: Assistant M.D., Culver Military Academy, Culver, Indiana starting September, 1969. Pleasant well-regulated job; 50-bed hospital with outpatient department. Good life. Attend 800+ cadets, faculty and employees. Campus on beautiful Lake Maxinkuckee. All sports $2.00 per month. Golf on campus. Salary open to discussion. Much reduced rates for boys or girls qualified to attend Academy. Contact M. D. Baker, M.D., 219-842-3311 or 842-2662.

WANTED: GP-established practice. No down payment. Share expenses in association of three-member GP Clinic. Excellent hospital and medical facilities. Contact B. J. Roberts, M.D., Riverpark Clinic, South Bend, Indiana.

WANTED: Cass — Logansport: New group formed last Sept. — Howard Clinic — 3 G.P.s and one Internist to date. Booming clientele — need O.B.-Gyn, G.P.s, Peds, E.N.T., Internal Medicine, etc. Clinic leases space from St. Joseph Hospital —men trade week-day and week-end call for more time with family and hobbies. Administrative headaches taken care of by central office and M.D. administrator. Salaries first year in the $20,000 and up area. Second year may purchase shares in the corporation. City of 25,000—2½ hours from Chicago, 79 miles north of Indianapolis. Only group effort in area. Call collect Joseph D. Howard, M.D. 753-4932 or 753-8536 in p.m.

AVAILABLE: Medical suite. Established practice in professional building, 6049 E. Washington St., Indianapolis. All services furnished. Phone Modern Pharmacy, 359-5569.

WANTED: GENERAL PRACTITIONER or INTERNIST for private practice in Coshocton County. Office space available in modern fully equipped building. Associate or partnership arrangements are alsa possible. Income supplement arrangement passible ta make easy transition. Modern 161-bed hospital and extended care unit serving appraximately 38,000. Contact L. E. Smith, Jr., M.D., Coshoctan County Memarial Haspital, Coshocton, Ohia.

FOR SALE: Spacious, fairly new office building in lake area of Northern Indiana. Near Lake Wawasee. Ten miles from new, progressive, well-managed, 165-bed community hospital at Gashen, Indiana. Excellent opportunity ta start immediately with a large general practice. Owner leaving to go inta anesthesia. Easy terms. Contact: Walter Massanari, M.D., 211 Egbert Rd., Goshen, Ind. 46526. Phone 533-2763.

WANTED: GP or internist far VA Outpatient practice, consisting af examinatians and treatment, either part-time or full-time 40 hours per week. Salary commensurate with professional qualificatians and experience. If interested, please cantact Persannel Division, V.A. Hospital, 1481 W. Tenth St., Indianapolis, Indiana 46202 or call 635-7401.

GENERALISTS AND PSYCHIATRISTS: In accredited progressive 2000-bed mental hospital with approved psychiatric residency training pragram. Ideal living in active resort community located in Michigan's serene, scenic water-wonderland. Salary $22,550-$30,464, depending on qualifications. (Salary rates effective July 1, 1969). Unparalleled retirement and fringe benefits. Contact M. Duane Sommerness, M.D., Superintendent, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

PSYCHIATRIC RESIDENCIES: We offer nothing but excellent psychiatric training in a stimulating, well organized program lacated in a culturally advantaged cammunity. Approved psychiatric training. Traverse City State Hospital, Michigan Department of Mental Health. Three and five year programs. Salary, 3 year pragram: $10,669; $11,191; $12,131. 5 year program: $12,152; $14,031; $16,328; $21,944; $23,093. NIMH-GP stipends available. Located in Michigan's serene, scenic recreation area on Grand Traverse Bay. Contact Dr. Paul E. Kauffman, Directar of Training, Traverse City State Hospital, Traverse City, Michigan 49684. An equal opportunity employer.

FOOD AND DRUG ADMINISTRATION

Bureau of Medicine is Seeking

- PHYSICIANS — Board certified or Board elegible in various specialities.
- The Bureau af Medicine, ane of the majar divisions of FDA, is responsible for develaping medical policy an the efficacy and safety af drugs, medical devices, and substances used in faads, drugs, cosmetics, and hazardous household products. The individual physician is assigned ta one af faur majar subdivisions af the Bureau and reviews and evaluates scientific and clinical data relating to safety and efficacy af drugs, medical devices, and substances.
- Starting salary $19,771 with assured periodic increases; excellent fringe benefits; prafessional develapment pragrams; equal oppartunity; U.S. citizenship required. (The praposed pay increase would raise the starting salary to appraximately $21,600 in July 1969 if approved.)
- Lacated in Arlingtan, Virginia in madern affice-apartment-shapping camplex.
- Major relocatian expenses reimbursed.
- We will be interviewing in Chicago May 21 and 22. To arrange an interview please call D. M. Herschler collect on 703-557-3161.
- Or write: J. J. Jennings, M.D., Acting Deputy Directar, Bureau of Medicine, Cade A-13, P.O. Bax 2000, Eads Station, Arlingtan, Virginia 22202.

ADVERTISERS IN THIS ISSUE

May 1969 Volume 62 No. 5

Associates Investment Company 516
Bristol Laboratories 441
Brown Pharmaceutical Co. 481
Burroughs Wellcome & Co., Inc. 494
Campbell Soup Company 475
Geigy Pharmaceuticals 443, 492-93, 500-502
Hanger, J. E., Inc. 507
Harding Hospital 517
Highland Hospital 498
Home Lawn Mineral Springs 497
Hynson, Westcott & Dunning, Inc. 433
Indiana Medical Bureau 452
Lederle Laboratories 435, 495, 505, 513
Lilly, Eli & Company 458
McNeil Laboratories, Inc. 442
Medical Protective Co. of Ft. Wayne 509
Mutual Medical Insurance, Inc. 457
National Drug Co. 455
Parke, Davis & Company 444
Poythress, Wm. P. & Co., Inc. 496
Professional Life & Casualty Company 3rd Cover
Robins, A. H. Company, Inc. 439
Roche Laboratories 4th Cover, 491
Sandoz Pharmaceuticals 478
Searle, G. D. & Co. 476-77
Shingwauk Village 504
Wabash Valley Hospital 468
Wallace Laboratories 510-12
Warner-Chilcott Laboratories 453-54
White-Haines Optical Co. 437
Winthrop Laboratories 2nd Cover

In accepting advertising for publication, *The Journal* has exercised reasonable precaution to insure that only reputable factual advertisements are included. However, we do not have facilities to make any comprehensive or complete investigation, and the claims made by advertisers in behalf of goods, services, and medicinal preparations, apparatus or physical appliances are to be regarded as those of the advertiser only. Neither sanction nor endorsement of such is warranted, stated, or implied by the association.

J-O-P
Univ Of Calif
Med Ctr Library
Acquisitions Dept
San Francisco, Calif 94122
12-69

The JOURNAL

OF THE INDIANA STATE MEDICAL ASSOCIATION

Indianapolis, Indiana

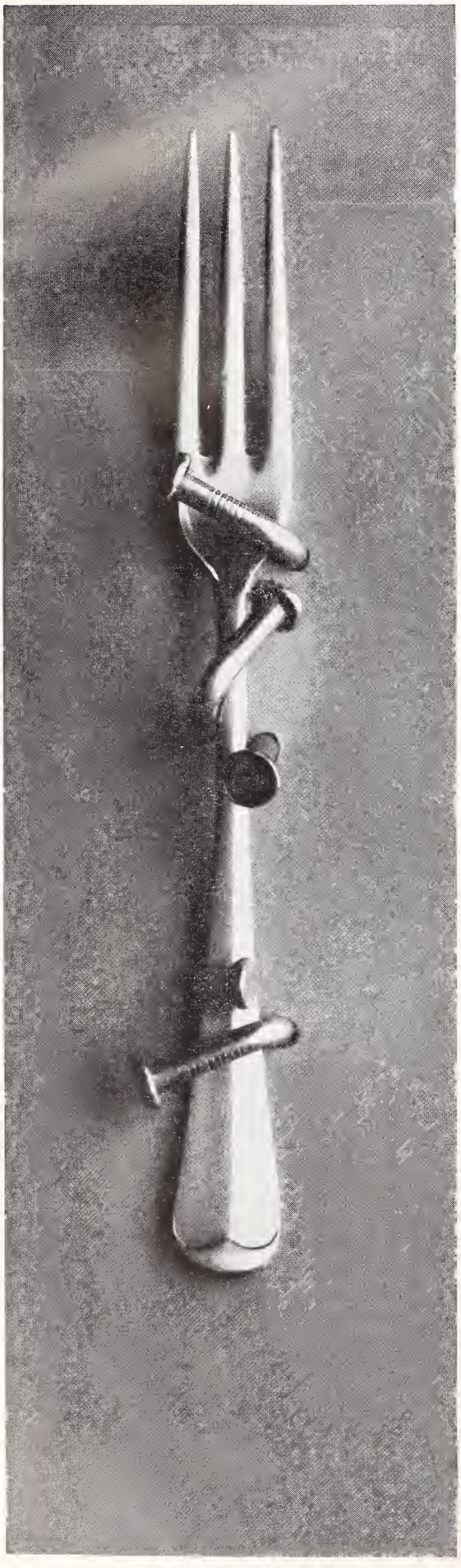
Vol. 62 • No. 6

June, 1969



U.C. MEDICAL CENTER LIBRARY
JUL 15 1969
San Francisco 22,

ROSTER AND YEARBOOK ISSUE



For the "Cheater Eater"

Formulas: Each 'Dexamyl' *Spansule* capsule No. 1 contains 10 mg. of Dexedrine® (brand of dextroamphetamine sulfate) and 1 gr. of amobarbital, derivative of barbituric acid (Warning, may be habit forming). Each 'Dexamyl' *Spansule* capsule No. 2 contains 15 mg. of Dexedrine (brand of dextroamphetamine sulfate) and 1½ gr. of amobarbital (Warning, may be habit forming).
Before prescribing, see complete prescribing information in SK&F literature or *PDR*.
Contraindications: Hyperexcitability, undue restlessness, hyperthyroidism, porphyria; in patients on MAO inhibitors.
Precautions: Use with caution in patients hypersensitive to sympathomimetics or barbiturates and in coronary or cardiovascular disease or severe hypertension. Excessive use of the amphetamines by unstable individuals may result in a psychological dependence. Rarely, symptoms of toxic psychosis (hallucinations, confusion, panic states, etc.) may occur with amphetamines, usually after prolonged high dosage. In these instances, withdraw the medication. Use cautiously in pregnant patients, especially in the first trimester.
Adverse Reactions: Overstimulation, restlessness, insomnia, g.i. disturbances, diarrhea, palpitation, tachycardia, elevated blood pressure, tremor, sweating, impotence and headache.
Supplied: In bottles of 50.

Dexamyl®

brand of dextroamphetamine sulfate and amobarbital

Spansule®

brand of sustained release capsules

curbs appetite
encourages normal activity
dispels diet discouragement

SK&F

Smith Kline & French Laboratories

LACTINEX®

TABLETS & GRANULES

■ **to help restore and stabilize the intestinal flora**

■ **for fever blisters and canker sores of herpetic origin**

Lactinex contains both *Lactobacillus acidophilus* and *L. bulgaricus* in a standardized viable culture, with the naturally occurring metabolic products produced by these organisms.

Lactinex has been shown to be useful in the treatment of gastrointestinal disturbances, and for relieving the painful oral lesions of fever blisters and canker sores of herpetic origin.[1,2,3,4,5,6,7,8]

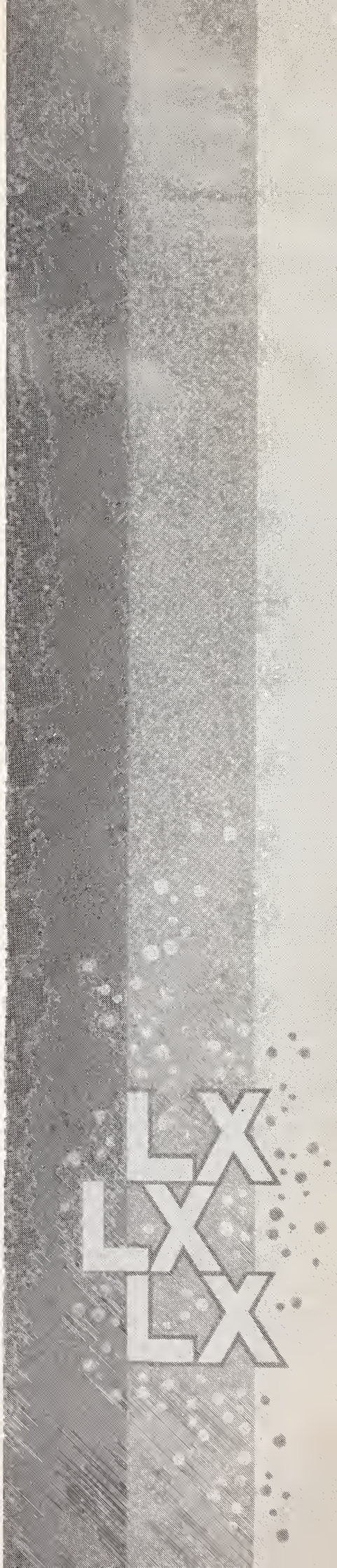
No untoward side effects have been reported to date.

Literature on indications and dosage available on request.

HYNSON, WESTCOTT & DUNNING, INC.

Baltimore, Maryland 21201

(LX-05)



References:
(1) Siver, R. H.: CMD, *21*:109, September 1954. (2) Frykman, H. H.: Minn. Med., *38*:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., *51*:16-18, January 1955. (4) Quehl, T. M.: Jour. of Florida Acad. Gen. Prac., *15*:15-16, October 1965. (5) Weekes, D. J.: N.Y. State Jour. Med., *58*:2672-2673, August 1958. (6) Weekes, D. J.: EENT Digest, *25*:47-59, December 1963. (7) Abbott, P. L.: Jour. Oral Surg., Anes., & Hosp. Dental Serv., 310-312, July 1961. (8) Rapoport, L. and Levine, W. I.: Oral Surg., Oral Med. & Oral Path., *20*:591-593, November 1965.

JUNE 1969

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication

3935 N. Meridian, Indianapolis, Indiana 46208

Contents

SCIENTIFIC

An Emergency Air-Ground Transport System for the Newborn with Respiratory Distress Syndrome, L. J. Arp, Ph.D., R. E. Dillon, Mary Tom Long, M.D., C. L. Boatright, M.D., Blacksburg, Va. 547

EDITORIALS

Struck By Lightning 550

When I Was Three-and-Twenty (Guest) 550

Show Congress How Much Our States Do Care (Guest) 551

Editorial Notes 551

SPECIAL FEATURES

Federally Approved Home Health Services Agencies in Indiana 553

Medicare Approved Independent Clinical Laboratories 556

Interprofessional Code of the Indiana State Medical Association and the Indiana State Bar Association 561

Ivy Tech Health Occupation Courses 568

Convention Art, Hobby Show Application Form 725

AMA Auxiliary Announces Young People's Program 733

REGULAR FEATURES

President's Page 531

Fourth Estate 535

What's New? 541

Your Blue Shield Board of Directors (One of a Series) 545

The Woman's Auxiliary Reports to ISMA 566

From The Journal 50 Years Ago 704

Board of Health Report 734

Annual Meeting Dates of Professional Medical and Allied Organizations 735

EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 1802 North Illinois Street, Indianapolis 46202. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 3935 N. Meridian, Indianapolis 46208.

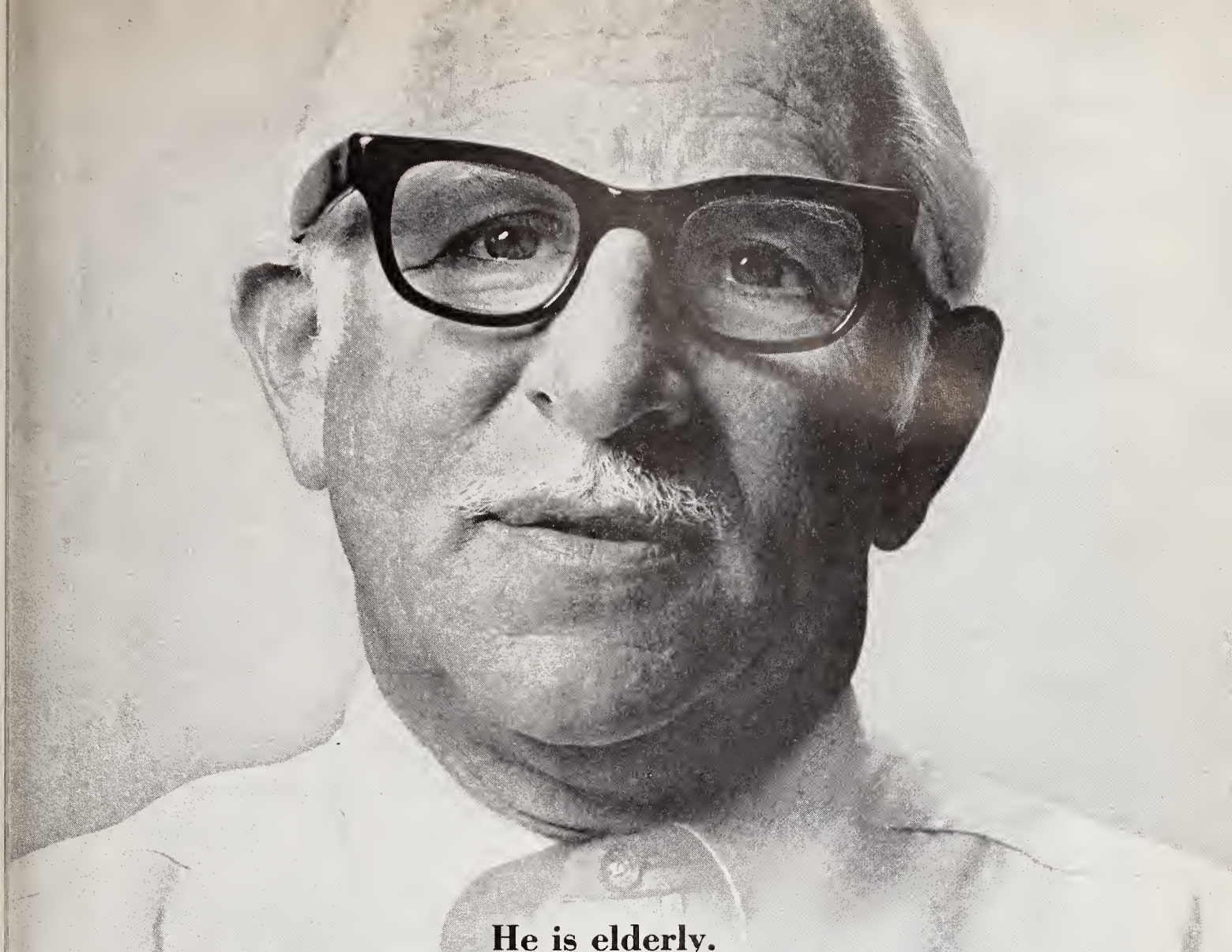
Advertising rates will be furnished on request. Copy must be received by the 5th of the month preceding month of issue. (Scientific manuscripts must be received at least two weeks earlier if geared for a specific issue.)

Representative for national advertising is the State Medical Journal Advertising Bureau, 510 N. Dearborn St., Chicago, Ill.

Entered as second class matter January 25, 1933, at the Postoffice at Indianapolis, Indiana. Copyright, 1969 by the Indiana State Medical Association. Published monthly at 3935 N. Meridian, Indianapolis 46208.

Second-class postage paid at Indianapolis, Indiana and at additional mailing office.

All issues of 1967 and subsequently may be obtained on microfilm. Address **The Journal** for details.



He is elderly.
He is on corticosteroids.
When he needs an antibiotic
he may be a candidate for

DECLOSTATIN® 300

Demethylchlortetracycline HCl 300 mg
and Nystatin 500,000 units
CAPSULE-SHAPED TABLETS Lederle

b.i.d.

To guard susceptible patients against intestinal monilial overgrowth during broad-spectrum therapy—the protection of nystatin is combined with demethylchlortetracycline in DECLOSTATIN.

For your susceptible candidates, prescribe DECLOSTATIN—the broad-spectrum therapy that prevents monilial overgrowth.

Effectiveness: Because its antibacterial component is DECLOMYCIN Demethylchlortetracycline, DECLOSTATIN should be equally or more effective therapeutically than other tetracyclines in infections caused by tetracycline-sensitive organisms. The antifungal component, Nystatin, protects against superinfection by antibiotic-resistant fungal overgrowth (particularly monilia) in the intestinal tract.

Contraindication: History of hypersensitivity to demethylchlortetracycline or nystatin.

Warning: In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, lower than usual doses are indicated, and, if therapy is prolonged, serum level determinations may be advisable. A photodynamic reaction to natural or artificial sunlight has been observed. Small amounts of drug and short exposure may produce an exaggerated sunburn reaction which may range from erythema to severe skin manifestations. In a smaller proportion, photoallergic reactions have been reported. Patients should avoid direct exposure to sunlight and discontinue drug at the first evidence of skin discomfort. Necessary subsequent courses of treatment with tetracyclines should be carefully observed.

Precautions: Overgrowth of nonsusceptible organisms may occur. Constant observation is essential. If new infections appear, appropriate measures should be taken. In infants, increased intracranial pressure with bulging fontanels has been observed. All signs and symptoms have disappeared rapidly upon cessation of treatment.

Side Effects: Gastrointestinal system—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. Skin—maculopapular and erythematous rashes; a rare case of exfoliative dermatitis has been reported. Photosensitivity; onycholysis and discoloration of the nails (rare). Kidney—rise in BUN, apparently dose related. Transient increase in urinary output, sometimes accompanied by thirst (rare). Hypersensitivity reactions—urticaria, angioneurotic edema, anaphylaxis. Teeth—dental staining (yellow-brown) in children of mothers given this drug during the latter half of pregnancy, and in children given the drug during the neonatal period, infancy and early childhood. Enamel hypoplasia has been seen in a few children. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Demethylchlortetracycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans.

Average Adult Daily Dosage: 150 mg q.i.d. or 300 mg b.i.d. Should be given 1 hour before or 2 hours after meals, since absorption is impaired by the concomitant administration of high calcium content drugs, foods and some dairy products. Treatment of streptococcal infections should continue for 10 days, even though symptoms have subsided.

Lederle

LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, New York

THE INDIANA STATE MEDICAL ASSOCIATION

3935 N. Meridian, Indianapolis 46208—Telephone 925-7545

ANNUAL CONVENTION—OCTOBER 13-16, 1969—INDIANAPOLIS

OFFICERS FOR 1968-69

President—Patrick J. V. Corcoran, 3700 Bellemeade, Evansville 47715.

President-Elect—Lowell H. Steen, 2450 169th St., Hammond 46323.

Treasurer—Lester H. Hoyt, M.D., Methodist Hospital, Indianapolis 46202.

Assistant Treasurer—Malcolm O. Scamahorn, Pittsboro 46167.

Executive Secretary—Mr. Jomes A. Waggener, 3935 N. Meridian, Indianapolis 46208.

TRUSTEES

District	Term Expires
1—Gilbert M. Wilhelmus, Evansville	Oct. 1971
2—Joe Dukes, Dugger	Oct. 1969
3—Donald M. Kerr, Bedford	Oct. 1970
4—Robert M. Reid, Columbus	Oct. 1971
5—Wilbert McIntosh, Riley	Oct. 1969
6—Stephen D. Smith, Knightstown	Oct. 1970
7—James H. Gosmon, Indianapolis	Oct. 1971
8—Donald R. Toylor, Muncie (Choirmon)	Oct. 1969
9—Peter R. Petrich, Attica	Oct. 1970
10—Vincent J. Santare, Munster	Oct. 1971
11—Lowell Hillis, Logansport	Oct. 1969
12—William R. Clark, Fort Wayne	Oct. 1970
13—Otis R. Bowen, Bremen	Oct. 1971

ALTERNATES

District	Term Expires
1—Eugene Austin, Evansville	1970
2—Betty Dukes, Dugger	1971
3—Elmer L. Wallace, New Albany	1971
4—Jock E. Shields, Brownstown	1970
5—Cleon M. Schauwecker, Greencastle	1970
6—Frank Green, Rushville	1969
7—John O. Butler, Indionapolis	1969
8—Paul Sparks, Winchester	1970
9—Lindley Wagner, Lofayette	1971
10—Charles T. Disney, Gary	1969
11—James A. Harshmon, Kokomo	1971
12—Frederic L. Schoen, Fort Wayne	1971
13—G. Beach Gattman, Elkhort	1970

SECTION OFFICERS 1968-69

Section on Surgery:
Choirman—
Vice-chairmon—Austin Gordner, Indianapolis
Secretary—Robert Rang, Woshington

Sectian an Internal Medicine:
Chairman—Louis Sandock, South Bend
Vice-chairman—Evart M. Beck, Indianapolis
Secretory—Robert L. Rudesill, Indianapolis

Section an Ophthalmalogy and Otolaryngalogy:
Chairmon—Dovid E. Brown, Indionopolis
Vice-choirman—Kenneth F. Isenogle, Fort Wayne
Secretary—George A. Clark, Indionopolis

Sectian an Anesthesiolagy:
Chairmon—Robert W. Vermilyo, Lafayette
Vice-choirman—William M. Sholty, Lofayette
Secretary—Adolph P. Walker, East Chicago

Section on General Practice:
Chairmon—Robert W. Mouser, Indianapolis
Vice-choirman—Richord Juergens, Fort Wayne
Secretary—Robert Acher, Greensburg

Section an Obstetrics and Gynecalogy:
Chairman—Tom W. Wochob, Jr., Kokomo
Vice-chairman—Charles R. Echt, Indionapolis
Secretory—Barton T. Smith, Morion

Section on Public Health and Preventive Medicine:
Chairmon—Bertrom F. Duckwall, Terre Haute
Vice-choirman—
Secretary—Louis E. How, South Bend

Sectian an Radiology:
Chairman—John A. Robb, Indianapolis
Vice-chairman—Robert E. Beck, Evansville
Secretary—Dale B. Parsholl, Elkhart

Section an Nervous and Mental Diseases:
Choirman—Robert O. Bill, Indianapolis
Vice-chairman—Richard L. Shriner, Sauth Bend
Secretary—Wesley A. Kissel, Indianapolis

Section on Pathalagy and Forensic Medicine:
Chairman—Robert J. Frast, Michigan City
Vice-chairman—Horley P. Palmer, Franklin
Secretary—Robert L. Costin, Indianapolis

Sectian an Pediatrics:
Chairman—George F. Parker, Indianopolis
Vice-chairman—Wendell E. Brown, Indianapolis
Secretary—Donald L. Rogers, Indionapolis

Section on Directars of Medical Education:
Chairman—Donald T. Olson, South Bend
Vice-chairman ond Secretary—Franklin A. Bryan, Fort Wayne

Section an Cutaneous Medicine:
President—Stephen R. Phelps, South Bend
Secretory—Paul V. Chivington, Jr., Indianapolis

DELEGATES TO THE AMA

Terms expire December 31, 1969:

Delegates	Alternates
Guy A. Owsley Hartford City	Maurice E. Glock Fort Woyne
Jack E. Shields Brownstown	Dwight W. Schuster Indianapolis

Terms expire December 31, 1970:

Delegates	Alternates
Don E. Wood Indianapolis	James A. Harshman Kokomo
Eugene F. Senseny Fort Woyne	Eugene S. Rifner Van Buren
Frank H. Green Rushville	Kenneth O. Neumann Lafayette

1967-68 DISTRICT MEDICAL SOCIETY OFFICERS

District	President	Secretary	Place and date of meeting
1.	James L. Hobgood, Evansville	Ray H. Burnikel, Evansville	
2.	Thomas O. Borrett, Vincennes	J. S. Brown, Carlisle	
3.	Doniel H. Cannon, New Albany	Elmer L. Wollace, New Albany	April 1, 1970, New Albany
4.	D. D. Dickson, Greensburg	James C. Miller, Greensburg	
5.	William Tipton, Greencastle	Cleon M. Schauwecker, Greencastle	
6.	Perry F. Seol, Brookville	Mark Smith, New Castle	
7.	Malcolm O. Scamahorn, Pittsboro	Donald E. Stephens, Indianopolis	
8.	F. E. Stout, Muncie	Richard N. Philbert, Muncie	
9.	Chester L. Woits, Lofoyette	Anson F. Hughes, Lafayette	
10.	R. J. Doherty, Crown Point	Lambro Dimitroff, Columet City, Ill.	
11.	John D. Pottison, Morion	Fred Poehler, La Fontoine	Sept., 17, 1969, Marion
12.	John Hartman, Angola	DeWoyne L. Hull, Fort Wayne	Moy 20, 1970, Fort Wayne
13.	John Kerrigon, Michigon City	John Hildebrand, South Bend	Sept. 17, 1969, South Bend

tart your program of insurance protection today, while premiums are low with a Term-Life Plan iat meets today's needs with a protective look towards the future.

ofessional Life & Casualty Company which s made a career of serving the life and dis- lity insurance needs of members of the dical community introduces its new aranteed Convertible Term-Life Plan de- oped for students, interns and residents o are commencing a career in the medical ofession.

s plan is designed for maximum protection h a nominal premium you can afford, prior your productive earning years.

e low annual premium provides a level ount of life insurance during a period when u may have real need for the financial otection and benefit of your family and pendents or of anyone financing your ucation.

ANNUAL DIVIDENDS

This is a 'participating plan' which means you participate in annual dividends to policy-holders. You may elect to have your Annual Dividends *paid in cash*, applied to reduce your annual premium or accumulated at interest (see item 9 of application).

LOW, FIXED ANNUAL PREMIUM

Your Annual Premium is based on your age at issue (nearest birthday) and remains the same for the duration of the policy. *It cannot be changed by the Company.*

NON-DECREASING COVERAGE

You may select either $10,000 or $20,000 of life insurance. Your insurance will continue for the amount and term you select (10 year or 15 year term period) and *cannot be reduced or terminated by the Company.*

GUARANTEED CONVERSION

Your term policy may be converted to our Participating Whole Life Plan at any time during the policy period *without any restrictions or limitations.*

THE IMPORTANCE OF CONVERSION TO PLC's PARTICIPATING WHOLE LIFE PLAN

Your Term Plan guarantees you the right to obtain PLC's participating Whole Life Plan which has been rated the No. 1 "low net cost" plan by a nationwide statistical service.

The rating was based on comparisons with similar plans issued by the 25 largest U. S. life insurance companies as well as with similar plans issued by the 100 lowest 'net cost' life insurers in the nation.

ick your own plan and compare! Prove it to yourself that here is a maximum protection plan you eed . . . and you can afford.

GUARANTEED CONVERTIBLE TERM INSURANCE

Premiums for $10,000 POLICY

Age At Issue Nearest Birthday)	10 YEAR TERM Annual	10 YEAR TERM Semi-Annual	15 YEAR TERM Annual	15 YEAR TERM Semi-Annual
28	$36.50	$19.00	$38.50	$20.00
29	37.00	19.50	40.00	21.00
30	37.50	19.75	42.00	22.00
31	38.00	20.00	44.00	23.00
32	39.50	20.50	46.00	24.00
33	41.00	21.50	48.50	25.00
34	43.50	22.50	52.00	27.00
35	45.50	23.50	55.00	28.50
36	48.50	25.00	59.00	30.50
37	52.00	27.00	63.00	32.50

Premiums for $20,000 Policy are double the above rates

Premiums for Ages not shown will be provided on request

Professional Life & Casualty Company

HOME OFFICE: 720 N. Michigan Ave., Chicago, Illinois 60611

DIRECTORS

CHAIRMAN—Edwin S. Hamilton, M.D.

PRESIDENT—Edward L. Compere, M.D.

Nicholas Egnatz, M.D. — Robert F. Purtell, M.D.

Stanley K. Nord, M.D. — William H. Walton, M.D.

William B. Hildebrand, M.D.

GENERAL MANAGER & ACTUARY—Norman R. B. King



Now we have a Term-Life Plan with premiums you can afford, designed for conversion to permanent life protection.

Professional Life & Casualty Company

HOME OFFICE: 720 N. Michigan Ave., Chicago, Illinois 60611

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

	YES	NO
I am interested in: Whole Life—Ledger Statement Illustration _____	☐	☐
Term life insurance data _____	☐	☐

ALL RESPONSES & INFORMATION PROVIDED BY MAIL

But before you prescribe Pertofrane, please see the full prescribing information and especially note Contraindications, Precautions, Warning, Adverse Reactions and Dosage. A brief summary of that information is included here.

Pertofrane® desipramine hydrochloride

Indications: For relief of depression.
Contraindications: Do not use drugs of the M.A.O.I. class with Pertofrane. Hyperpyretic crises or severe convulsive seizures may occur; potentiation of adverse effects can be serious or even fatal. When substituting this drug in patients receiving an M.A.O.I., allow an interval of at least 7 days. Initial dosage in such patients should be low and increases should be gradual and cautiously prescribed.
Warning: Activation of psychosis may occasionally be observed in schizophrenic patients. Do not use in patients under 12 years old, and do not use in women who are or may become pregnant unless the clinical situation warrants the potential risk.
Precautions: Careful supervision and protective measures for potentially suicidal patients are necessary. Discontinuation of therapy or adjunctive use of a sedative or tranquilizer may be necessary in the presence of increased anxiety or agitation, hypomania or manic excitement. However, phenothiazines may aggravate the condition. Atropine-like effects may be more pronounced (e.g. paralytic ileus) in susceptible patients and in those receiving anticholinergic drugs (including antiparkinsonism agents). Carefully observe patients with increased intraocular pressure. Prescribe cautiously in hyperthyroid patients and in those receiving thyroid medications. Cardiovascular complications (myocardial infarction and arrhythmias) are potential risks since they have occasionally occurred with imipramine, the parent compound. Desipramine may block the pharmacologic activity of guanethidine and related adrenergic neuron-blocking agents. Hypertensive episodes have been observed during surgery in patients on desipramine therapy.
Before prescribing the drug, the physician should be thoroughly familiar with prescribing information, with the literature, with all adverse reactions, with the diagnosis and management of depression, and with the relative merits of all measures for treating the condition.
Adverse Reactions: Dry mouth, constipation, disturbed visual accommodation, anorexia, perspiration, insomnia, drowsiness, dizziness, headache, nausea, epigastric distress, and skin rash (including photosensitization) may appear. Since orthostatic hypotension has occurred, carefully observe patients requiring concomitant vasodilating therapy, particularly during the initial phases. Other adverse reactions include tachycardia, changes in EEG patterns, tremor, falling, mild extrapyramidal activity, neuromuscular incoordination, epileptiform seizures. A confusional state (with such symptoms as hallucinations and disorientation) occurs occasionally and may require reduced dosage or discontinuance of therapy. Rarely, transient eosinophilia, slight elevation in transaminase levels, transient jaundice, or liver damage have occurred. If abnormalities occur in liver function tests, discontinue drug and investigate. Occasional hormonal effects, particularly decreased libido or impotence and instances of gynecomastia, galactorrhea and female breast enlargement have been observed. Urinary frequency or retention may occur. The drug should be discontinued if agranulocytosis, bone marrow depression, jaundice, thrombocytopenia, or purpura occur.
Dosage: 25 to 50 mg. t.i.d. The maximum daily dose is 200 mg. Continue maintenance dosage for at least 2 months after obtaining satisfactory response. Generally, elderly and adolescent patients should be given low doses.
Availability: Pink capsules of 25 mg. in bottles of 100 and 1000. (B) 46-530-E

For complete details, please see the prescribing information.

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York 10502

What makes a

A man?
Another woman?
Three kids?
No kids at all?
Wrinkles?
You name it.

Is she truly depressed?

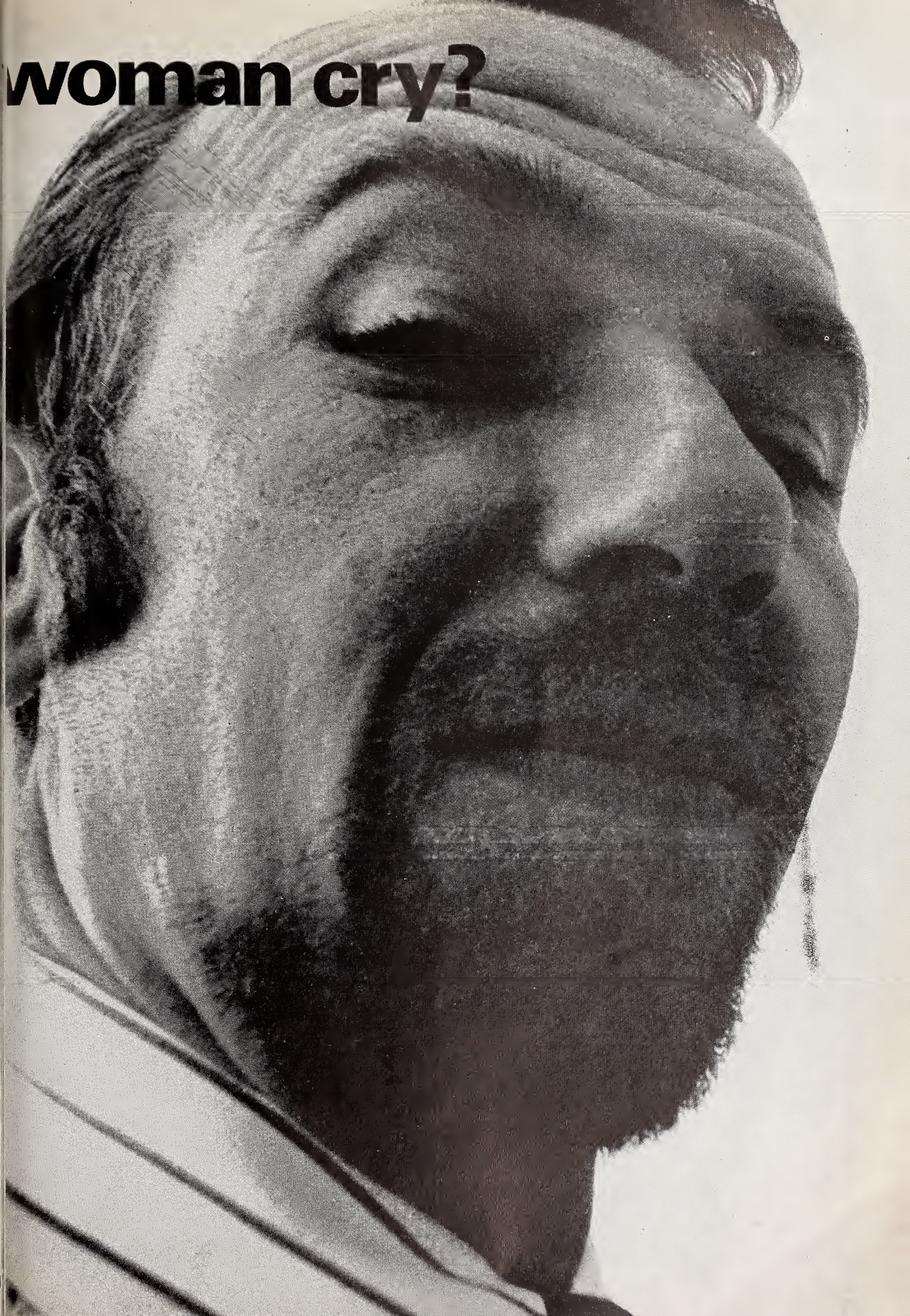
Is that why she lets go in your office?

You comfort her.
Talk to her.
And, if she is depressed, consider Pertofrane.
Because
in 3 to 5 days
she can often begin
to cope,
work,
maybe play,
even enjoy.

Pertofrane®

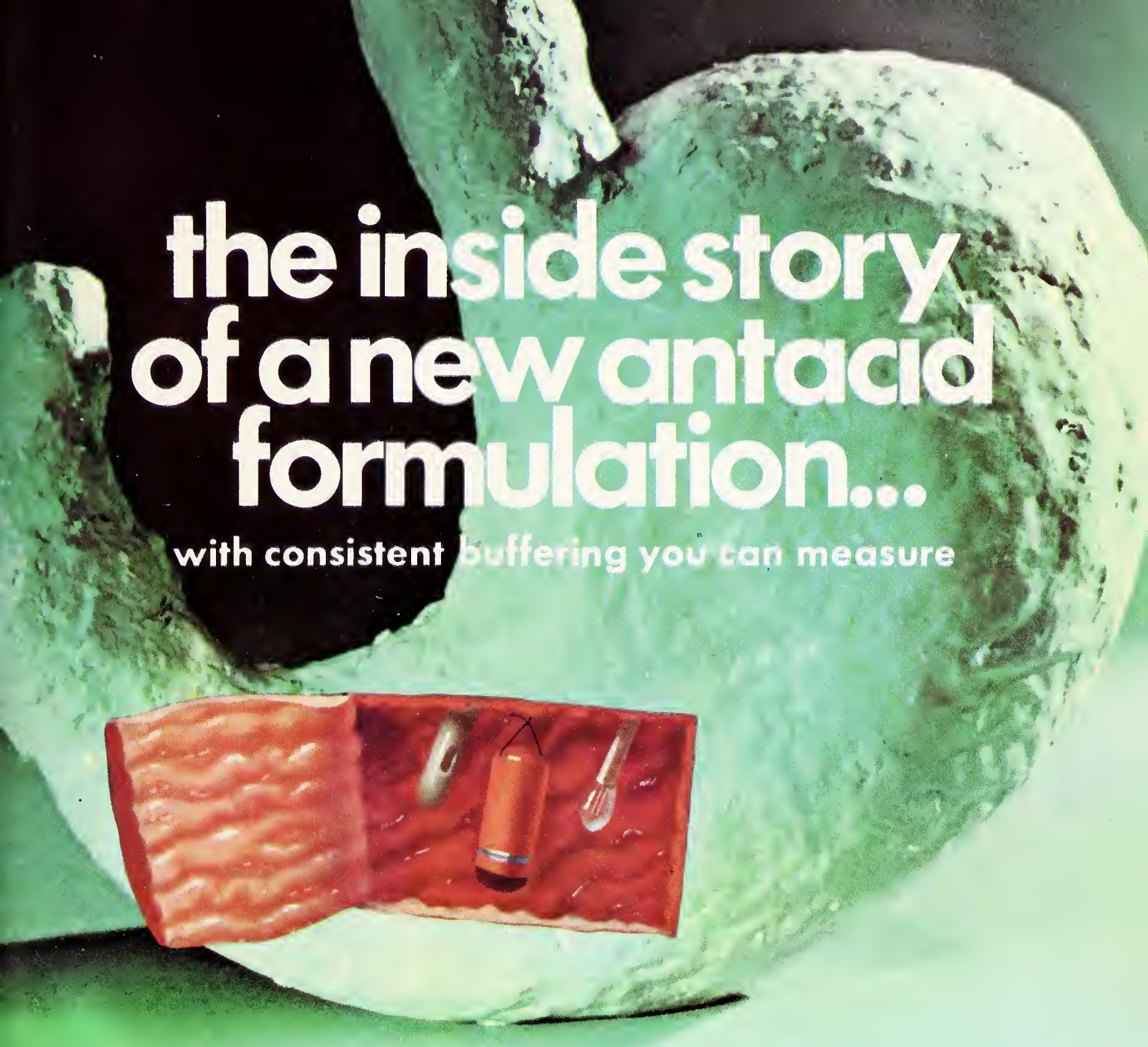
desipramine hydrochloride
In depression...
when words are not enough

woman cry?



COUNTY MEDICAL SOCIETY DIRECTORY

COUNTY	PRESIDENT	SECRETARY
Adams	Arthur H. Girod, Decatur	Harold F. Zwick, 227 S. Second St., Decatur
Allen (Fort Wayne)	Maurice E. Glock, Fort Wayne	Eugene E. Schmidt, Suite 725, Indiana Bank Bldg., Fort Wayne
		Mr. Larry L. Pickering, Exec. Secy., 212 Med. Ctr. Bldg., Fort Wayne
Bartholomew-Brown	Thomas P. Dugan, Columbus	C. David Ryan, 2600 Sandcrest Blvd., Columbus
Benton	A. L. Coddens, Earl Park	D. L. McKinney, Box 398, Otterbein
Boone	James R. McAfee, Lebanon	Kathryn A. Jackson, 95 E. Oak St., Zionsville
Carroll	Carlos E. Amaya, Flora	Robert Seese, 101 W. North St., Delphi
Cass	B. R. Hall, Logansport	Edward L. TerBush, 216 Ninth Street, Logansport
Clark	Robert Witt, Jeffersonville	Claude Meyer, 119 S. Indiana, Sellersburg
Clay	Stanley Froderman, Brazil	Forrest R. Buell, 314 Lankford St., Clay City
Clinton	Lee F. Dupler, Frankfort	Francis E. Carrel, 209 S. Columbia St., Frankfort
Daviess-Martin	A. G. Blazey, Washington	Hamlin B. Lindsay, 511 E. Main St., Washington
Dearborn-Ohio	Fred D. Houston, Lawrenceburg	Leslie M. Baker, 501 Fourth St., Aurora
Decatur	James C. Miller, Greensburg	Alfredo Paje, Murphy Bldg., Greensburg
DeKalb	W. B. Hughes, Waterloo	Benjamin R. Graber, 360 Lockhart St., Waterloo
Delaware-Blackford	Jack M. Walker, Muncie	Richard N. Philbert, 2810 Ethel Ave., Muncie
Dubois	H. G. Backer, Ferdinand	John Bretz, 302 Fourth St., Huntingburg
Elkhart	James R. Miller, Wakarusa	Page E. Spray, 320 W. High St., Elkhart
Fayette-Franklin	R. G. Janes, Connersville	J. L. Steinem, 818 Grand Ave., Connersville
Floyd	William F. Ruoff, New Albany	Daniel H. Cannon, 1201 E. Spring St., New Albany
Fountain-Warren	Jack D. Furr, Kingman	Theodore Person, 601 N. Mill St., Veedersburg
Fulton	Wayne L. Knochel, Rochester	F. Richard Walton, 116 W. 9th St., Rochester
Gibson	Roland E. Weitzel, Princeton	Richard Noveroske, Gibson County Hospital, Princeton
Grant	Robert D. Cunningham, Marion	Robert G. Young, 1207 Northwood Ct., Marion
Greene	Robert Moses, Worthington	Harry Rotman, Jasonville
Hamilton	Claude M. Donahue, Carmel	John G. Haywood, 110 Lakeview Dr., Noblesville
Hancock	Bob R. Cagle, New Palestine	Ralph L. Rea, 120 W. McKenzie Rd., Greenfield
Harrison-Crawford	David Dukes, Corydon	Samuel W. Martin, Rt. 4, Corydon
Hendricks	Joseph Kerlin, Danville	Malcolm O. Scamahorn, Pittsboro
Henry	Guido P. Wilhelm, New Castle	Paul T. KinKade, 1015 Broad St., New Castle
Howard	John L. Frazier, Kokomo	John H. Elleman, 416 W. Mulberry St., Kokomo
Huntington	Wayne S. Miller, Huntington	Stanton E. Cope, 1022 N. Jefferson St., Huntington
Jackson-Jennings	Kenneth E. Bobb, Seymour	William F. Blaisdell, 207 N. Pine, Seymour
Jasper	Francis E. O'Brien, Rensselaer	Ernest R. Beaver, Rensselaer
Jay	William H. Cripe, Portland	Eugene Gillum, 522 W. Arch St., Portland
Jefferson-Switzerland	Theodore C. C. Fong, Madison	Ott B. McAtee, Madison State Hospital, Madison
Johnson	Jack L. Walters, Franklin	Mac C. Roller, 1551 N. Main, Franklin
Knox	Charles L. Miller, Vincennes	Daniel J. Combs, 1325 McDowell Rd., Vincennes
Kosciusko	Wymond B. Wilson, Mentone	Arthur L. Moser, 600 Winona, Warsaw
LaGrange	Dean L. Mattox, Howe	Kenneth M. Lehman, Topeka
Lake	Joseph E. Kopcha, Gary	Reginald R. Barton, 427 S. Lake St., Gary
		Mr. John B. Twyman, Ex. Dir., 4640 W. 5th Ave., Gary
LaPorte	Charles K. Liddell, Michigan City	Frank McGue, 801 Washington St., Michigan City
		Mrs. Polly Dent, Exec. Dir., 903 Indiana Ave., LaPorte
Lawrence	Reid C. Crosby, Bedford	L. E. Benham, 301 Stone City Bank, Bedford
Madison	D. L. Buckles, Anderson	William M. Stinson, 333 Jackson St., Anderson
Marion	Hugh K. Thatcher, Indianapolis	A. Alan Fischer, 3500 Lafayette Rd., Suite 203, Indianapolis
		Mr. Arthur G. Loftin, Exec. Secy., 211 N. Delaware St., Indianapolis
Marshall	James Hampton, Argos	Harry Stoller, 109 N. Walnut St., Plymouth
Miami	Parker W. Snyder, Peru	Gordon S. Crates, Denver
Montgomery	V. G. Viray, Crawfordsville	W. E. Shannon, 408 W. Market St., Crawfordsville
Morgan	William P. Winter, Martinsville	Maurice A. Turner, 490 E. Pike St., Martinsville
Newton	John Parker, Goodland	Arthur Schoonveld, Brook
Noble	Max Sneary, Avilla	Joseph Greenlee, Avilla
Orange	Charles X. McCalla, Paoli	Phillip T. Hodgin, Orleans
Owen-Monroe	Richard J. Schilling, Bloomington	Robert D. Robinson, P. O. Box 1149, Bloomington
Parke-Vermillion	W. D. Britton, Montezuma	J. Franklin Swaim, 111 N. Market St., Rockville
Perry	Robert Gilbert, Tell City	Gene E. Ress, 507 Main St., Tell City
Pike	M. H. Omstead, Petersburg	M. H. Omstead, Petersburg
Porter	Thomas J. Covey, Valparaiso	John R. Crise, Portage Clinic, Portage
Posey	Paul Boren, Poseyville	Herman Hirsch, 130 W. 5th St., Mt. Vernon
Pulaski	William R. Thompson, Winamac	Charles Heinsen, Winamac
Putnam	Fred Haggerty, Greencastle	Anne S. Nichols, 707 E. Seminary, Greencastle
Randolph	Lowell W. Painter, Winchester	Hector S. Quiambao, Ridgeville
Ripley	Lloyd W. Hisrich, Batesville	William J. Warn, Milan
Rush	Donald I. Dean, Rushville	Charles E. Sheets, Manilla
St. Joseph	R. H. Denham, Jr., South Bend	Eldred MacDonell, 211 N. Eddy, South Bend
		Mr. Harry Davis, Exec. Secy., 106 W. Monroe, South Bend
Scott	Marvin L. McClain, Scottsburg	Dominador F. Llamas, 618 W. Main St., Austin
Shelby	P. M. Inlow, Shelbyville	R. P. Inlow, 103 W. Washington St., Shelbyville
Spencer	Michael O. Monar, Rockport	John C. Glackman, Jr., Rockport
Starke	Howard J. Henry, Knox	W. Allen Palmer, Knox
Steuben	Mary H. Cameron, Angola	Richard W. Artz, 416 E. Maumee St., Angola
Sullivan	M. H. Bedwell, Sullivan	J. S. Brown, Carlisle
Tippecanoe	Hugh Steele, Lafayette	Anson F. Hughes, 2424 Ferry St., Lafayette
Tipton	Harold Ericson, Windfall	Jean V. Carter, 130 N. Main St., Tipton
Vanderburgh	Ralph Carlson, Evansville	Mr. Arthur P. Tiernan, Exec. Secy., 109½ S. E. 3rd., Evansville
Vigo	Fred Dierdorf, Terre Haute	Edward M. Johnson, 221 S. Sixth St., Terre Haute
Wabash	Stanley Zydlo, Wabash	R. B. Mernitz, 400 Ash St., Wabash
Warrick	Peter B. Hoover, Boonville	Robert C. Colvin, Newburgh
Washington	Roy L. Fultz, Salem	Charles B. Carty, Pekin
Wayne-Union	John H. Mader, Richmond	John Dohner, Reid Memorial Hospital, Richmond
Wells	D. W. Meier, Bluffton	Louis F. Bradley, 303 S. Main St., Bluffton
White	M. Ali Jehanyar, Monticello	Kingdon Brady, White Co. Memorial Hospital, Monticello
Whitley	Thomas Hamilton, Columbia City	Frank M. Thompson, 510 N. Main St., Columbia City



consistently scored high in degree and duration of intragastric buffering

Employing aspiration of gastric juice, indwelling electrode, and/or Heidelberg telemetering capsule techniques,* studies involving 79 subjects with or without proven peptic ulcer disease compared intragastric buffering capacity of Gelusil-M and 1 or the other or both of 2 leading ethical antacids, using comparable doses.*

All three antacids raised the pH above 3.5, an accepted criterion for antacids. The amount of time above this pH helps to characterize the buffering activity of an antacid. While it is not implied that a direct therapeutic correlation exists, these techniques do, however, objectively demonstrate the buffering characteristics of this new antacid in terms of onset of action, peak pH, duration of buffering action.

Mean peak pH*

Gelusil-M, mean peak pH 6.6 (range: 5.6-7.8).
Antacid A, mean peak pH 5.5 (range: 4.2-7.5).
Antacid B, mean peak pH 5.5 (range: 4.4-6.3).

Mean duration of buffering action above pH 3.5*

Gelusil-M, 29.8 mean minutes (range: 18.0-51.8 minutes).
Antacid A, 24.6 mean minutes (range: 6.3-48.0 minutes).
Antacid B, 23.3 mean minutes (range: 5.9-50.0 minutes).

Mean duration of buffering action above pH 5.0*

Gelusil-M, 23.2 mean minutes (range: 14.3-43.9 minutes).
Antacid A, 10.1 mean minutes (range: 6.7-12.2 minutes).
Antacid B, 16.3 mean minutes (range: 8.0-24.2 minutes).

Onset of action*

In speed of intragastric buffering action, Gelusil-M, Antacid A, and Antacid B were consistently rapid and not measurably different.

*References: Antacid studies, data on file, Warner-Chilcott Laboratories Division.

introducing new

GELUSIL®-M

each 5 ml. teaspoonful contains:
500 mg. magnesium trisilicate, 250 mg. aluminum hydroxide (Warner-Chilcott), 200 mg. magnesium hydroxide
U.S. Patent No. 3,326,755

a consistent buffering anticostive† antacid

† Avoids constipation.

See next page for prescribing information ►

GELUSIL–one name to remember...and a dosage form for every patient.



Gelusil®-M Liquid

especially for the constipation-prone patient

Indications: Gelusil-M is indicated for prompt and dependable symptomatic relief of peptic ulcer, gastritis, heartburn, hiatal hernia, esophagitis, and other conditions for which control of gastric hyperacidity is required.

Precaution: Prolonged or intensive therapy in patients with severe renal insufficiency may lead to hypermagnesemia.

Dosage: One to two teaspoonfuls (5 ml. to 10 ml.) between meals and at bedtime or whenever symptoms occur. Certain conditions, such as acute peptic ulcer, may require individualized dosage. If diarrhea occurs, reduce dosage or discontinue use.

Supplied: Gelusil-M (spearmint-flavored)—light green bottles of 12 fl. oz.; and a **special hospital pack.** Keep tightly closed—shake vigorously.

Gelusil® Tablets

a universal take-along antacid

Easy to take along / easy to take / pleasantly mint-flavored. An antacid with adsorbent and demulcent properties which contains in one tablet: 0.25 Gm. aluminum hydroxide (Warner-Chilcott) and 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 tablets—or more—between meals and at bedtime, or whenever symptoms occur. Tablets should be chewed.

Regular Gelusil® Liquid

when constipation is not a problem

Pleasant mint flavor...ideal for hospital or home. Available in 12 fl. oz. and 6 fl. oz. bottles and a special hospital pack. An antacid which contains adsorbent and demulcent agents in each 4 ml. teaspoonful: 0.25 Gm. aluminum hydroxide (Warner-Chilcott), 0.5 Gm. magnesium trisilicate (USP).

Dosage: 2 teaspoonfuls (4 ml. each)—or more—between meals and at bedtime, or whenever symptoms occur.

Also Available: Gelusil® Flavor-Pack, Gelusil-Lac®.

WARNER-CHILCOTT
Morris Plains, New Jersey

GM-IN-93-4C

President's Page

Organized Medicine 1970 Model

As an organization, our Association must keep its structure and methods adapted to contemporary needs. One means of doing this might be to entrust more initiative and more latitude to our full-time staff. We should have fully qualified staff people and treat them as professionals in their work. One of our organizational weaknesses is in having to depend so greatly on our own membership to carry the load, as part-time volunteers, unpaid and amateur, who must give precedence to the obligations of practicing medicine.



It is true that a special breed, a small proportion of the membership, is willing to work at this job, largely because we enjoy it. This should be encouraged, but consideration should be given to adequate recompense for the officers who must devote inordinate and increasing amounts of time and effort, with loss of income and out-of-pocket expense. This burden is steadily increasing: the job should be done by men in their prime or early prime, and many of these cannot personally subsidize such activity at this stage in their lives.

We should seek involvement by all our members: genuine efforts should be made to ascertain their attitudes and feedback should be encouraged. One means of fostering this would be to have elections by mailed ballots of all members eligible to vote.

The present county society structure seems archaic—analogous to the township trustee system. Geographic political boundaries are no longer appropriate. Some county societies are functionally divided, parts of them oriented toward different hospital groupings. A more realistic arrangement would be to have local medical societies correspond with medical service areas. Most often this would be in relation to the hospital or hospitals to which the area is tributary. District medical societies could then be regional counterparts, related to the usual pattern of referral and interchange of professional and medical services. Such functional structuring would tend to revitalize many of the now torpid societies.

It is also important to have a sufficiently numerous group—probably not less than 20—to generate an active local society. I must emphasize that local medical societies must not become adjuncts to hospital medical staffs: the medical society has a much broader and basic relationship to the profession than the hospital staff, which has a parochial and housekeeping function limited to the particular institution.

We have been trained to have an open-minded receptiveness to new ideas in scientific and in technological matters. We should cultivate a similar attitude toward the social changes which are occurring. Many of our most cherished concepts may need reexamination for their contemporary applicability. We must be prepared to validate, convincingly, the hallmarks which have dominated our professional mores and to meet the challenges of the final third of the Twentieth Century.

ISMA is the primary professional organization of all doctors of medicine. We must work together within it in good faith and with good will so that we may properly secure the best interests of our patients, our fellow citizens, and ourselves.



ISMA Committees and Commissions for 1968-1969

COMMITTEES

Executive

Ralph V. Everly, Indianapolis, chairman; Burton E. Kintner, Elkhart; P. J. V. Corcoran, Evansville, President; Lowell H. Steen, Hammond, President-Elect; Donald Taylor, Muncie, Chairman of the Board of Trustees; Lester H. Hoyt, Indianapolis, Treasurer; Malcolm O. Scamahorn, Pittsboro, Assistant Treasurer.

Grievance

Eugene S. Rifner, Van Buren, chairman; Earl W. Mericle, Indianapolis, vice-chairman; Kenneth L. Olson, South Bend, secretary; Edgar C. Stuntz, West Lafayette; Richard Bloomer, Rockville; Robert G. Young, Marion; John M. Paris, New Albany; Wilson L. Dalton, Shelbyville; William R. Noe, Bedford; Hugh K. Thatcher, Indianapolis.

Student Loan

Lester D. Bibler, Indianapolis, chairman; James O. Ritchey, Indianapolis, vice-chairman; Patrick J. V. Corcoran, Evansville; Lester H. Hoyt, Indianapolis; Glenn W. Irwin, Indianapolis; Joe Dukes, Dugger.

Medical-Legal Review

Raymond L. Newnum, Evansville, chairman; Walter Able, Columbus, vice-chairman; Joseph G. S. Weber, Terre Haute, secretary.

COMMISSIONS

Aging

A. W. Cavins, Terre Haute, chairman; Wallace R. Van Den Bosch, Lafayette, vice-chairman; Raymond Duncan, Bedford, secretary; Bernard B. Rosenblatt, Evansville; R. E. Buckingham, Bloomington; John O. Butler, Indianapolis; George M. Young, Gary; George W. Wagoner, Delphi; Nathan Salon, Fort Wayne; Thomas A. Elliott, Elkhart; Andrew C. Offutt, Indianapolis; Wendell C. Anderson, Indianapolis; James R. Guthrie, Richmond.

Constitution and Bylaws

George W. Willison, Evansville; Paul B. Arbogast, Vincennes; Eli Goodman, Charlestown; Gordon S. Fessler, Rising Sun; Donald B. Garvin, Brazil; Joseph F. Ferrara, Franklin; B. D. Wagoner, Union City; Chester L. Waits, Lafayette; Thomas Tyrrell, Calumet City, Ill.; Richard L. Glendening, Logansport; Jerome C. Schubert, Fort Wayne; Edwin C. Mueller, LaPorte; William M. Sholty, Lafayette; Eugene W. Austin, Evansville; Glen Ward Lee, Richmond.

Convention Arrangements

Richard B. Hovda, Evansville, chairman; John L. Ferry, Whiting, vice-chairman; Charles H. Aust, Fort Wayne, secretary; William F. Howard, Bloomington; Harold W. Richmond, Columbus; John E. Freed, Jr., Terre Haute; John Mader, Richmond; William M. Kendrick, Mooresville; Francis E. Stout, Muncie; Howard R. Marvel, Lafayette; Tom W. Wachob, Jr., Kokomo; Samuel E. Bechtold, South Bend; Charles Fisch, Indianapolis; S. O. Waife, Indianapolis; James Mount, Bedford.

Governmental Medical Services

Jerome E. Holman, Jr., Indianapolis, chairman; Glen V. Ryan, Indianapolis, vice-chairman; Roman B. Dubois, Lafayette, secretary; Cola K. Newsome, Evansville; Francis H. Gootee, Jasper; Herman Echsner, Columbus; Dick J. Steele, Greencastle; Tom S. Shields, Richmond; Robert P. Scott, Indianapolis; J. F. Hinchman, Parker; Edward J. Dierolf, Gary; Donald K. Winter, Logansport; Michael J. Mastrangelo, Fort Wayne; D. D. Swihart, Elkhart; R. D. Robinson, Bloomington.

Inter-Professional Relations

A. Alan Fischer, Indianapolis, chairman; William E. Dye, Oakland City, vice-chairman; Richard L. Veach, Bainbridge, secretary; A. Wayne Ratcliffe, Evansville; Charles X. McCalla, Paoli; John W. Ripley, Seymour; William S. Robertson, Spiceland; Willis W. Stogsdill, Indianapolis; Richard N. Philbert, Muncie; Paul E. Ludwig, Crawfordsville; John J. Reed, Hobart; H. H. Dunham, Wabash; Pierre C. Talbert, Bluffton; Richard W. Holdeman, South Bend.

Legislation

Don E. Wood, Indianapolis, chairman; Eugene F. Senseny, Fort Wayne, vice-chairman; Joseph C. Finneran, Indianapolis, secretary; Robert E. Arendell, Evansville; Harold Manifold, Bloomington; Joseph D. McPike, Bedford; Leslie M. Baker, Aurora; Fred W. Dierdorf, Terre Haute; John Davis, Flat Rock; Jack L. Alexander, Muncie; Max N. Hoffman, Covington; Daniel Ramker, Hammond; Lester Renbarger, Marion; Otis R. Bowen, Bremen; Jack W. Hickman, Indianapolis.

Medical Economics and Insurance

Thomas J. Conway, Terre Haute, chairman; Kenneth O. Neumann, Lafayette, vice-chairman; Paul M. Inlow, Shelbyville, secretary; Charles M. Sinn, Evansville; Paul W. Holtzman, Bloomington; Edward J. Ploetner, Jasper; William Scharbrough, Ewing; Morris E. Thomas, Indianapolis; Charles E. Geckler, Muncie; A. S. Kobak, Valparaiso; Thomas G. Hamilton, Columbia City; Jack W. Hannah, Elkhart; Chester A. Stayton, Jr., Indianapolis; Willard Barnhart, Evansville.

Medical Education and Licensure

John L. Cullison, Muncie, chairman; Franklin Bryan, Fort Wayne, vice-chairman; Betty Dukes, Dugger, secretary; Gilbert J. Himebaugh, Evansville; John M. Paris, New Albany; George G. Morrison, Jr., Lawrenceburg; Wayne Crockett, Terre Haute; Frank Coble, Richmond; George T. Lukemeyer, Indianapolis; William Ringer, Williamsport; Leo Radigan, Gary; Lowell J. Hillis, Logansport; Jene R. Bennett, South Bend; Merritt O. Alcorn, Madison; Peter J. Pilecki, Michigan City; Glenn W. Irwin, Jr., Indianapolis, Ex-Officio.

Public Health

Roy L. Fultz, Salem, chairman; Henry G. Nester, Indianapolis, vice-chairman; James S. Robertson, Plymouth, secretary; Daniel Hare, Evansville; William B. Sigmund, Columbus; Cleon M. Schauwecker, Greencastle; Wilson L. Dalton, Shelbyville; Stanley W. Burwell, Muncie; Theodore C. Person, Veedersburg; Philip J. Rosenbloom, Gary; Paul Sparks, Winchester; Wyant J. Shively, Evansville; Edward L. TerBush, Logansport; Earle U. Robinson, Jr., Indianapolis.

Public Information

William B. Challman, Mt. Vernon, chairman; William G. Moore, LaPorte, vice-chairman; Thomas O. Middleton, Bloomington, secretary; Louis H. Blessinger, Corydon; Kenneth D. Schneider, Columbus; Richard S. Bloomer, Rockville; Robert D. Spindler, Shelbyville; Robert W. Harger, Indianapolis; Don W. Boyer, Lebanon; Seymour W. Shapiro, Gary; Reeve Peare, Huntington; Fred Dahling, New Haven; Victor Johnson, Evansville.

Special Activities

Marvin E. Priddy, Fort Wayne, chairman; Ray H. Burnikel, Evansville, vice-chairman; William H. Garner, Jr., New Albany, secretary; John C. Linson, Seymour; Harold C. Ochsner, Indianapolis; Henry Bibler, Muncie; Adolph Walker, East Chicago; Everett F. Donnelly, South Bend; K. G. Hill, New Castle; Robert P. Acher, Greensburg; Norbert Welch, Vincennes; Fred C. Poehler, LaFontaine.

Voluntary Health Agencies

Norman R. Booher, Indianapolis, chairman; M. O. Scamahorn, Pittsboro, vice-chairman; Wayne Endicott, Greenfield, secretary; Albert Ritz, Evansville; Robert H. Rang, Washington; T. A. Neathamer, Scottsburg; Harry R. Baxter, Seymour; William G. Bannon, Terre Haute; Lowell W. Painter, Winchester; Albert E. Applegate, Frankfort; Walfred A. Nelson, Gary; Lloyd L. Hill, Peru; Richard Willard, Bluffton; Frank J. McGue, Michigan City; Charles Rushmore, Indianapolis.

Future Planning Committee

G. O. Larson, LaPorte, chairman; A. W. Ratcliffe, Evansville, vice-chairman; Ed Tyler, Indianapolis, secretary; Maurice E. Glock, Fort Wayne; James Fitzpatrick, Portland; Paul A. F. Walter, III, Evansville; Charles F. Gillespie, Indianapolis; Leslie Baker, Aurora; (Ex-Officio Members)—Patrick J. V. Corcoran, Evansville; Lowell H. Steen, Whiting; Donald R. Taylor, Muncie; Ralph V. Everly, Indianapolis; Frank B. Ramsey, Indianapolis.

Emergency Medical Services

John S. Farquhar, Jr., Fort Wayne, chairman; Raymond W. Nicholson, Evansville, vice-chairman; Robert M. Brown, Marion, secretary; William F. Kerrigan, Connersville; Rolla D. Burghard, Indianapolis; R. James Bills, Gary; James D. Finfrock, Elkhart; Charles A. Rau, Columbus; Larry W. Sims, Evansville; James W. Kress, Muncie; William W. Drummy, Terre Haute; Frederic L. Schoen, Fort Wayne; Melvin D. Cook, New Albany; Forrest J. Babb, Stockwell.

Committee on Sports and Medicine

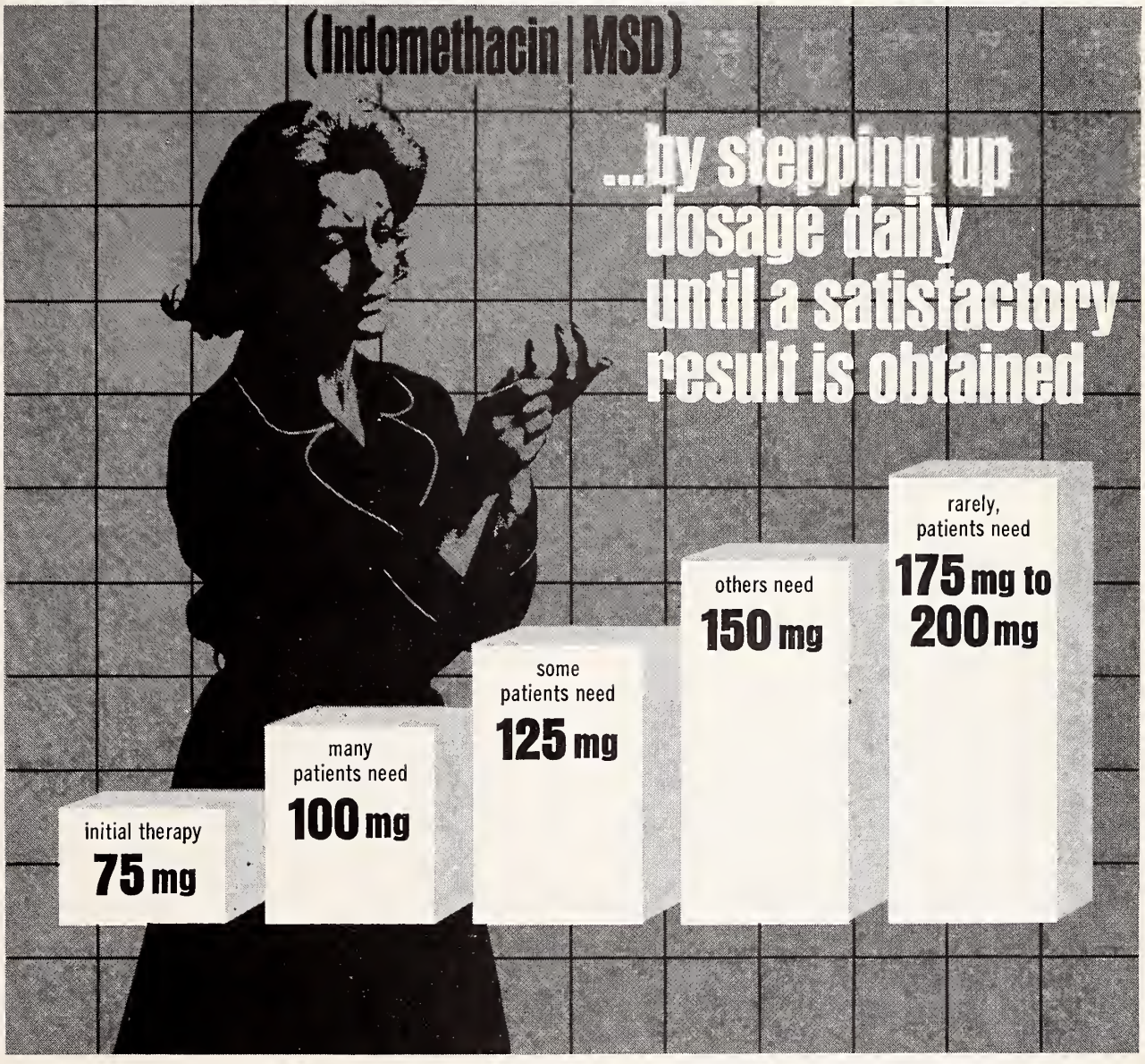
Brad J. Bomba, Bloomington; James H. Belt, Indianapolis; James B. Wray, Indianapolis; Thomas A. Brady, Indianapolis; Gilbert M. Wilhelmus, Evansville; Arthur L. Moser, Warsaw; Leland G. Brown, Muncie.

Committee on Medicine and Religion

Helen M. Calvin, South Bend; Burton E. Kintner, Elkhart; John C. Slaughter, Jr., Evansville; Donald E. Wood, Indianapolis; John E. Read, Chesterton; Edwin B. Bailey, Linton; Richard M. Nay, Indianapolis.

In selected cases of rheumatoid arthritis with acute symptoms

Response to INDOCIN® is often improved...



Many patients with acute rheumatoid arthritis or acute episodes of chronic rheumatoid arthritis can be controlled by increasing the dosage 25 mg *per day* (to the allowable maximum) until the episode subsides; the dosage should then be reduced gradually to maintenance levels. Few require the maximum (175–200 mg).

In the event the patient develops adverse effects, dosage should be reduced to tolerated levels for 2 or 3 days and then gradually increased by 25 mg every few days as tolerated. G.I. effects may be minimized by giving INDOCIN with food, antacids, or immediately after meals.

Now in two strengths
25 mg and 50 mg



Actual Size

INDOCIN®
(Indomethacin | MSD)

IMPORTANT NOTE: INDOCIN (Indomethacin, MSD) cannot be considered a simple analgesic and should not be used in conditions other than those recommended under *Indications.* The drug should not be prescribed for children because safe conditions for use have not been established.

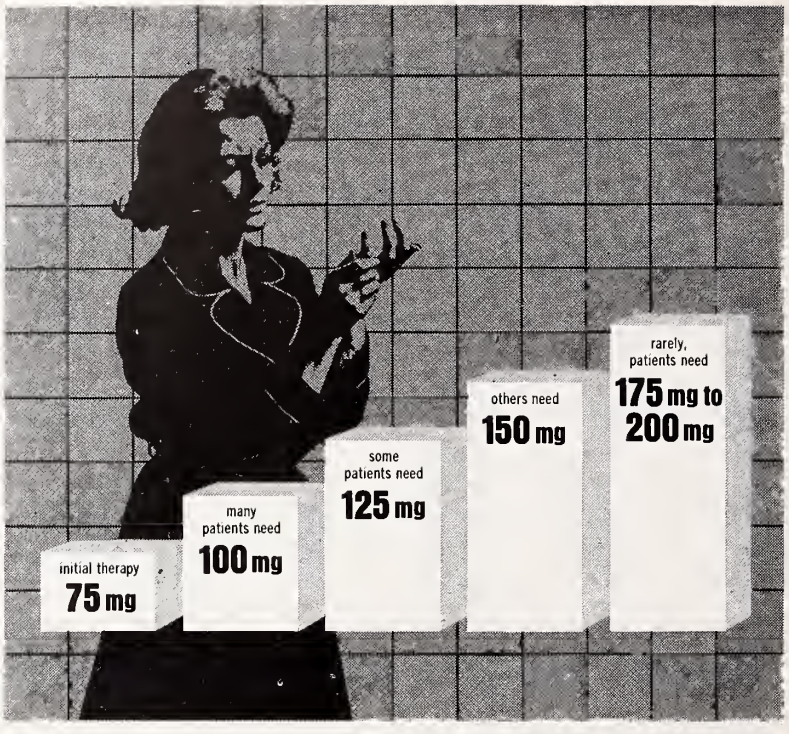
CONTRAINDICATED:

- in aspirin-sensitive asthmatics
- during pregnancy or lactation
- in children
- INDOCIN may mask the signs and symptoms of peptic ulcer and may cause ulceration or irritation of the G.I. tract. Therefore, do not give in active peptic ulcer, gastritis, regional enteritis, ulcerative colitis, and use with caution if there is a history of these disorders.

For additional prescribing information, please see following page.

In selected cases
of rheumatoid arthritis
with acute symptoms

Response to INDOCIN® (Indomethacin | MSD) is often improved by stepping up dosage daily until a satisfactory result is obtained



IMPORTANT NOTE: INDOCIN (Indomethacin, MSD) cannot be considered a simple analgesic and should not be used in conditions other than those recommended under Indications. The drug should not be prescribed for children because safe conditions for use have not been established.

Indications: For the symptomatic treatment of rheumatoid arthritis, rheumatoid (ankylosing) spondylitis, degenerative joint disease (osteoarthritis) of the hip, and gout.

Contraindications: INDOCIN may mask the signs and symptoms of peptic ulcer and may itself cause peptic ulceration or irritation of the G.I. tract. For these reasons it should not be given to patients with active peptic ulcer, gastritis, regional enteritis, or ulcerative colitis (use with caution if there is history of these disorders); aspirin-sensitive asthmatics. Safe use during pregnancy or during lactation has not been established. Should not be prescribed for children because safe conditions for use have not been established. In a few cases of severe juvenile rheumatoid arthritis receiving INDOCIN along with other drugs, severe reactions, including fatalities, have been reported.

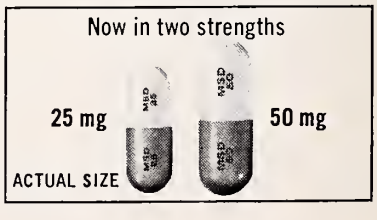
Warnings: Patients who experience dizziness, lightheadedness, or feelings of detachment on INDOCIN should be cautioned against operating motor vehicles or machinery, climbing ladders, etc. Use cautiously in patients with psychiatric disturbances, epilepsy, or parkinsonism since it may aggravate these conditions.

Precautions: Use cautiously in patients with a history of peptic ulcer, gastritis, regional ileitis, or ulcerative colitis because of its potential for causing G.I. bleeding. May cause single or multiple ulceration of the esophagus, stomach, duodenum, or small intestine, and, in a few Instances, severe bleeding and perforation with a few fatalities have been reported. May potentiate the ulcerogenic effect of steroids, salicylates, or phenylbutazone. Gastrointestinal bleeding with no obvious ulcer formation has also been noted; the drug should be discontinued if G.I. bleeding occurs. As a result of obvious or occult G.I. bleeding, some patients may manifest anemia, and for this reason periodic hemoglobin determinations are recommended. G.I. effects may be minimized by giving the drug with food or with antacids or immediately after meals. In common with other drugs that have anti-inflammatory, analgesic, and antipyretic properties, indomethacin may mask the signs and symptoms of infection; avoid undue delay in initiating appropriate treatment of the infection; use cautiously in patients with existing, but controlled, infections. As with any new drug, patients should be followed carefully to detect unusual manifestations of drug sensitivity.

Adverse Reactions: Starting therapy with low doses, with gradual increases when necessary, will minimize adverse reactions. *Central Nervous System:* Most commonly, headache (usually more severe in morning), dizziness, and lightheadedness; infrequently observed reactions include mental confusion, drowsiness, convulsions, coma, depression, and other psychic disturbances, such as depersonalization; CNS effects are often transient and frequently disappear with continued treatment or reduced dosage. The severity of these effects may occasionally require cessation of therapy. *Gastrointestinal:* Most commonly, nausea, anorexia, vomiting, epigastric distress, abdominal pain, and diarrhea; others that may develop are ulceration, single or multiple, of esophagus, stomach, duodenum, or small intestine, including perforation and hemorrhage with a few fatalities having been reported; G.I. bleeding without obvious ulcer formation, increased abdominal pain in patients with preexisting ulcerative colitis; less commonly, stomatitis; gastritis; bleeding from the sigmoid colon, occult in type or from a diverticulum, and perforation of preexisting sigmoid lesions (diverticulum, carcinoma); G.I. reactions not known definitely to be attributable to indomethacin include development of ulcerative colitis and of regional ileitis. *Hepatic:* Rarely, jaundice and hepatitis. *Cardiovascular-Renal:* Infrequently, edema, elevation of blood pressure, and hematuria. *Dermatologic-Hypersensitivity:* Infrequently, pruritus, urticaria, angioneurotic edema, angiitis, skin rashes, loss of hair, and acute respiratory distress including sudden dyspnea and asthma. *Hematologic:* Infrequently, leukopenia, purpura, and thrombocytopenia; rarely, agranulocytosis and bone marrow depression have been reported, but a definite relationship to the drug has not been established; since some patients may manifest anemia secondary to obvious or occult G.I. bleeding, periodic hemoglobin determinations are recommended. *Eye-Ear:* Infrequently, tinnitus, blurred vision, hearing disturbance, and orbital and periorbital pain. *Miscellaneous:* Rarely, vaginal bleeding, hyperglycemia, and glycosuria.

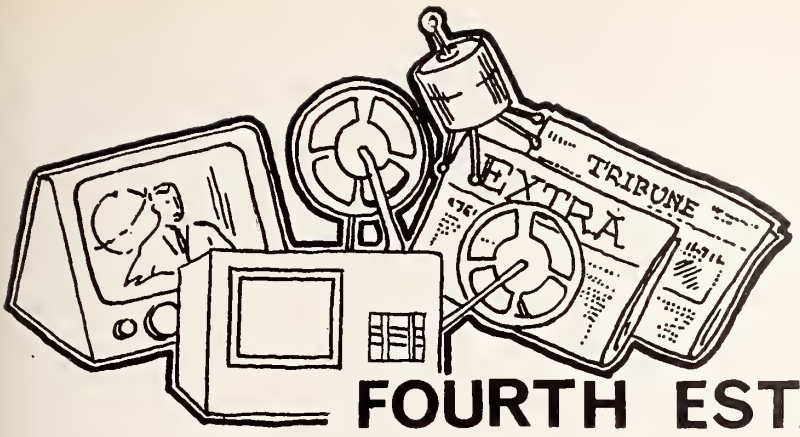
Supplied: Capsules containing 25 mg indomethacin each, in bottles of 100 and 1000; capsules containing 50 mg indomethacin each, in bottles of 100.

For more detailed information, consult your Merck Sharp & Dohme representative or see the package circular.



MSD MERCK SHARP & DOHME Division of Merck & Co. Inc. West Point Pa 19486

WHERE TODAY'S THEORY IS TOMORROW'S THERAPY



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Med Students To Study Here

Seniors in the Indiana University School of Medicine will be invited to Logansport in June to begin a new course in psychiatry which has been developed as part of a new statewide program in medical education.

The course in applied clinical psychiatry at Logansport state hospital is one of 250 new courses which physicians in Logansport, in 18 other Indiana cities, and in Louisville, Ky., have developed to offer medical students intensive experience in clinical medical, surgical, and psychiatric subjects.

The Indiana Program for Statewide Medical Education was started more than two years ago to strengthen graduate medical education programs for interns and resident physicians in Indiana hospitals and to strengthen the cont'nuing medical education programs available for practicing physicians.

Dr. George Lukemeyer, associate dean of the school of medicine, said the clinical electives will give senior medical students a better opportunity to see the types of patients they will see as practitioners. It also will give the participating cities an opportunity which they do not now have to recruit students for internships, residencies and practices.—*Logansport Pharos-Tribune & Press*, Apr. 14, 1969.

Minors And VD

Under a new law which the Indiana Legislature has passed and Gov. Edgar D. Whitcomb has signed, minors are permitted to consent to medical or hospital care for venereal disease.

This was a bill which attracted scant attention as it moved through the legislature, yet it has much merit.

The author was Rep. E. Henry Lamkin Jr., an Indianapolis medical doctor.

Minors with such a disease have had to ask their parents or guardians for consent to be treated. Undoubtedly this has caused some of them to shrink from obtaining treatment because of embarrassment, and it may have led some of them to seek help of questionable quality.

With venereal disease, like so many other things, on the increase, the new law is timely and enlightened. An indication of the seriousness of this increase is a statement by the National Communicable Disease Center in Atlanta, Ga., that gonorrhea may be so widespread as to be out of control.

So prevalent is gonorrhea that the center is now concentrating on the much more serious disease of syphilis.

There are data which show that about half the persons contracting venereal disease are 25 years of age or younger and that a significant proportion of them are teen-agers. In view of this fact, the new Indiana laws should be of immeasurable help in encouraging minors to consent to medical assistance if they have venereal illnesses.—*Kokomo Tribune.*

Hoosier Medical Breakthrough

The common measles virus causes a rare but invariably fatal brain disease—a fact learned at the Indiana School of Medicine at Indianapolis—and may offer an explanation for other, more common, diseases, such as multiple sclerosis and some types of cancer.

Measles virus, in these rare cases, lurks in the body for several years, then erupts as a fatal brain fever, called subacute sclerosing panencephalitis (SSPE) or Dawson's encephalitis or van Bogaert's leukoencephalitis.

Dr. Wolfgang Zeman, of the Indianapolis school, finally evolved a method which isolated the virus in the brain tissue of the children, age 5-20. The disease is only diagnosed in about 200 cases a year, but is invariably fatal. The first signs appear when the children suddenly begin doing badly in school or develop personality changes. Within a year, the victims show overt signs of brain disease. They fall, stumble, jerk, have convulsions, and eventually go into a coma and die.

Now doctors are interested in why the disease doesn't attack adults, why it develops in such a small number of children, and why it attacks three

times more boys than girls.

Proof of the relationship between the slow, latent measles virus and this particular disease opens the possibility that viruses from other diseases left over in the body may be the cause of some of man's most puzzling ailments, including cancer and multiple sclerosis. It also might explain arthritis, certain mysterious kidney and lung ailments, and blood-vessel diseases like artherosclerosis.

Dr. Zeman, who was born and educated in Germany, came to this country in 1951 and joined the faculty of the Indiana University School of Medicine in 1960, where he holds the title of professor of pathology (neuropathology). Before coming to Indianapolis, he taught at the University of Michigan, the University of Pittsburgh, and Ohio State University. In 1957, Dr. Zeman described a neurologic syndrome due to neoplasms involving the anterior midline structures of the brain, known as the Zeman-King syndrome.

In 1965, Dr. Zeman was invited by members of the Czechoslovakian National Academy of Sciences to spend two weeks in Czechoslovakia to inform research centers there about his studies of endemic encephalitis and of the action of ionizing radiation on nervous tissue. In 1966, his laboratory reported important new findings as to the cause of Batten's disease (juvenile amaurotic family idiocy).—*Decatur Democrat,* Mar. 10, 1969.

Health-O-Rama Fine Opportunity

The Health-O-Rama program being offered Friday, Saturday and Sunday at Goshen College Gym provides a major opportunity to improve the level of health in Elkhart County and neighboring areas.

There is no admission charge. Free tests will be provided for early symptoms of diabetes, anemia, kidney disease, tuberculosis, lung cancer and impairments of vision and hearing.

Where a suspicion of disease exists, the person is referred to his or her own physician.

At the same time and place, educational exhibits will acquaint the public regarding a variety of health topics and underlining the importance of maintaining good health.

A similar Health-O-Rama presented four years ago at North Side Gym in Elkhart was attended by more than 11,000.

Health-O-Rama is sponsored by the United Health Foundation, a United Fund agency, in cooperation with the Elkhart County Medical Association and the Elkhart County Public Health Unit. The project is being made possible by the assistance of many volunteers.

We strongly urge all to take advantage of this rare opportunity.

We have heard it said that many people take better care of their automobiles than of their own personal health.

When people buy a car they are presented with a manual describing what parts need what care, and checkups at prescribed intervals.

On the other hand, some people may forget the importance of health checkups, at least unless they see their own physician regularly.

Health-O-Rama can provide a widespread awareness of the need to guard our health—which is important both to each of us individually and to the community's general welfare.—*The Elkhart Truth,* Mar. 27, 1969.

Cooperating for Health

Oh yes there can be healthy cooperation even in this area.

That kind of label just has to be applied to plans already under way for the second annual Lake County Health Fair even though it isn't scheduled until September.

Some 30 health agencies from throughout Northwest Indiana already are involved in the programming. The total is expected to go past 40.

In its second year, the program is to be under sponsorship of the newly organized Northwest Indiana United Fund.

Last year's fair was in East Chicago. This year's will be at the Hammond Civic Center. Next year's will be in Gary.

The varied agencies, the umbrella sponsorship and the rotating schedule are all evidence of area cooperation, too often lacking in this corner of the state.

And what can that kind of cooperation on a health fair provide?

Well, last year it gave a variety of health tests for more than 4,000 of the 7,000 persons who attended. This year it is contemplated that the number and variety of such tests will be increased. It is estimated that the eight tests given a year ago would have cost a family of five $120 had they been individually arranged. That kind of assistance can save both money and lives.

And it is the sort of assistance which could be provided on a number of fronts if more people would begin to look at our population density as an asset rather than as an excuse for fighting with the neighbors.—*Gary Post-Tribune,* Apr. 21, 1969.

Measles And Apathy

Until February, 1963, when an effective vaccine became available, measles was a childhood disease most people accepted as a normal part of growing up.

Now, it need no longer be tolerated.

But for reasons that cannot be explained fully, it is estimated that more than five million children under 12 in the United States remain unprotected.

A question that arises is: How are we doing in St. Joseph County?

Dr. Louis E. How, director of the County Health Department, has done some research that is enlightening,

if not altogether satisfying from his point of view as a public health officer.

He notes that in the five-year period prior to the latest school year there were approximately 23,800 births. During that period more than 3,000 children of that age group were immunized in the program sponsored by the St. Joseph County Medical Society and the Health Department. About 15,000 doses of the vaccines were sold by suppliers. This indicates immunization of 15,000, or 63%.

All of this leads Dr. How to the conclusion that "this is a fair percentage but not adequate by public health standards."

The level of protection could be considerably higher than Dr. How calculates and still be disappointing when one weighs the potential mischief of measles against the fact that the means of eradication are at hand. Permanent mental retardation is one of the dangers of measles. Even today measles is the cause of complications that result in more than 500 deaths a year in the U.S.

Dr. Charles V. Chapin said in 1888: "If contagion can be prevented at all, it can be prevented completely." The conclusion is more appropriate now than it was three-quarters of a century ago.

Only apathy, it would appear, stands in the way of complete prevention of measles in this country.—*South Bend Tribune.*

Dr. Robert H. Wiseheart

The energies of Dr. Robert H. Wiseheart quite possibly reached more people in and around Boone County than any other single individual now living.

As a prominent specialist in the treatment of the eyes, ears, nose and throat, the gentle hand of Dr. Wiseheart was known by scores—from the very young to the very old.

As an active Presbyterian Church member and lay leader, his Christian interests touched the multitudes of all who worked with and for him and shared in his accomplishments.

As a member of the Lebanon Community School Board, his duties touched the lives of more than students. His educational interests helped to mold men and women and aided them in creating one of the ablest systems in the state.

As an active Rotarian and past president of that organization, his civic zeal in support of varied community activities reached widely.

Why is it that one man reached so deeply into the heart of a community's lifeline?

We know of no reason other than the fact that Dr. Wiseheart loved people. He expressed this in more ways than most will ever know: in the long and busy hours of his doctor's office, in the meditation of school affairs, in the solitude of religious activities, and uppermost in the affection he bestowed as devoted husband and family father.

Absent too by the death of Dr. Wiseheart will be felt a love of country which few are imbued with. A veteran of World War II, he knew the horrors of war as a flight surgeon and appreciated the freedom for which he fought. Few men in a lifetime exercise their responsibilities of Americanism like Dr. Robert H. Wiseheart did daily.

He was a good friend of this newspaper and its personnel. A talented writer on his own, he always found time to brief us on timely happenings, and he was an occasional contributor of news articles, always factual, and of great public interest.

His father, Dr. O. H. Wiseheart, who practiced medicine in the North Salem area for nearly 64 years, instilled in his son a reverent love for the medical profession, and teamed up with him until Bob opened an office in Lizton, and eventually came to Lebanon. Just as he loved his parents, who were known affectionately as "Dr. and Mrs. Good People," he lavished his love on his family. You rarely saw his face without a radiant smile. It was his complete devotion to others which made him one of the most loyal of friends, and one of the best hosts of his time.

He once said enthusiasm is good lubrication for the mind. He believed that enthusiasm is that kindling spark which marks the difference between the leaders in every activity and the laggards who put in just enough to "get by."

He had the rare knack of imparting his cheerfulness and steadying influence to others. Patient or friend, you were something special to "Dr. Bob," and he proved it each time he met you.

We will all miss this many-faceted man who was known by so many but imitated by so few. Left behind is much for us to remember him by—paramount of which was the concern he showed for his fellow citizens, his profession and his country.—*Lebanon Reporter,* Apr. 21. 1969. ◄

WHAT'S SO WEAK ABOUT THE WEAKER SEX?

OFTEN... HER LOWER G. I. TRACT



Psycho-abdominal Distress: Frequently Female

Women aged 15 to 45 appear to be more prone than men to bloating, cramping pain of stress-related intestinal disturbances such as irritable or spastic colon.[1,2]

Frequently Recurrent

In the experience of many physicians, women are more likely to reappear time after time with repeated complaints of lower G.I. distress.

Requiring Definitive Therapy

Often needed is therapy adequate to control both the somatic and the emotional components of psycho-abdominal complaints.

Definitive Dual Therapy

'Milpath' contains a proven synthetic anticholinergic useful for relieving hypermotility, spasm, and hypersecretion of the gastrointestinal tract.

In addition, 'Milpath' provides a time-tested tranquilizer for mild but effective anti-anxiety action.

With Flexible Dosage

- 'Milpath'-400 (meprobamate 400 mg. + tridihexethyl chloride 25 mg.) Usual adult dose: 1 tablet *t.i.d.* and 2 at bedtime.
- **When less tranquilization is required: 'Milpath'-200 (meprobamate 200 mg. + tridihexethyl chloride 25 mg.)**

Wallace Pharmaceuticals/ Cranbury, N. J. 08512

gently but firmly

MILPATH®

(meprobamate + tridihexethyl chloride)

relaxes smooth muscle and psyche

Please see the following page for brief summary of prescribing information.

Gently but firmly MILPATH®

(meprobamate + tridihexethyl chloride)

Relaxes smooth muscle and psyche



Usual Adult Dosage

One 'Milpath'-400 tablet, three times a day at mealtimes, and two at bedtime. For greater anticholinergic effect, two 'Milpath'-200 tablets, three times a day at mealtimes and two at bedtime. Doses of meprobamate above 2400 mg. daily not recommended.

Indications

Useful in organic and functional disorders with hypersecretion and hypermotility of G.I. tract, especially when accompanied by anxiety, neurosis, or tension states. Should be used as an adjunct to all other therapeutic measures.

Contraindications

Tridihexethyl chloride: Urinary bladder-neck obstructions, e.g., prostatic obstruction due to hypertrophy; pyloric obstructions because of reduced motility and tonus: organic cardiospasm (megaesophagus); glaucoma; possibly in stenosing gastric or duodenal ulcers with significant gastric retention.

Meprobamate: Previous allergic or idiosyncratic reactions to meprobamate.

Precautions

Tridihexethyl chloride: Use cautiously in elderly males (possible prostatic hypertrophy).

Meprobamate: Carefully supervise dose and amounts prescribed. Consider possible dependence or habituation (reported occasionally after excessive use), particularly in severe psychoneurotics, alcoholics, ex-addicts. Withdraw gradually (one or two weeks) after excessive dosage for weeks or months to avoid recurrence of pre-existing symptoms (e.g., anxiety, anorexia, insomnia) or withdrawal reactions (e.g., vomiting, ataxia, tremors, muscle twitching; rarely, epileptiform seizures, more likely in those with CNS damage or latent convulsive disorders). If drowsiness or visual disturbance occurs, reduce dose and advise against activity requiring alertness (driving, machinery operation). Effects of excess alcohol may be increased. Grand mal seizures possible in persons with both petit and grand mal. Prescribe cautiously in small amounts to patients with suicidal tendencies. Prescribe with caution to patients with known sensitivity to compounds of similar chemical structure, e.g., carisoprodol.

Side Effects

The following side effects of components may occur with 'Milpath'.

Tridihexethyl chloride: Severe effects rare on recommended dosage. Anticholinergic effects: dry mouth (fairly frequent at oral doses of 100 mg.), constipation or "bloated" feeling. Possible: tachycardia, dilation of pupils, increased ocular tension, weakness, nausea, vomiting, headache, drowsiness, urinary hesitancy or retention, dizziness.

Meprobamate: Drowsiness, sometimes with ataxia, usually controlled by decreasing dosage, occasionally with aid of central stimulants (e.g., amphetamine). Rarely, allergic or idiosyncratic reactions (usually after one to four doses); in mild form: itchy, urticarial or erythematous, maculopapular rash, generalized or confined to groin. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever, transient leukopenia, and one fatal bullous dermatitis (after meprobamate and prednisolone) reported. More severe, very rare hypersensitivity: fever, chills, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (one fatal), anuria, anaphylaxis, stomatitis and proctitis. Treat symptomatically (e.g., epinephrine, antihistamines, possibly hydrocortisone); stop and do not restart the drug. Isolated agranulocytosis, thrombocytopenic purpura, one fatal aplastic anemia reported, but only in presence of known toxic drugs, porphyric symptoms reported but relationship not established. Fast EEG activity, usually after excessive dosage. Impairment of visual accommodation reported by one observer. Fixed drug eruption with meprobamate and cross reaction to carisoprodol reported.

Suicidal attempts may produce drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse, and death. Excessive dosage has led rapidly to sleep, then reduction of vital signs to basal levels. Empty stomach, and if respiration becomes very shallow and slow, cautiously give CNS stimulants (e.g., caffeine, pentylenetetrazol, amphetamine); also pressor amines if indicated.

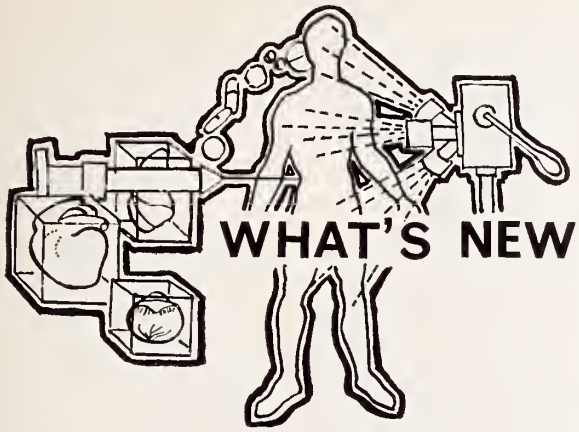
Supplied

In two strengths:
'Milpath'-400: Yellow, scored tablets.
'Milpath'-200: Yellow, coated tablets.
Before prescribing, consult package circular.

References

1. Harrison, T. R., et al.: Principles of Internal Medicine, Fifth Edition, New York, The Blakiston Division, McGraw-Hill Book Company, 1966, p. 1019. 2. Bockus, H. L.: Gastroenterology, Second Edition, Philadelphia & London, W. B. Saunders Company, 1964, Vol. II, p. 729 et seq.

(1928A01J)



Dow Chemical has a new blood chemistry testing system suitable for the physician's office or clinical laboratory. It will measure hemoglobin, glucose, cholesterol, urea nitrogren, total bilirubin and uric acid. Additional tests are planned in the future. Elapsed time for testing ranges from five to 20 minutes. Dow sells and services the system directly and trains paramedical help to use the system.

* * *

Parke-Davis has a new chewable vitamin product. It is in the form of a two-layer tablet which is fruitlike flavored and consists of 10 vitamins. Named "Paladac Chewables" the product is the fifth of the Paladac family. The tablets are made without any sugar in order to lessen the possibility of dental caries.

* * *

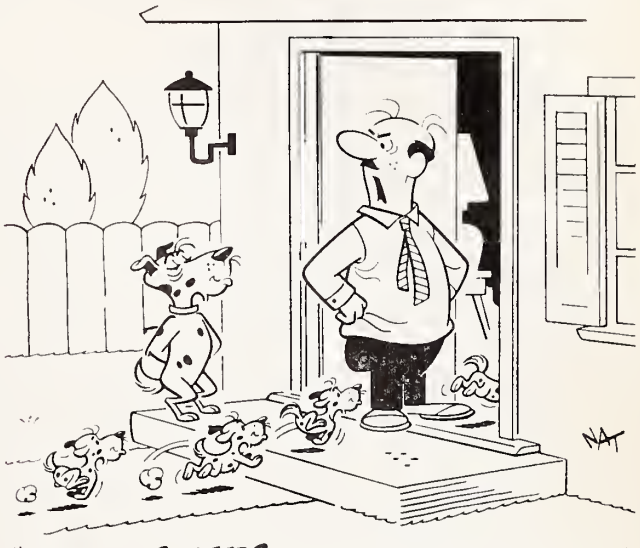
Ultrasonic diagnostic medical instruments will be developed and manufactured by a new division of the Magnaflux Corporation. Magnaflux holds a pioneer role in the development of nondestructive testing equipment for industry. As the diagnostic use of ultrasound becomes adaptable to medicine, their new medical division will design equipment especially for medical use. Ultrasound already is useful in locating clots and other obstructions in blood vessels, and in locating the midline of the brain for diagnostic purposes. Three dimensional measurements may be made on moving internal organs, such as the heart, by ultrasonic scanning.

* * *

The Magnaflux Corporation is selling a new ultrasonic Doppler blood velocity indicator, the MD-500. It is useful to diagnose peripheral vascular disease, both preoperatively and postoperatively. The Doppler effect is utilized when the frequency of the sonar beam is shifted by the moving particles in the blood stream by an amount proportional to their velocity.

* * *

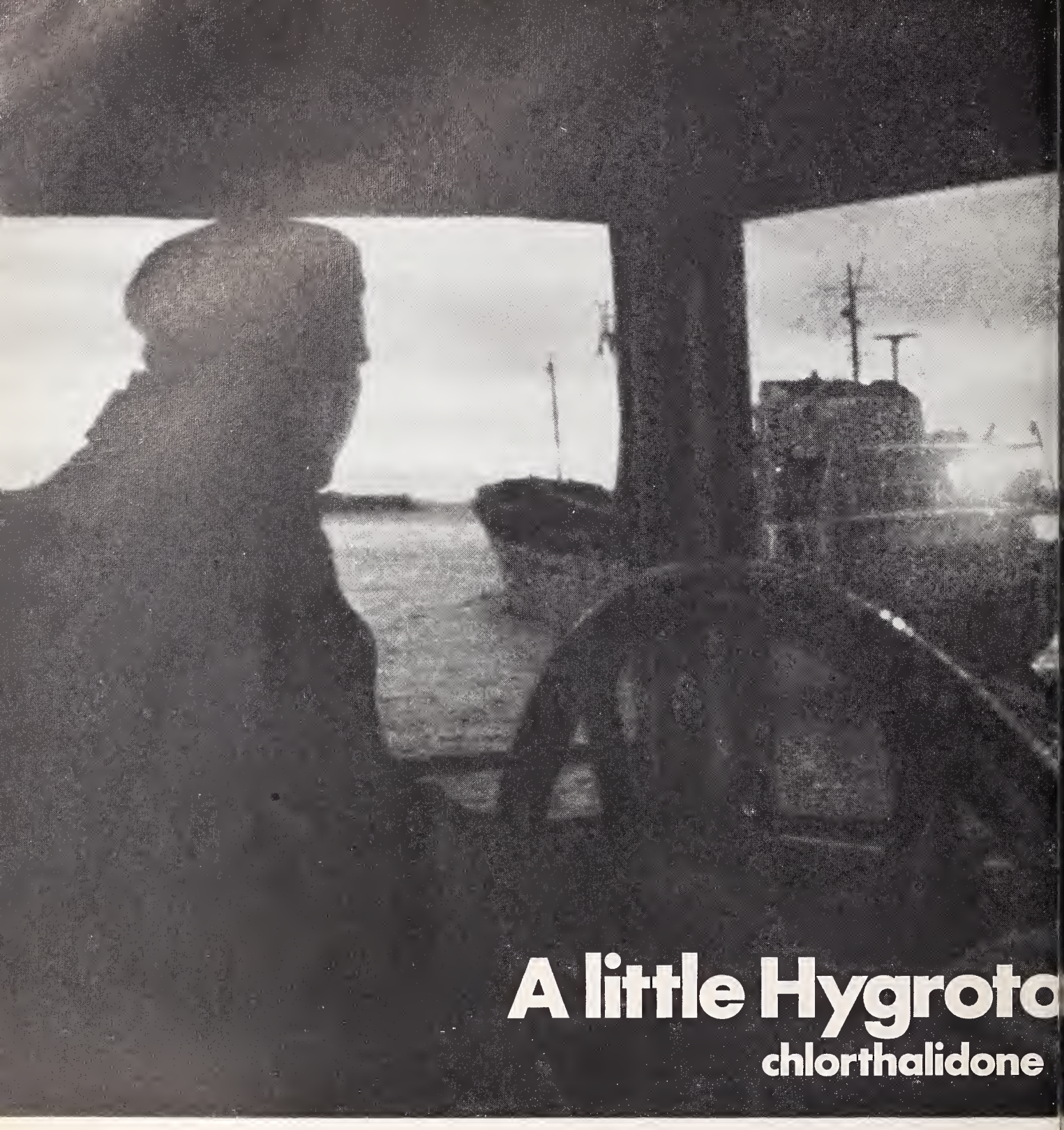
News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.



"SOMEBODY GOOFED? IS THAT ALL YOU HAVE TO SAY?"

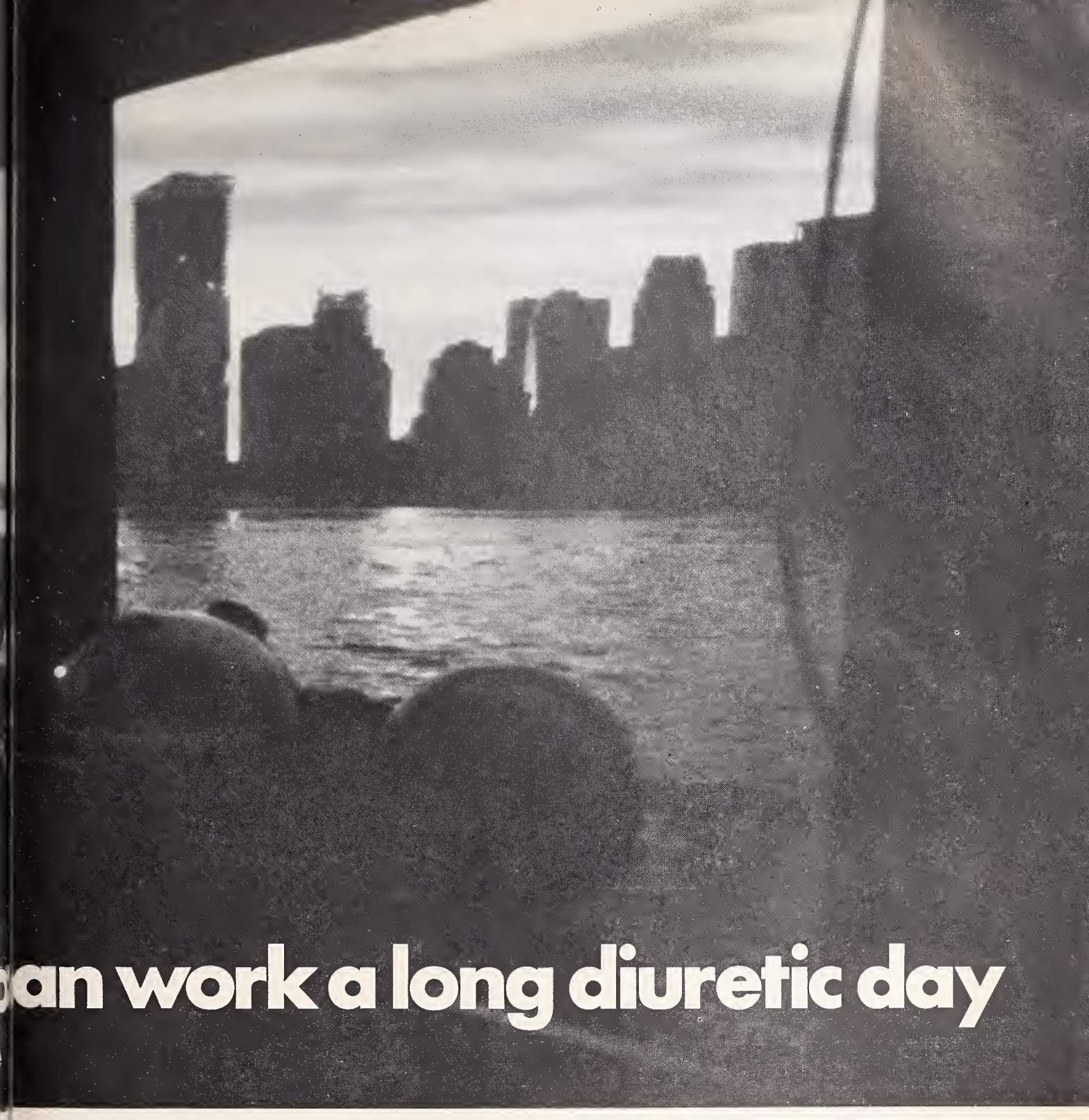
Achromycin V
250 mg. capsules

ACHROMYCIN® V
TETRACYCLINE HCl
Lederle
4S1C-9



A little Hygrotc

chlorthalidone



an work a long diuretic day

the way from one daily tablet to the next
help control edema and hypertension

prolonged action usually provides smooth, sustained diuretic
ectiveness; real one-a-day dosage, right from the start; convenience
d economy.

groton, chlorthalidone, can cause side effects. And it's contra-
licated in hypersensitivity to the drug and severe renal and
patic diseases.

eck the prescribing information. It's summarized on the next page.

Geigy



A little Hygroton® can work a long diuretic day

chlorthalidone

Indications: Hypertension and many types of edema involving retention of salt and water.

Contraindications: Hypersensitivity and most cases of severe renal or hepatic diseases.

Warning: With the administration of enteric-coated potassium supplements, which should be used only when adequate dietary supplementation is not practical, the possibility of small-bowel lesions (obstruction, hemorrhage, and perforation) should be kept in mind. Surgery for these lesions has been required frequently and deaths have occurred. Discontinue enteric-coated potassium supplements immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur.

Use with caution in pregnant women and nursing mothers since the drug may cross the placental barrier and appear in cord blood and since thiazides may appear in breast milk. The drug may result in fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult. When used in women of childbearing age, balance benefits of drug against possible hazards to fetus.

Precautions: Antihypertensive therapy with this drug should always be initiated cautiously in postsympathectomy patients and in patients receiving ganglionic blocking agents, other potent antihypertensive drugs or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half. Because of the possibility of progression of renal damage, periodic determination of the BUN is indicated. Discontinue if the BUN rises or liver dysfunction is aggravated. Hepatic coma may be precipitated.

Electrolyte imbalance, sodium and/or potassium depletion may occur. If potassium depletion should occur during therapy, the drug should be discontinued and potassium supplements given, provided the patient does not have marked oliguria.

Take special care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Salt restriction is not recommended.

Adverse Reactions: Nausea, gastric irritation, vomiting, anorexia, constipation and cramping, dizziness, weakness, restlessness, hyperglycemia, glycosuria, hyperuricemia, headache, muscle cramps, orthostatic hypotension, which may be potentiated when chlorthalidone is combined with barbiturates, narcotics or alcohol, aplastic anemia, leukopenia, thrombocytopenia, agranulocytosis, impotence, dysuria, transient myopia, skin rashes, urticaria, purpura, necrotizing angiitis, acute gout, and pancreatitis when epigastric pain or unexplained G.I. symptoms develop after prolonged administration. Other reactions reported with this class of compounds include: jaundice, xanthopsia, paresthesia, and photosensitization.

Average Dosage: 50 or 100 mg. with breakfast daily or 100 mg. every other day.

Availability: White, single-scored tablets of 100 mg. and aqua tablets of 50 mg., in bottles of 100 and 1000.

(B)46-230-E

For full details, please see the complete prescribing information.

Geigy Pharmaceuticals
Division of
Geigy Chemical Corporation
Ardsley, New York 10502

HY. 6674

Your Blue Shield Board of Directors

As Of May 1, 1969

NAME	BRANCH OF MEDICINE	REPRESENTS
Term Expires March, 1970:		
William E. Bayley, M.D.	Pathology	At Large
John W. Beeler, M.D.* (Secretary)	Radiology	At Large
Joe M. Black, M.D.* (Vice Chairman of the Board)	General Practice	District 4
Edward G. Dovey, M.D.	Urology	District 13
M. B. Gevirtz, M.D.	General Surgeon	District 10
Glen V. Ryan, M.D.* (Chairman of the Board)	General Practice	District 7
Term Expires March, 1971:		
Barton C. Bridge, M.D.	General Practice	District 9
Fred W. Dierdorf, M.D.	Anesthesiology	District 5
F. W. McDowell, M.D.*	General Surgeon	District 8
Earl W. Mericle, M.D.	Psychiatry	At Large
George W. Willison, M.D.	Internal Medicine	District 1
Term Expires March, 1972:		
Joe Dukes, M.D.*	General Practice	District 2
M. E. Glock, M.D.*	Internal Medicine	At Large
Frank H. Green, M.D.	General Surgeon	District 6
G. O. Larson, M.D.	General Practice	At Large
John M. Paris, M.D.*	General Practice	District 3
Marcene Pearcy, M.D.	Urology	District 11
Robert Reid, M.D.	OB-Gyn	At Large
PRESIDENT EMERITUS		
W. U. Kennedy, M.D.	General Surgeon	
HONORARY DIRECTOR		
W. H. Howard, M.D.	OB-Gyn	

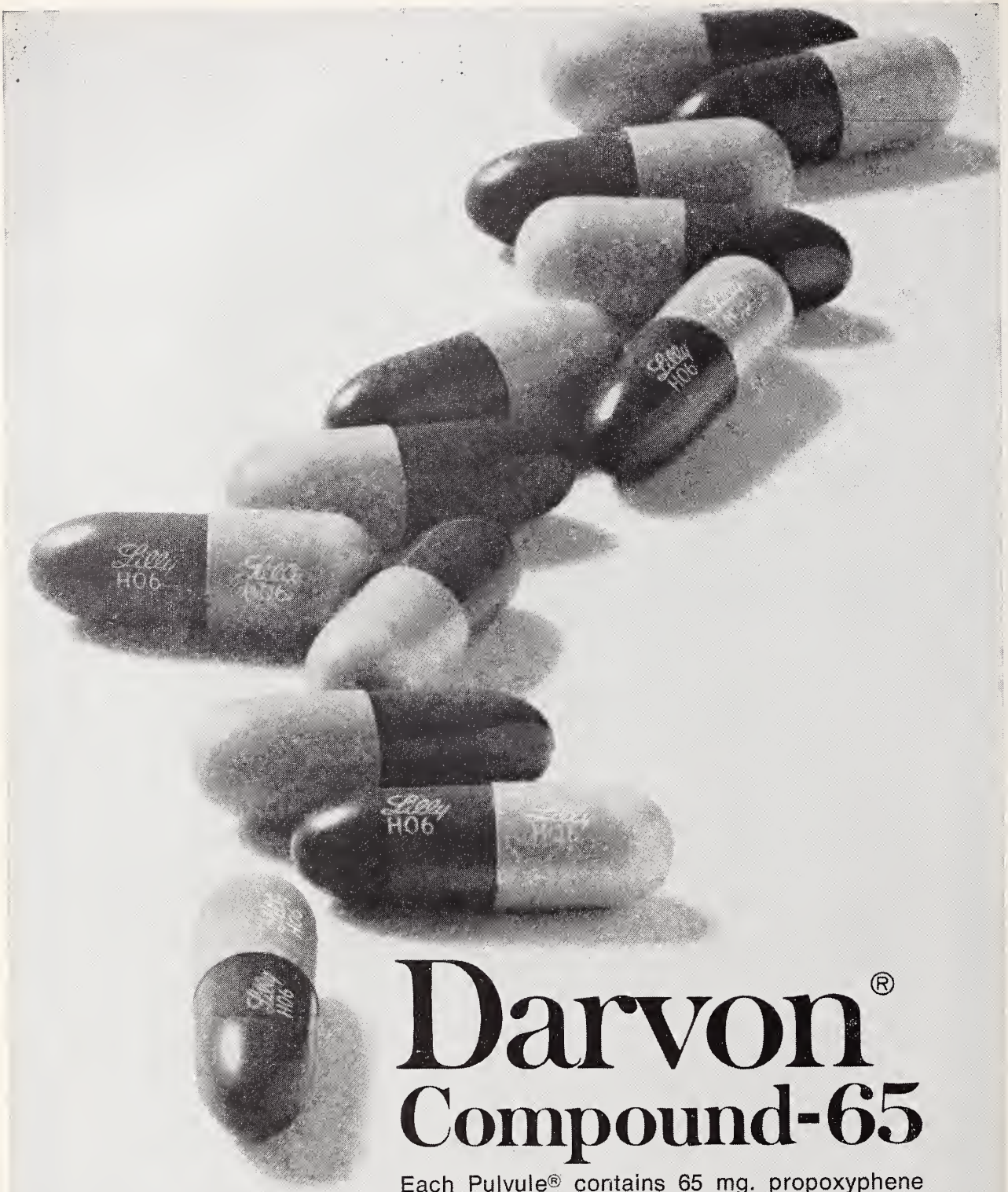
LAY MEMBERS

Harry O. Dougherty, Indianapolis Labor
H. A. Rasmussen, Indianapolis Labor
A. C. Stanley, Muncie Industry
Frank J. Hoke, Indianapolis Industry
H. Prentice Browning, Indianapolis (Treasurer)* Finance
Richard C. Kilborn, Indianapolis (President) General Public

Blue Shield Officers

Richard C. Kilborn, President
Victor M. Brian, Senior Vice President
Herbert P. Dixon, Vice President, Professional Relations
Jules C. Hagen, Vice President, Finance
Harry Hineman, Vice President, Actuary

* Members of the Executive Committee, Blue Shield Plan



Darvon®
Compound-65

Each Pulvule® contains 65 mg. propoxyphene hydrochloride, 227 mg. aspirin, 162 mg. phenacetin, and 32.4 mg. caffeine.

Lilly

Additional information available upon request.
Eli Lilly and Company
Indianapolis, Indiana 46206.

900252

The Journal of the INDIANA STATE MEDICAL ASSOCIATION
Supervised by THE COUNCIL
Volume 62 — June 1969 — Number 6

Intensive clinical investigations of methods to reduce the morbidity and mortality rates caused by newborn respiratory distress syndrome have been conducted by the Virginia Polytechnic Institute. The results show an intact survival rate far greater than what was thought even remotely possible.

An Emergency Air-Ground Transport System for the Newborn With Respiratory Distress Syndrome

*L. J. ARP, Ph.D.**
*R. E. DILLON***
*MARY TOM LONG, M.D.****
C. L. BOATWRIGHT, M.D.†
Blacksburg, Va.

RESPIRATORY DISTRESS in the newborn has been the largest single cause of death during the first week of life. About 17% of all premature infants are affected by respiratory distress and about half of them die. Since approximately 25,000 infants expire each year in the United States,[1] this number represents between 30% and 40% of all newborn deaths.[2] Nearly half of the infants weighing less than 3½ pounds who now survive their respiratory distress may be mentally defective.[3] Dr. J. F. Lucey, writing in the January, 1968, issue of *Hospital Practice*, cites a study carried out at the Boston Lying-In Hospital where it was found that mortality among premature infants accounted for 71% of all liveborn infant deaths. The death rate in low birth weight infants was said to have shown ". . . no improvement in 21 years"

These grim statistics do more than suggest that high risk infants delivered in the average hospital in this country face great hazards. Indecision, uncertainty and delay in resuscitation and treatment can result in irreversible anoxic tissue damage to the brain and other vital organs. The tragic results, many times ascribed to immaturity rather than anoxia, are known all too well. The wait-and-see, hands-off procedures, using oxygen and buffer therapy alone for treating respiratory distress have been proven inadequate by experience.

Newborn intensive care nurseries are needed throughout the country. However, the specially-trained personnel and new equipment designed specifically for the newborn are not generally available.

A dramatic decrease in infant morbidity and mortality rates has been achieved when nursing personnel, trained in the use of a special infant respirator, blood-gas and physiological monitoring equipment, have been available.[4,5] The average survival rate which can be expected for all infants weighing no more than 1,000 grams (2 pounds, 3 ounces) is about 10% to 15%.[6] These figures include those not afflicted with re-

* Professor of Industrial Engineering and Chairman, Division of Engineering Fundamentals, Virginia Polytechnic Institute, Blacksburg, Va. 24061.

** Instrument Supervisor, Virginia Polytechnic Institute, Blacksburg, Va.

*** Student Health Service, Virginia Polytechnic Institute, Blacksburg, Va.

† Church Street, Blacksburg, Va.

spiratory distress syndrome (R.D.S.). In contrast, the survival rate for infants weighing no more than 1,000 grams, with all 19 infants in respiratory distress, was 31.7% in a study by Arp et al.[4,5]

Special equipment for treating the distressed infant provided a similar striking improvement in the survival rate for infants weighing no more than 1,500 grams (3 pounds, 5 ounces) where the normal survival rate for all infants in this weight group, including those who were not in respiratory distress, is about 29.3%.[6] The survival rate in the study by Arp et al., for 42 infants, with all of them in respiratory distress, and weighing no more than 1,500 grams, was 47.6%.

A Plan for the Immediate Future

It is unlikely that every hospital will be able to assemble and train a team of specialists to cope with the vexing problems associated with the distressed newborn in the very near future. In addition, the special infant respirators needed for the successful treatment of newborn respiratory distress syndrome will not be generally available for some time. Blood-gas analyzing and physiological monitoring equipment is expensive and requires very skilled and specially trained nurses and/or technicians. Personnel with this specialized training are not readily available. The most difficult problem to solve, however, is that of convincing the nursing supervisors and the hospital administrators that each distressed newborn must have a graduate or licensed practical nurse for uninterrupted observation and attention as long as the physician carries the infant on the "critical" list. Each graduate or licensed practical nurse can manage only two infants after the patient is removed from the "critical" list.

In view of the requirements just outlined, it becomes clear that all hospitals cannot support and operate an intensive care nursery as it must be structured in order to reduce today's tragic infant morbidity and mortality rates. Intensive care nurseries must be established in population centers to provide the best medical care to the largest number of people. Infants from less populated areas will need to be transported to these specially staffed and equipped intensive care nurseries. New transport systems must be devised to reduce the time and risks involved in moving the high risk patients to the centers before the patient becomes critically ill. Physicians will be called upon to make the decision to transfer patients long before they can be absolutely certain that the patients will not survive in the average hospital. The patients must be viable when they arrive at the intensive care nursery; new equipment and technics cannot perform the miracle of restoring life to the dead.

A very general plan has been outlined for supplying the best medical care known for the distressed newborn. This plan has been put into operation by the Virginia Polytechnic Institute, Blacksburg, Virginia, in cooperation with the Roanoke Memorial Hospitals, Roanoke, Virginia.

A New Transport System

A twin engine Beechcraft airplane has been made available by Virginia Polytechnic Institute's president, Dr. T. Marshall Hahn, Jr., for transporting the newborn with respiratory distress from hospitals lacking the needed staff and equipment to the Intensive Care Nursery at the Roanoke Memorial Hospitals. The transport service described in the following pages will be available at the request of physicians and without charge until the new infant respirator becomes available commercially. The V.P.I. airplane can land at any hard surfaced airport having a runway at least 2,800 feet long. The service may be obtained any time of the day or night the airplane and infant respirators are not in use. To obtain this service or information, call Dr. L. J. Arp, Area Code 703-552-6574 or Area Code 703-552-1162, or Mr. R. E. Dillon, Area Code 703-552-2507.

The airplane is equipped with an Arp Infant Respirator, an Armstrong Servo-Control Incubator*, a solid state static inverter** to convert the airplane's 28 volt power supply to 117 volts and a redundant oxygen supply. The volunteer flight crew includes the pilot, Mr. E. S. Warner, the co-pilot, Mr. Bill Byrne, L. J. Arp, Ph.D., Mr. R. E. Dillon, and Mary Tom Long, M.D. or C. L. Boatwright, M.D.

When a request is received for emergency air transportation for a distressed infant, the physician in charge of the transfer is requested to "stand-by" at the hospital with the infant in a warm incubator containing an atmosphere of 100% oxygen. As the pilot approaches the pick-up point and a precise landing time becomes known, the control tower is requested to call the waiting physician to give him the landing time. If refueling is required, the completion time for this operation is passed on to the physician so that there is no delay in the transfer of the infant to the airplane system. The infant is transferred to the special holding and positioning fixture in the Armstrong Incubator. A restraining blanket is placed around the holding fixture as a safety belt. After respiratory assistance is started with the Arp Infant Respirator, using a nose mask as the patient-machine interface,[4,5] the airplane is ready to take off.

As the pilot nears the Roanoke airport and the arrival time becomes known, the control tower is requested to notify the Intensive Care Nursery at the Roanoke Memorial Hospitals

* Supplied by: Ohio Medical Products, Inc., 1400 E. Washington Avenue, Madison, Wis.

** Supplied by: Communications Measurements Laboratory, Inc., 350 Leland Avenue, Plainfield, New Jersey.

of the arrival time. A specially equipped ambulance (Figure 1) with redundant oxygen supply, a battery powered inverter to supply 117 volts, alternating current to power the incubator and the self-contained respirator is dispatched with a nurse from the intensive care nursery to meet the arriving patient. The incubator is transferred from the airplane to the ambulance support system without interrupting respiratory assistance. The ambulance support system is then rolled up a special ramp into the waiting ambulance. The entire portable unit is then clamped securely in place to prevent any shifting of the unit during the trip from the airport to the hospital. Respiratory assistance remains uninterrupted as the infant is transferred from the ambulance, up the elevator and into the intensive care nursery.

Use of the battery powered respiratory support unit from the ambulance is not limited to the transfer of distressed infants from the airport to the hospital. This unit is used to supply respiratory support for infants during transfer from near-by hospitals to the intensive care nursery when it is either impossible or impractical to use the airplane. The portable unit is on stand-by in the delivery suite and in surgery for all deliveries and Caesarean sections. The unit is also used to supply uninterrupted respiratory support while the infant is transported to the x-ray department, during radiological observations and while using the x-ray intensifier. It has been observed that an interruption in respiratory support for even a minute or two can trigger irreversible changes in the patient which will cause death.

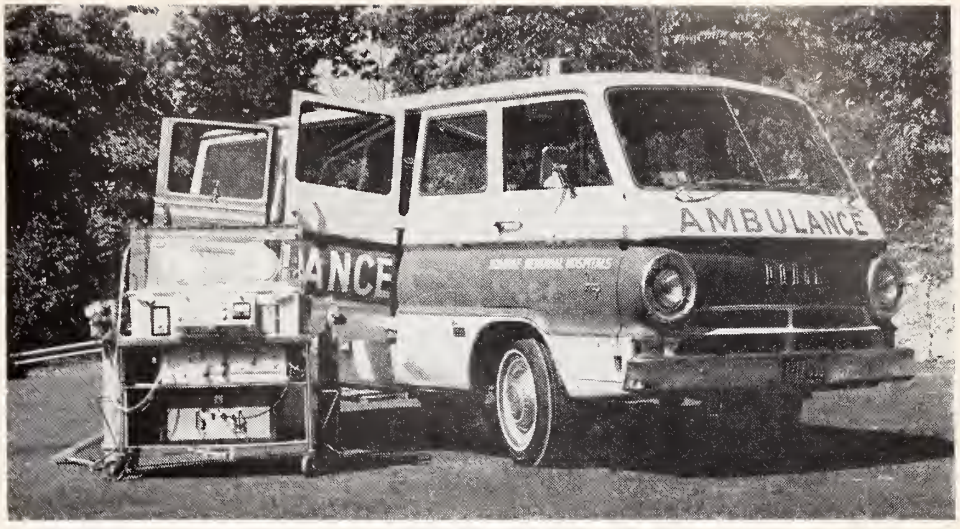


FIGURE 1
The transport ambulance system.

Conclusions

The degree of success in reducing newborn morbidity and mortality by supplying respiratory assistance is directly related to the condition of the infant at the time he is provided that assistance. It has been found that the transfer is generally an exercise in utter futility if the referring physician delays in transferring the distressed infant until he is quite sure that the infant will not survive in the local hospital nursery. The concept of the absolute necessity for an early transfer and start of intensive and comprehensive support for the distressed infant has been most difficult to convey. The last-ditch stand by a physician using oxygen and buffer therapy has been proven by experience to be inadequate in many cases. No surgeon waits for a vermiform appendix to perforate before taking a patient into surgery. Likewise, the infant with R.D.S. has the best chance for survival if respiratory assistance is started immediately after the first clinical signs of trouble are observed.

The integrated air-ground transport and support systems described in this paper have been used successfully. The key to this successful operation is teamwork. This teamwork can only be accomplished through education, training and dedication to the idea that better treatment is possible and can become a reality through cooperative understanding and advance planning. Once the hardware and support teams are available, the only obstacles to success are indecision and delay.

BIBLIOGRAPHY

1. Avery, M. E.: *The Lung and Its Disorders in the Newborn Infant*, Philadelphia, W. B. Saunders Co., 1964.
2. Carlson, D. L.: Engineering Aspects of Neonatal Respiratory Augmentation, Unpublished thesis, Ames, Iowa Library, Iowa State University of Science and Technology, 1964.
3. Lucey, J. F.: The Newborn Special Care Unit in the Community Hospital Setting, *Hospital Practice* 27, (Jan.), 1968.
4. Arp, L. J., Dillon, R. E., Humphries, T. J., Pierce, D. E.: A New Approach to Ventilatory Support of Infants with Respiratory Distress Syndrome, Part I, The ARP Infant Respirator, *Anesthesia and Analgesia*, (May-June), 1969.
5. Arp, L. J., Dillon, R. E., Humphries, T. J., Pierce, D. E.: A New Approach to Ventilatory Support of Infants with Respiratory Distress Syndrome, Part II, The Clinical Applications of the ARP Infant Respirator, *Anesthesia and Analgesia*, (July-Aug.), 1969.
6. Yerushalmy, J.: The Low-Birthweight Baby, *Hospital Practice* 68, (May), 1968. ◄

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

Editor: Frank B. Ramsey, M.D., 1802 North Illinois Street, Indianapolis, Ind. 46202.

Associate Editors: A. W. Cavins, M.D., 221 South Sixth Street, Terre Haute; Lall G. Montgomery, M.D., Ball Memorial Hospital, Muncie; David A. Bickel, M.D., 515 Odd Fellows Building, South Bend; Samuel R. Mercer, M.D., 702 Medical Center Bldg., Fort Wayne; I. W. Wilkens, M.D., 1743 Shelby St., Indianapolis.

Editorial Board:	Term Expires
Jack W. Hickman, M.D., Indianapolis	Dec. 31, 1969
Frank H. Coble, M.D., Richmond	Dec. 31, 1969
Jene R. Bennett, M.D., South Bend	Dec. 31, 1970
W. D. Snively, Jr., M.D., Evansville	Dec. 31, 1970
Alvin J. Haley, M.D., Fort Wayne	Dec. 31, 1971
Wei-Ping Loh, M.D., Gary	Dec. 31, 1971

Assistant Editor: Jackie Freers Stahl
Business Manager: James A. Waggener
3935 N. Meridian, Indianapolis, Indiana 46208.

Struck by Lightning

A person struck by lightning provides one of the world's best opportunities for emergency resuscitation. Of all the causes of cardiac and respiratory arrest, the lightning victim probably also provides the doctor with the best chance of a satisfactory outcome.

A lightning stroke causes all metabolism to stop instantly. The patient is unconscious and will, of course, die if the heart and respiration are not revived. The absent or very low cellular metabolism affords a longer interval for successful resuscitation than is the case in the usual clinical cardiac arrest.

Immediate and prolonged efforts should be made to restore the two vital functions by closed chest maneuvers and mouth-to-mouth resuscitation. If the heart resumes its beat, artificial respiration should be continued until the patient is in a hospital where a respirator is available.

Unconsciousness may last for weeks. If the respiratory and circulatory functions are maintained, however, the patient will probably recover. Usually anyone who survives a lightning shock by 24 hours will eventually recover.

If more than one person is struck at the same time, the one or ones who appear dead should receive attention first. Those who appear alive almost always survive even though they may have burns or other injuries. Absence of respiratory and/or circulatory function should attract first-aid treatment instantly.

The same rules apply to accidental electrocution with man-made electricity, except that here the heart is much more apt to start in ventricular fibrillation. Hearts arrested by lightning usually start in sinus rhythm. Lightning, for an unknown reason, does less damage to the heart than "hot wires."

Linemen should be drilled in resuscitation. One lineman, after a high voltage shock, was resuscitated by his partner while both were secured to a high pole by their belts.

Prevention is the best treatment. Lightning usually strikes the tallest object in the vicinity, yet occupants of a boat in the middle of a lake have even been known to be struck. The U. S. Golf Association advises safety as follows:

1. Do not raise golf clubs or umbrellas above your head. This is similar to adding a lightning rod to your golf equipment without proper grounding.
2. Avoid hilltops, open spaces, small trees, and isolated areas.
3. Do not go near tractors, golf carts, scooters, or other farm machinery near or on the golf course.
4. When possible, seek shelter in deep woods, depressed areas, or automobiles with metal tops.

These precautions are easily transposed for use in locations other than golf courses.

Another item to remember is that under proper atmospheric conditions it is not necessary for it to be completely cloudy—lightning has been known to strike when the sun was shining. "Bolt out of the blue" is the expression for an unexpected happening such as this. Precautions against lightning should be observed, cloudy or bright, if thunderhead clouds are visible.

Guest Editorials

When I Was Three-and-Twenty

WE RUN across letters-to-the-editor written by medical students and many of them say the same things. They find people who need medical care, they are for Medicare and Medicaid, their socio-economic thinking is different from the thinking of those who have graduated and are working, and they write often to say so. Now we treat all the patients who come to us and we reduce our fees or work for nothing when the patient is poor. The landlord does

not, the clothier does not, nor does the grocer.

If doctors do not settle where students think they should, we cannot wonder. When students graduate, *they* locate where those before them have settled down, and we have read of the same thing in England and in Yugoslavia. We printed an editorial showing that the best students were not entering medicine as commonly as they once did, and a student took exception to our essay, but another editor asked for permission to reprint our words.

A group of students who were offered medical bags refused them and felt compelled to write a letter-to-the-editor to say why; the patient would, in effect, pay for them. And they all got their names in print.

In our day, internships paid nothing or almost-nothing. But now house-officers have unions, and interns are getting salaries as high as $7,500 a year (we have heard of even more); residencies used to pay $50 and $100 a month, while $10,000 a year (we have heard of much more) is a newer figure. Where do the almost-doctors think *this* money is coming from? Isn't it the patient again? The same one who would have to pay for the medical bags? It has been said that in the east, where the interns have a union and enjoy large salaries, voluntary hospitals will charge (the patient, remember?) $100 a day.

We have practiced as many hours in a day as some do in a week, we have got up more nights than we would like to remember, and we have treated many without pay. The letter-writers have yet to see their first private patient. And we cannot possibly believe when we interned for nothing and they now get thousands of dollars, that they are worth all that difference.

If the gift-refusers feel that they would be expected to prescribe drugs sold by the donors, we wonder how those who accept grants from the Ford Foundation feel: must they go right out and buy Fords? We were given Osler's "Aequinimitas"; we enjoyed it and we did not feel bribed. "What with its crude awakenings," wrote Logan Smith, "can youth know?"

It is wonderful to be young. But the young, as Adams said, "have a passion for regarding their elders as senile." A famous statesman was told that his son was a Communist, and he said that was all right; the boy was only 20. But if his son were still a Communist at 30 (or 25?), he would put him out of the house. "I was young and foolish," said Yeats. **—Frank Cole, M.D., Editor,** *The Nebraska State Medical Journal* **54:3, March, 1969. Reprinted with permission.**

Show Congress How Much Our States Do Care

LIKE parents called upon to prove that they are not neglecting their children—that they really care as much for them as a certain "rich uncle" does—so the states and communities must be able to account to Congress for their people's well-being.

When Congress is left in doubt, it takes over, as it has done lately by imposing its own requirements for meat inspection, automobile safety, fireproofing of clothes, and disclosure of credit terms.

If any essential service provided by your state or community is clearly failing to meet people's current expectations, it is not enough to say that the problems are being studied or that improvements are being considered. Congress might interpret this as reluctance.

Only proven results count in your favor.

It may seem that Congress is being much too meddlesome, but we must remember that some of the "children" are inviting outside interference in our family affairs.

Labor unions, for example, are bent on having federal standards imposed on state programs of unemployment payments, workmen's compensation, and occupational health and safety.

By this means, labor could concentrate all its pressures for more benefits on the Federal Government. It is much easier for everybody to gang up on Uncle Sam's doorstep than it is to deal separately with the 50 states. The benefits would be more liberal, too, because "Uncle's" standards would almost surely start out being about equal to the most generous of the present state programs.

Businessmen pay all the unemployment taxes and workmen's compensation costs. They also would bear all the consequences of unnecessary federal industrial safety standards. So don't let your state become a laggard that the standardizers can use as a "horrible example."

Whatever condition your programs are in, find out what more could be done to improve them.

Work through your state and local chamber of commerce, or your trade or professional association.

There's a job for you to do in maintaining state's rights and local responsibilities.**—Arch N. Booth, Executive Vice-President, Chamber of Commerce of the United States, Washington, D.C.**

Editorial Notes . . .

Lithium is about to be added to the growing list of elements that are considered essential for good health. All the solutes of sea water may someday be proven to be necessary for man, even though in miniscule amounts. The Veterans Administration Conference on Cooperative Studies in Psychiatry is considering the value of lithium in the treatment of manic-depressive illness. Cooperative studies in some twenty VA hospitals will be summarized.

When the doctor mentioned a diagnosis that might apply to her husband, the hillbilly wife said,

"If that is a disease that whiskey will cure—he ain't got it."

The University of Nevada is founding a two-year school of medicine at its Reno campus with the aid of a grant from the Commonwealth Fund. The curriculum will be organized and taught as a major field of undergraduate college education incorporating studies traditionally taken in the first two years of medical school. Nevada students, after four years of college, will be qualified to transfer to the third year of medicine. The curriculum will be established within a large program of health sciences, which will feature shared faculty and common courses among 15 undergraduate and graduate degree programs.

Hospitals are benefiting from the Clean Room techniques developed by the aerospace industry. While some of the ultra clean techniques are rather costly, some are relatively inexpensive and are now being adopted for surgeries. Sticky mats, vacuum type shoe cleaners and sealed see-through/talk-through windows are examples. The Communicator Window is available from Ultra-Clean Products of Los Angeles. It allows visual and oral communication without drafts and contamination.

Accidental electrocution is becoming more likely in hospitals due to the fast growth of techniques which involve insertion of catheters and the use of electricity. The heart, for example, is sensitive to small electrical currents. Manufacturers, such as Elcor Electronics, are recommending the use of isolated transformers and carefully designed circuits and grounding to minimize the risk. Less current than powers a hearing aid may be inadvertently admitted to a patient circuit by leakage or because of poor grounding and be enough to stop a heart.

Californium-252 is a radioactive material which is scare and expensive. Fortunately only small amounts are needed. The Bureau of Mine's research center has borrowed 18 millionths of a gram of the isotope for use in a device which will continuously and automatically determine and record the sulphur content of coal at the rate of 50 tons hourly. The process is called neutron activation analysis and is similar to the method of measuring concentrations of metals in the human blood stream.

The cancer problem will not be solved until more is known about normal cell metabolism. Dr. Harold Fisher of the University of Rhode Island has found a chemical inhibitor, present in normal cells, which inhibits cell division. The substance is not present in cancerous human or mouse cells.

Medi Card, Inc., the new medical credit card service, was first offered regionally in March in nine Eastern states. It is now being expanded to an 11-state area which includes Indiana. The card is designed to cover payment for all medical services, medical equipment and medicines. In addition, it offers a 24-hours-a-day emergency medical information service. National headquarters are at Stamford, Connecticut. ◄

Pimple Problems

A revised version of "Something Can Be Done About Acne" is now available from the American Medical Association.

The informative six-page brochure describes the cause of blemishes and includes recommendations for treatment. Single copies are provided complimentarily by the AMA's Committee on Cutaneous Health and Cosmetics, 535 N. Dearborn St., Chicago, Ill. 60610.

Quantity orders should be coded "OP-35" and directed to the AMA's Order Department. Prices are: 50-99 copies, 14¢ apiece; 100-499 copies, 12¢ apiece; 500-999 copies, 10¢ apiece; 1,000 copies or more, 8¢ apiece.

Federally Approved Home Health Services Agencies in Indiana

ALLEN COUNTY
Visiting Nurses Service of Fort Wayne, Inc.
227 E. Washington Blvd.
Fort Wayne

BARTHOLOMEW COUNTY
Bartholomew County Hospital Home Care Department
2400 East 17th St.
Columbus

BROWN COUNTY
Brown County Health Department
Court House Annex
Nashville

CRAWFORD COUNTY
Crawford County Community Health & Home Maker Service
Court House
English

DELAWARE COUNTY
Visiting Nurse Association, Inc.
2500 Bethel Avenue
Muncie

ELKHART COUNTY
Elkhart County Health Unit Nursing Division
313 N. Second St.
Elkhart

FOUNTAIN COUNTY
Fountain-Warren County Health Department
Mill Street
Attica

FULTON COUNTY
Fulton County Health Dept. Home Health Nursing Division
Courthouse
Rochester

GRANT COUNTY
Grant County Visiting Nurse Association, Inc.
501 Wabash Avenue
Marion

HANCOCK COUNTY
Twinbrook, Inc. Home Care Division
R. R. 7, Box 13
Greenfield

HENDRICKS COUNTY
Hendricks County Health Department Home Health Agency Division of Nursing
P.O. Box 306
Danville

JACKSON COUNTY
Jackson County Dept. of Health Home Health Care Division Jackson County Hospital
Poplar & Bruce Streets
Seymour

JEFFERSON COUNTY
Jefferson County Health Department Home Health Division
608 Broadway
Madison

JOHNSON COUNTY
Johnson County Health Department Division of Nursing
Court House
Franklin

LAKE COUNTY
Lake County Health Dept.
Court House
Crown Point

United Community Chest—Calumet Area
111 Silbey Ave.
Hammond

Visiting Nurse Assn., Inc.
532 W. Chicago Ave.
East Chicago

Visiting Nurse Association of Gary, Inc.
3807 Washington St.
Gary

LAPORTE COUNTY
Visiting Nurses Association of LaPorte County, Inc.
717 Franklin St., Room 201
Michigan City

MARION COUNTY
Visiting Nurse Association, Inc.
615 N. Alabama St.
Indianapolis

Home Care Agency of Marion County
3242 N. Meridian St.
Indianapolis

MARSHALL COUNTY
Marshall County Health Dept. Home Health Division
Court House
Plymouth

MONROE COUNTY
Public Health Nursing Assn. of Bloomington & Monroe County, Inc.
315 W. Dodds St.
Bloomington

OHIO COUNTY
Ohio County Health Dept.
City Hall
Rising Sun

RUSH COUNTY
Rush County Public Health Dept. Rush County Home Health Services
Courthouse, Room 5
Rushville

ST. JOSEPH COUNTY
Visiting Nurses Assn. of St. Joseph County, Inc.
321 Lincolnway West
South Bend

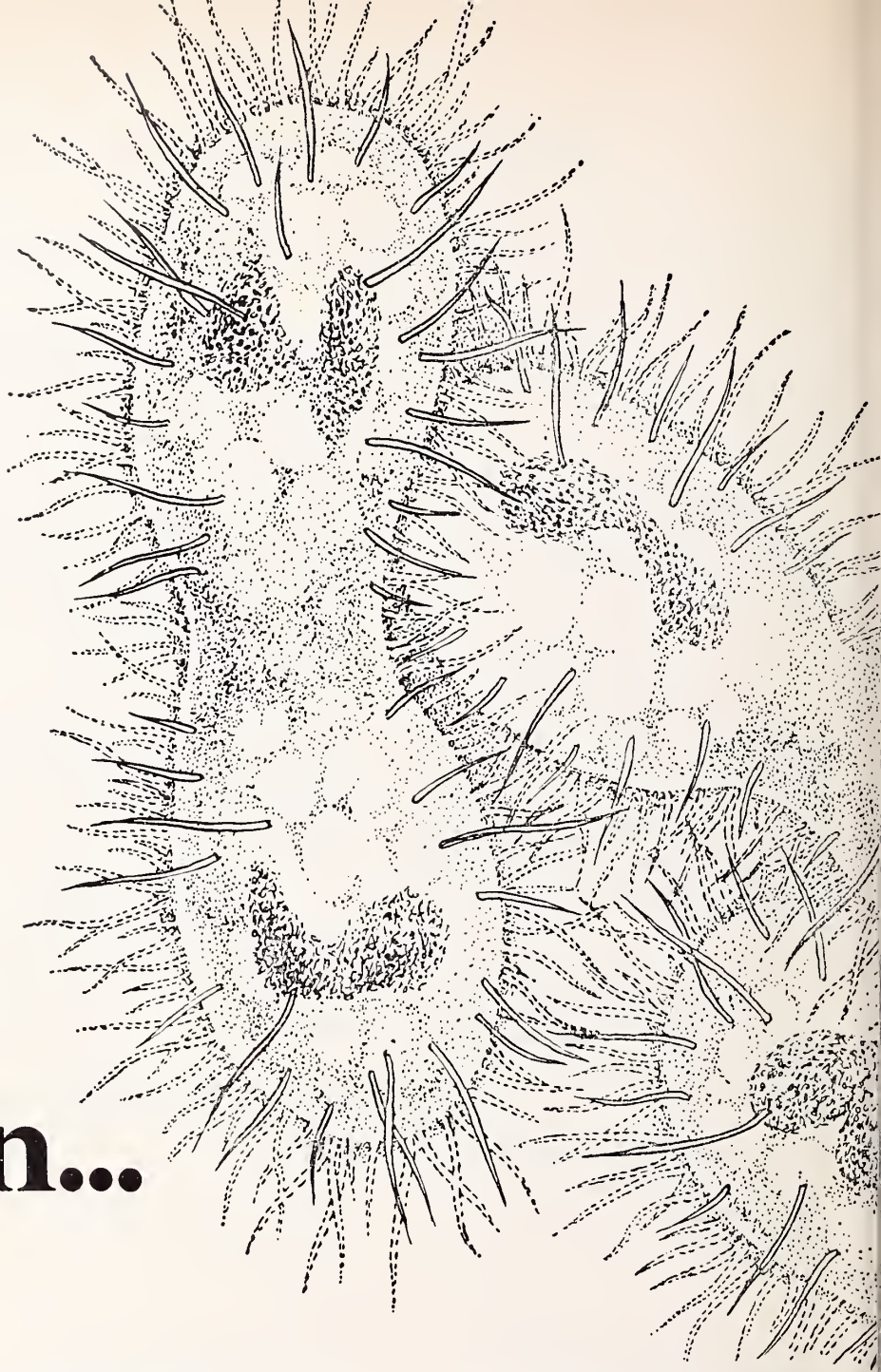
SCOTT COUNTY
Scott County Health Department Home Care Division
R. R. 2
Scottsburg

TIPPECANOE COUNTY
Visiting Nursing Service of Lafayette, Inc.
1501 Hartford Ave.
Lafayette

VANDERBURGH COUNTY
Evansville Public Health Nursing Assn.
120 S.E. First St.
Evansville

VIGO COUNTY
Visiting Nurse Assn. of Terre Haute, Inc.
328 S. Fifth St.
Terre Haute

WAYNE COUNTY
Public Health Nursing Assn.
15 N. 10th St.
Richmond ◄



A high index of suspicion... E. coli

How high is the "index of suspicion" for *E. coli* in urinary tract infections?

Recently it has been estimated that about 86 per cent of positive cultures in first attacks of urinary tract infection are *E. coli*.[1] It has also been noted that "The coliform group, especially *E. coli*, accounts for approximately 90 per cent of initial infections...."[2]

Consider wide-spectrum Gantanol® (sulfamethoxazole) for its high "index of confidence"—its proven effectiveness against *E. coli* and other sensitive gram-negative and gram-positive organisms. Therapeutic levels of Gantanol in blood and urine are achieved within 2 hours after a 2-Gm starting dose, with ready diffusion into interstitial fluids. Responsive infections generally clear within 5 to 7 days, with relief of symptoms usually seen within 24-48 hours.

Gantanol also earns its high "index of confidence" because Gantanol therapy is relatively free from complications, including the problem of bacterial resistance or superinfection.

Convenient, economical dosage schedule: *b.i.d.*

References: 1. Vernier, R. L., in Patient Care Feature: *Patient Care, 1*:20 (Feb.) 1967. **2.** Beeson, P. B.: "The Infectious Diseases," in Beeson, P. B., and McDermott, W. (eds.): *Cecil-Loeb Textbook of Medicine*, ed. 12, Philadelphia, W. B. Saunders Company, 1967, p. 230.

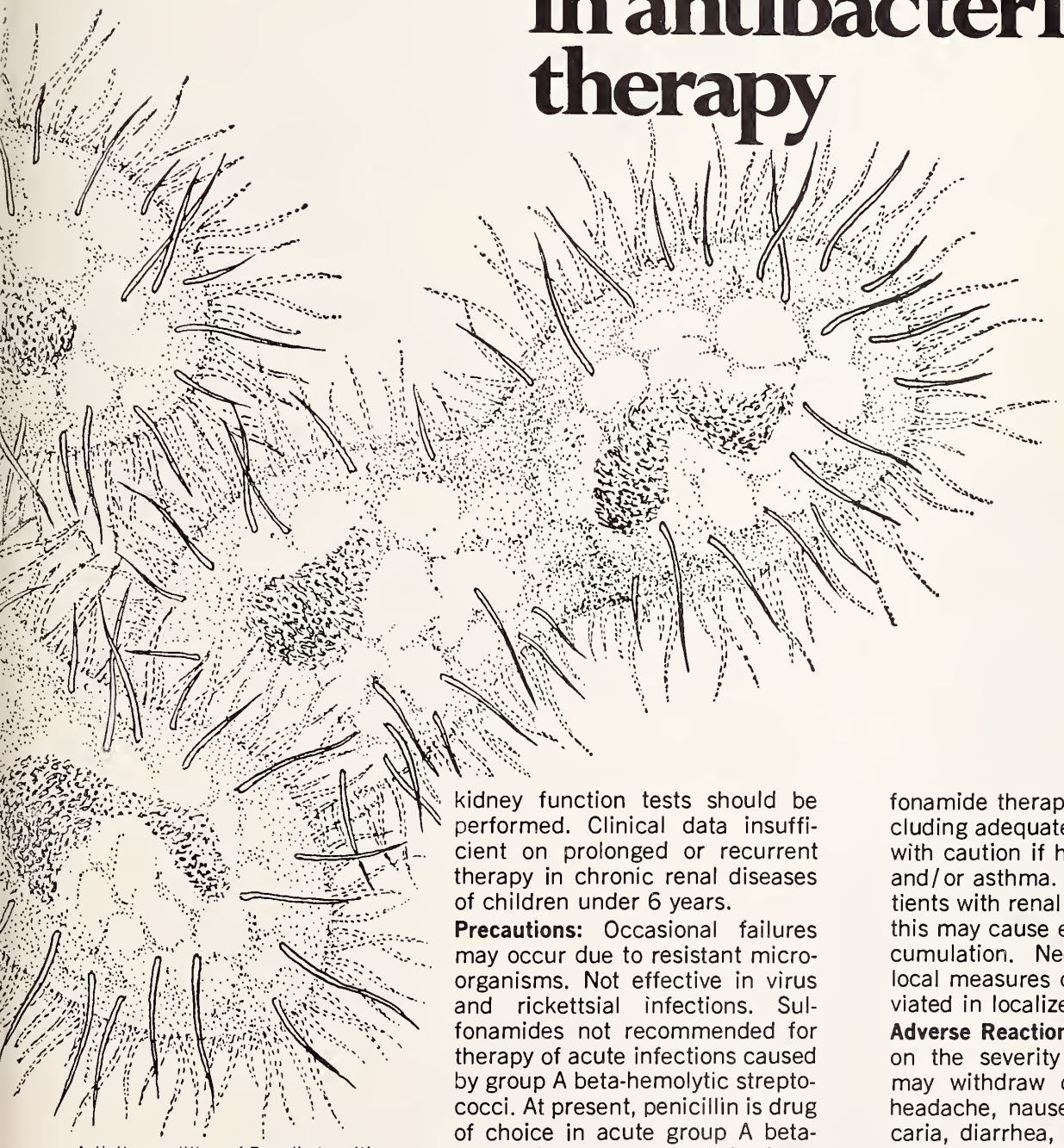
Before prescribing, please consult complete product information, a summary of which follows:

Indications: Acute and chronic urinary tract, respiratory and soft tissue infections due to susceptible microorganisms; prophylactically following diagnostic instrumental procedures on genitourinary tract.

Contraindicated in sulfonamide-sensitive patients, pregnant females at term, premature infants, or newborn infants during first 3 months of life.

Warnings: Use only after critical appraisal in patients with liver or renal damage, urinary obstruction or blood dyscrasias. Deaths reported from hypersensitivity reactions, Stevens-Johnson syndrome, agranulocytosis, aplastic anemia and other blood dyscrasias. In closely intermittent or prolonged therapy, blood counts and liver and

For a high index of confidence... Gantanol® (sulfamethoxazole) in antibacterial therapy



Artist's rendition of E. coli. As with most strains of E. coli, these have flagella and are motile.

kidney function tests should be performed. Clinical data insufficient on prolonged or recurrent therapy in chronic renal diseases of children under 6 years.

Precautions: Occasional failures may occur due to resistant microorganisms. Not effective in virus and rickettsial infections. Sulfonamides not recommended for therapy of acute infections caused by group A beta-hemolytic streptococci. At present, penicillin is drug of choice in acute group A beta-hemolytic streptococcal infections; although Gantanol has produced favorable bacteriologic conversion rates in this infection, data insufficient on long-term follow-up studies as to its effect on sequelae of rheumatic fever or acute glomerulonephritis. If other treatment cannot be used and Gantanol is employed in such infections, *important that therapy be continued in usual recommended dosage for at least 10 days*. Observe usual sulfonamide therapy precautions, including adequate fluid intake. Use with caution if history of allergies and/or asthma. Follow closely patients with renal impairment since this may cause excessive drug accumulation. Need for indicated local measures or surgery not obviated in localized infections.

Adverse Reactions: Depending upon the severity of the reaction, may withdraw drug in event of headache, nausea, vomiting, urticaria, diarrhea, hepatitis, pancreatitis, blood dyscrasias, neuropathy, drug fever, Stevens-Johnson syndrome, skin rash, injection of the conjunctiva and sclera, petechiae, purpura, hematuria and crystalluria.

ROCHE

Roche LABORATORIES

Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Medicare Approved Independent Clinical Laboratories

ALLEN COUNTY

Ft. Wayne Medical Laboratory
520 Medical Center Building
347 W. Berry St.
Ft. Wayne

DAVIESS COUNTY

Medical Laboratory
516 S. E. Fifth St.
Washington

FLOYD COUNTY

Physician's Precision Automated Laboratories, Inc.
1903 State St.
New Albany

GREENE COUNTY

Haag Medical Laboratory
210 E. Vincennes St.
Linton

JOHNSON COUNTY

Greenwood Clinical Laboratory, Inc.
360 S. Madison Ave.
Greenwood

KNOX COUNTY

Doctors' Laboratory
704 Vigo St.
Vincennes

W. J. Pierce, M.D., Laboratory
R. R. #1
Bruceville

LAKE COUNTY

Crown Point Clinical Laboratory
113 N. Court St.
Crown Point

Gary Clinical Laboratory
504 Broadway
Gary

Gary Medical Center Clinical Laboratories
3290 Grant St.
Gary

Hobart Clinical Laboratory
295 S. Wisconsin St.
Hobart

Lake County Clinical Laboratory
3275 Broadway
Gary

Physicians Laboratory
5231 Hohman
Hammond

LAPORTE COUNTY

Robert J. Frost, M.D., Laboratory
1701 Buffalo St.
Michigan City

MADISON COUNTY

Anderson Medical Laboratories, Inc.
121 W. 12th St.
Anderson

MARION COUNTY

Irvington Medical Laboratory
6051 E. Washington St.
Indianapolis

Madison Village Laboratory
7210 Madison Ave.
Indianapolis

Meridian Laboratory
3120 N. Meridian St.
Indianapolis

Mershon Medical Laboratories
3855 E. 10th St.
Indianapolis

Mershon Medical Laboratories
3600 W. 16th St.
Indianapolis

Thornton-Haymond-Costin-Buehl Medical Laboratory
301 E. 38th St.
Indianapolis

Southern Professional Laboratory
234 E. Southern Ave.
Indianapolis

POSEY COUNTY

Pathology Laboratory Service
114 W. Fourth St.
Mt. Vernon

ST. JOSEPH COUNTY

Medical Arts Laboratory
303 S. Main St.
Mishawaka

South Bend Medical Foundation, Inc.
531 N. Main St.
South Bend

TIPPECANOE COUNTY

Lafayette Clinical Laboratory
300 Main, Life Building
Lafayette

VANDERBURGH COUNTY

Clinical Laboratory of Drs. Porro and Shively
3700 Bellemeade Ave.
Evansville

Mid-America Pathology Service, Inc.
P.O. Box 138
3700 Bellemeade Ave.
Evansville

VIGO COUNTY

Terre Haute Medical Laboratory
1505 N. Seventh St.
Terre Haute

Valley Medical Laboratory
465 S. 25th St.
Terre Haute

WAYNE COUNTY

Richmond Clinical Pathology Laboratory
1250 Chester Blvd.
Richmond ◄

Benadryl®

(diphenhydramine hydrochloride)

PARKE-DAVIS

Parke, Davis & Company, Detroit, Michigan 48232

56569

The trouble with women...



frequently is men

FLAGYL®
brand of metronidazole

Cures Trichomonal Infection in Both

Although *Trichomonas vaginalis* infection occurs in only 5 to 10 per cent* of men, careful diagnosis will demonstrate the condition in about half of all husbands of infected women. Nine investigators* reported an average incidence of 50.8 per cent in exposed consorts.

Many clinicians have achieved a high degree of success in treating trichomonal vaginitis only after they have recognized the importance of sexual partners in perpetuating the infection. Crowley* has asserted, "it was not until we acted on this key premise that we were able to obtain positive and lasting results in our management of recurrent vaginal trichomoniasis."

Simple ten-day oral treatment with Flagyl virtually assures elimination of established trichomonal infection in men. In twenty-two of twenty-seven studies* data on the results of treating male patients revealed that all men treated with Flagyl were cured.

Indications: Flagyl is indicated in the treatment of trichomoniasis in both men and women.

Contraindications: Pregnancy; disease of the central nervous system; evidence or history of blood dyscrasia.

Precaution: Complete blood cell counts should be made before, during and after therapy, especially if a second course is necessary.

Side Effects: Infrequent and minor side effects include nausea, metallic taste and furry tongue. Gastrointestinal disturbances, flushing and headache sometimes occur, especially with concomitant ingestion of alcohol. The taste of alcoholic beverages may be altered. Other effects, all reported in an incidence of less than 1 per cent, are diarrhea, dizziness, vaginal dryness and burning, dry mouth, rash, urticaria, gastritis, drowsiness, insomnia, pruritus, sore tongue, darkened urine, anorexia, vomiting, epigastric distress, dysuria, depression, vertigo, incoordination, ataxia, abdominal cramping, constipation, stomatitis, numbness or paresthesia of an extremity, joint pains, confusion, irritability, weakness, cystitis, pelvic pressure, dyspareunia, fever, polyuria, incontinence, decreased libido, nasal congestion, proctitis and pyuria. Elimination of trichomonads may aggravate candidiasis.

Dosage and Administration: *In women:* one 250-mg. oral tablet three times daily for ten days. A vaginal insert of 500 mg. is available for local therapy when desired. When used, one vaginal insert should be placed high in the vaginal vault each day for ten days; concurrently two oral tablets should be taken daily.

In men: When trichomonads are demonstrated, one 250-mg. oral tablet twice daily for ten days in conjunction with treatment of his female partner.

Dosage Forms: Oral tablets—250 mg.
Vaginal inserts—500 mg.

*Complete list of references on request.

SEARLE

Research in the Service of Medicine



...now fast relief of hay fever symptoms with

NTZ®

Nasal Spray

When pollens fly, just one or two squirts of NTz in each nostril, followed in a few minutes by a second spraying, shrink swollen nasal passages almost on contact. And breathing comfort follows. The antihistamine component of NTz helps combat the allergic reaction and lessen rhinorrhea, sneezing and itching; its antiseptic wetting agent promotes rapid spread of components.

NTz Nasal Spray affords the well-known benefits of Neo-Synephrine® in a carefully balanced formula which includes:



Winthrop

Neo-Synephrine® (brand of phenylephrine) HCl, 0.5% (adult strength), decongestant
Thenfadil® (brand of thenyldiamine) HCl, 0.1%, antihistamine
Zephiran® (brand of benzalkonium as chloride, refined) Cl, 1:5000, antiseptic wetting agent

Treatments with NTz should be repeated every three or four hours as needed. NTz is for temporary relief of nasal symptoms and overdosage should be avoided. Available in squeeze bottles of 20 ml. and 1 oz. bottles with dropper.

Winthrop Laboratories, New York, N.Y. 10016 (1289M)

INTERPROFESSIONAL CODE
INDIANA STATE MEDICAL ASSOCIATION
INDIANA STATE BAR ASSOCIATION*

PREAMBLE
GENERAL PRINCIPLES

The need for better understanding of the professional problems of doctors of medicine and attorneys at law, dependent each upon the other in many aspects of medicolegal proceedings, has long been apparent to both professions.

The physician is responsible not only for the care of his patient both in health and disease, but also for ministering to his needs to the best of his ability and in accord with the high precepts of his oath.

The attorney is responsible both as advisor and confidant of his client, and as an officer of the court, for representing him as advocate in legal proceedings and as negotiator in his business and personal affairs.

Both are pledged to maintain the confidence and hold inviolate the secrets learned by this patient-physician, client-attorney relation. Each profession is obligated by its common calling to cooperate with the other in the furtherance of the truth as applied to the case at issue. In the pursuit of this goal each should respect the honor and the dignity of the other. The appearance of incompetence, dishonesty, corruption, immorality, or other unethical conduct upon the part of either individual cannot be tolerated by either profession.

It therefore becomes the duty of each profession to support within its own ranks, as well as in the ranks of the other, those principles of ethical conduct as applied to medicolegal matters, which both have found necessary in the public good. It is held apparent that adoption of these principles will serve us as a guide to the attainment of the best in interprofessional conduct and practices.

ARTICLE I

The Physician

Section 1. It shall be the obligation of the attending physician to furnish freely to the patient's attorney all facts primarily available only to him. He should explain these facts in such a manner as to be understood by the attorney in order that he can properly evaluate them in his client's cause.

Section 2. Written Reports

The attending physician should always furnish his patient's attorney with a written report upon the request of the patient. Such report should contain a history as obtained from the patient, the physical findings, diagnosis, treatment and prognosis. An opinion may be expressed, if requested, concerning the actuality or probability of fact as pertaining to the patient's condition. Physicians must appreciate that promptness in providing a patient's attorney with such information as may be available is of importance to the patient's legal rights. Many matters can be settled out of court to the mutual satisfaction of the parties involved. Undue delays in providing medical reports bearing on a patient's legal rights, may prejudice the patient's opportunity, either as to settlement or disposal of the problem, and thus create possible further expense, worry, and even the loss of important testimony. Witnesses may die or facts become obscure as the time elapses.

Section 3. Records

The attending physician should carefully preserve all records pertaining to his treatment of the patient, making them available for inspection by his patient's attorney, only with the express consent of the patient.

Section 4. Advice on Legal Matters

The physician may properly only advise his patient as to the extent, degree, or percentage of illness, injury, or disability, as based upon his best professional judgment. He should never advise on the amount of damages a patient should seek to recover nor upon other monetary aspects of his attorney-client relation. These involve many considerations other than medical and are therefore the exclusive province of the attorney.

Section 5. Examination for Attorneys and Other Parties

A physician may examine a person at the request of an attorney or other party. The physician's service in this event is to the employing attorney or other party, and he is entitled to reasonable compensation for the substantial amount of time spent in examination and preparation of the detailed reports necessary. Charges for such services should be in the same amount as if made to the patient, were the latter to pay such bill directly.

Section 6. Attending Physician's Charges

The attending physician is entitled to reasonable compensation for his services to his patient for time spent in conferences, preparation of reports, travel costs, and court or other appearances. These are services rendered his patient and charges therefore should be made to the patient. The attorney must do his full part in explaining that fact to his client. It is proper and not unusual for an attorney to represent on a contingent fee basis, a client

* Prepared by the Joint-Committee for formulation of a Medicolegal Code, Lall G. Montgomery, M.D. and James V. Donadio—Co-chairmen.

Credit is given to the Wisconsin and Minnesota Codes—parts of each being used in the preparation of this report.

Approved by the ISMA House of Delegates, Oct. 9, 1957.

Reprinted from *The ISMA Journal* 50:1704, December, 1957.

who is not in a position to pay a per diem fee irrespective of the outcome of the case, and the attorney may acquire a lien upon the proceeds of the action. The medical profession neither has, nor seeks, any similar arrangement. The charges of a physician should not in any way be based upon a percentage of the patient's financial recovery. Any other practice might lead to a charge that the physician witness had an interest for being partial in his testimony.

Section 7. Limits of Medical Testimony

Subsection (a). Testimony of the attending physician in his patient's behalf.

The physician should state the facts honestly and simply leading up to, and entering into his diagnosis, his treatment, and his prognosis, according to a most reasonable degree of medical certainty. He should not indulge in speculation unless a speculative answer is required for a specific question. In such a situation he must clearly label his own testimony as speculative or his "best estimate," or "best judgment." Under no circumstances is he justified in suppressing medical evidence or in "taking sides" as such. Such attitude would not only affect the credibility and usefulness of his testimony, but it would also be an unwarranted usurpation of part of the attorney's function.

Subsection (b). Testimony as an Expert—Subpoenas

The medical expert should offer no opinion beyond the facts of the case as observed by him or which goes beyond his personal knowledge, or runs counter to his professional training or experience. He may, however, take into consideration facts already in the court record, or set forth in a hypothetical question, to which he has had no previous personal knowledge. His professional judgment and his own conscience must mark the limits of his testimony, including his opinions.

In the event that he has been subpoenaed, he is obligated as any other citizen to answer thereto. Where grave emergency prevents his response, such emergency must involve the genuine professional needs of a patient, and he must be prepared to convince the court that the emergency was of sufficient gravity to justify his ignoring the order of the court.

A physician subpoenaed as a medical expert cannot reasonably be held to special study or other preparation for the case, nor can he be compelled to form an opinion under such circumstances. If he had an opinion, however, he is obligated to state it.

No medical expert can be expected to form an opinion if he does not have a professionally adequate basis for one on a litigant whom he did not observe. If an attorney is insistent that a medical expert offer an opinion under these circumstances, the physician should be careful to state for the record that he has been subpoenaed, that he has not observed the patient, if such is the case, and that he has an insufficient basis upon which to form a professional opinion. When a physician who has not observed a particular individual is subpoenaed as a medical expert, he will be confronted with the problem of the hypothetical question. If he can answer that question, he must do so. If he cannot answer it without special study or the question does not contain sufficient facts upon which to form an answer, he should so state.

Subsection (c). Choice of Language

The medical witness should express his findings, observations, and opinion before the court attorneys and jury in language readily understood by them. He should also put into intelligible language the effect of particular injuries. In the event that he finds it necessary to describe technical subjects in medical terms, he should then translate those terms into language familiar to his audience. Otherwise, its meaning may be entirely lost or so completely misunderstood as to materially affect the true import of the testimony. The medical witness should remember that his testimony is not intended to impress or edify, but to explain. If it does not help explain and does not clarify the issues of a particular case, it has failed in the sense that it was not useful to the determination of the case.

Subsection (d). Statements to Both Sides

A physician may not offer observations or opinions or otherwise discuss a case with both sides in a particular proceeding or lawsuit. Nor may he submit to interviews or otherwise furnish reports to attorneys for both parties, except in those cases as required by statute or by express agreement between the parties. It is self-evident that a physician's integrity and judgment are among his most precious assets, and that neither should ever be "purchased." On the other hand, when a physician has been asked to offer his testimony on behalf of a patient or as an expert on behalf of a particular claimant, he should not needlessly complicate the case by making himself available to representatives of the other side by offering apparently inconsistent viewpoints to two or more parties or their attorneys.

When a physician who has agreed to offer testimony on a case is approached by attorneys or other representatives for other parties with adverse interests, he should be frank about his prior commitment, notify the attorney for the party for whom he has agreed to testify, and thereafter be guided by the advice of the latter's attorney.

Section 8. Protecting the Attorney's Time

The physician should make every effort to protect the attorney's time. Like the physician, he has continuing responsibilities to his clients and definite times to be in court attending to other matters. The physician should make every effort to meet his appointments with attorneys on time. This applies both to appointments for conferences or depositions and other matters. Should an emergency arise which the physician is unable to control, and which would make it impossible for him to keep such an appointment, he should promptly notify the attorney.

Section 9. Public Statements

Public statements regarding the health or other medical aspects of public or otherwise prominent individuals should never be offered without personal observation of the patient by the physician, followed by the individual's express permission to publish or otherwise make public his findings. It is beneath the diginity of the medical profession to issue such public statements as a basis for altercation or disagreement with other members of the profession.

ARTICLE II

The Attorney

Section 1. It shall be the obligation of the attorney to marshal the facts and to obtain medical opinion which, in his judgment, is necessary for the proper presentation of his client's case. He shall not counsel or maintain any suit or proceeding which appears to him unjust, nor shall he counsel or maintain any defense, except such as he believes to be honestly debatable under the law. He will use only such means as are consistent with truth and honor in maintaining the causes confided to him. He will never seek to mislead the judge or jury by any artifice or intentional misstatement whatsoever. It is important for the physician to understand, however, that under the adversary system, the attorney does not pretend to advocate both sides in a dispute, but is obligated to present only those facts and opinions as related to his client's side.

Section 2. Payment of Physicians

The attorney may on behalf of his client pay the physician for such services as are related to the development of his client's legal rights, provided the charges made by the physician are such as he would make if made direct to the patient were he to pay the bill.

In those cases in which the attorney does not or cannot ethically pay the physician, he should as a matter of fairness and interprofessional courtesy do everything reasonably possible to assure payment to the physician for the services rendered in the matter in which he is concerned.

It shall be held professionally unethical for an attorney to make settlement of a case without making provision for the payment of the physician's services, where he made such an agreement with the physician with the client's approval.

Section 3. Court Arrangements—Protecting the Physician's Time

Courts and attorneys should make every effort to protect the physician's time. He has continuing and often unpredictable responsibilities to his patients that may be anticipated to conflict with courtroom procedure. Courts and attorneys should therefore undertake to determine when and for how long the physician will be needed in court, and he should be given advance notice accordingly. It is then his obligation to be in court at the time requested. In the event an emergency arises which calls for his services elsewhere, courtroom procedure must give way to humanitarian considerations, and the medical witness released or his testimony postponed until the emergency has first been cared for.

Section 4. Conferences

The attorney should always confer with the physician relative to the common problems involved in a case. Conferences should be arranged at the mutual convenience of each. It is unfair to the patient-client, the physician and the cause of justice, for the attorney to present a medical witness who has not had the advantage of prior conference, to know the full significance of the testimony he has been asked to present. It is also obvious that the attorney is not able to represent the full interest of his client where he has not had the full advantage of prior conference with the physician.

Section 5. Subpoenas

It is expected that the attorney will in every instance make a good faith effort to arrange his client's expert medical evidence in ample time before the hearing to allow the physician time for special study, review, or other preparation. Such arrangements should include offer of compensation commensurate with the reasonable value of the professional services involved in preparing or offering testimony, or the time taken away from the physician's practice.

In the event that medical evidence necessary to his client's cause cannot be obtained by prior arrangement, either because the physician has held himself unavailable or has been otherwise unco-operative, then the attorney may subpoena the medical expert, and he is obligated to answer the subpoena as is any other citizen.

Section 6. Influencing Medical Testimony

It is improper for an attorney to seek to color or other-

wise influence the professional opinion of a physician. The attorney may not use a medical expert in bargaining, with the implication that his testimony can be shaped to justify suggested settlement terms. Improperly presented medical testimony is almost always a bilateral product, and one which is professionally unworthy of both the physician and the attorney.

Section 7. Cross-Examination

No ethical attorney is justified in abusing, badgering, or browbeating any witness, including a physician, whether it be one he called or a witness for the other side. Such actions are beneath the dignity of the attorney, and are equally in violation of the dignity of the physician. Established rules of evidence give ample opportunity for testing the competence of credibility of a medical witness and make unnecessary and unjustifiable a resort to any of the above devices on the part of the cross-examining attorney. The same holds of examination of a physician who is in fact, or who is believed to be, unfriendly to a particular viewpoint and is therefore examined as a "hostile witness."

ARTICLE III

Interprofessional Responsibilities

Section 1. Conduct on the Witness Stand

The physician witness should never assume the role of the advocate or contender. Neither should counsel engage in examination of the physician as a friendly or hostile witness, but only as a provider of facts. The physician should show respect and consideration to the court and to the attorneys. The courts and the attorneys have a like obligation to the physician.

Section 2. Conflicting Medical Evidence

The problem of difference of opinion and diagnosis between medical experts is of concern to both attorneys and physicians. It must be remembered, however, that both medical science and law are inexact sciences and that honest differences can be held, not only in the interpretation of law, but also in the interpretation of symptoms and physical findings.

The attorney can reduce the area of misunderstanding from which conflicting testimony frequently comes, by careful preparation of his case with a particular purpose in having certain testimony offered. It is the duty of the physician, directed by the examining attorney, in the presentation of conflicting medical testimony, to so justify his answers as to explain the reasons for the differing opinions so far as possible. Areas of agreement should be explored by the examining attorney. The attorneys and the court should be made to understand that many diagnoses are limited by the subjectivity of the symptoms and may vary with the mental outlook of the patient; that the prognosis is dependent primarily upon the diagnosis, and may thus be expected to differ also in the opinions of the diagnosing physicians; that treatment may differ in alternative situations, in any one of which two or more methods of treatment may each be proper and equally successful; and finally that diagnosis and treatment must both be evaluated as of the time they occurred rather than in the light of a later day. In the event that the court is requested to appoint a third disinterested physician to examine the litigant for the edification of the court in determining between the conflicting medical evidence, he should be furnished copies of the conflicting reports, and in his examination and report take into account the tenets of the above paragraph. He should limit his report by the utmost in objectivity, and not in any way place himself in the position of taking sides with one physician or the other.

Section 3. The Committee for Medicolegal Review

It is agreed that a committee of six (6), to consist of three (3) attorneys and three (3) physicians, will be appointed by the respective presidents of the State Bar Association and the State Medical Association. These appointees, if required, will sit quarterly as a joint committee to review those court or administrative agency cases in which medical testimony appeared to the court, or administrative agency, attorney or attorneys or to a physician or physicians to have been so contradictory or improper as to indicate conscious deviation from the truth. In a like manner they will review those cases called to their attention involving an attorney in which there is question of his exceeding propriety in his handling of medical witness, or in his efforts to introduce improper medical testimony.

The judge or attorney or accusing physician must submit in writing a brief statement to the committee, giving the name of the physician or attorney to be investigated, and also the names of the principals in the trial, in order that a transcript of the entire testimony can be obtained.

A transcript of the entire testimony of the case in question must be obtained and placed at the disposal of the committee. The expenses of the committee shall be budgeted in equal amount from the State Medical Association and the State Bar Association.

To assist the committee, members of the State Medical Association in the various specialties, and eminent members of the bar must be willing to appear before the committee when requested to do so and express their opinion regarding the testimony in question. The medical testimony under scrutiny will not be confined to any particular type of legislation, nor to any particular court. It may include civil, criminal and personal injury cases, and all cases tried before the Industrial Board. The name of the accusing individual will be kept confidential by the committee.

The committee will have neither judicial nor disciplinary

power. In those cases of mildly questionable character, the committee may deem it advisable to have one of its members discuss the problem with the accused. In cases of a flagrant character, a complete report, with the transcript, will be sent to the Council of the State Medical Association, or to the State Bar Association for disciplinary action.

Section 4. Interprofessional Tolerance

Each profession has the duty to develop an enlightened and tolerant understanding of the other. Inasmuch as the aims of the two professions are parallel in their services to society, it is in the best interest of society that a spirit of cooperation and understanding be developed. In the furtherance of these aims, each must keep in mind the differences in the capacities and characteristics of the practitioners of both professions, and that while law and medicine may each be termed as a science, each is an inexact science; and such inexactness is, and always will be, accented by the human limitations of its practitioners.

High School Science Fairs

Health Manpower Recruitment: lip service or school service?

Hundreds of state and county medical societies have found that working with high school students is mutually rewarding—it's the old give-and-take. Physicians who give their time and counsel to talented students in science invariably discover a replenishment of their own exuburance through the enthusiasm instilled by their bright proteges.

A prime source of this "exchange" are science clubs and fairs in local schools. During the past 20 years of this science club program, a great number of these aspiring teenage scientists have now become members of the medical profession.

The 1969 International Science Fair, the annual "World's Series" among science fairs, was held this May 5-9 in Fort Worth, Tex., with over 400 finalists from almost every state and several foreign nations. These finalists were the "survivors" of local, regional and state fair competitions encompassing a million exhibits, viewed by more than four million visitors. Many of these students were in Fort Worth as a result of the encouragement, counsel and financial assistance given by medical societies to their local and regional fairs. Relevantly, Science Service, administrator of Science Clubs of America and the International Fair, annually surveys the finalists for their career interests: last year over 90% indicated either science or engineering as their choice, with medicine the leading favorite.

A number of medical societies have found that with a little recognition, the "leanings" of these top students toward medical and related careers can become a "determination"—by honoring the local winners with citations, banquet invitations, gifts of scientific equipment, and congratulatory letters from their presidents.

The Woman's Auxiliary

REPORTS TO ISMA

Allen and Wells counties are to be complimented on their excellent 25th House of Delegates of the Woman's Auxiliary which they hosted in Fort Wayne, April 22-24th.

A big THANK YOU to Betty Kephart for being our president — for conducting business and still giving us time to relax, and for bringing our national president, Mrs. John M. Chenault (Belle to all of us) as honored guest and speaker. It was she who had the task of announcing the death of Esther Long, national president. Her gentle, gracious manner and appropriate remarks were a beautiful tribute to Esther.



"Accent on Youth," was the subject of her address. It set the stage perfectly for the auxiliary programs which will be emphasized this year.

Dr. William H. Garner, Jr. has already written concerning your wishes on the auxiliary promoting "Health Careers." Mary Jeanne Garner will be attending area workshops in Fort Wayne, Indianapolis and Evansville in September, in order to personally assist each county in their Health Career activities.

At the same time, Community Service chairman, Judy Records, will bring the latest from the national auxiliary about drug abuse and the teen-age venereal problem to the county auxiliaries.

Tentative plans are under way with Dr. P. J. V. Corcoran, Dr. Lowell Steen and Dr. Donald Taylor for the combined efforts of the ISMA and woman's auxiliary to sponsor a Senior Day for high school seniors in the spring.

We enter this year with enthusiasm. You can expect assistance, loyalty and support from the woman's auxiliary.

Sylvia Schneider

"Shall I order Maalox?"





"Yes. Patients respond well to it, and seem to take it more faithfully."

Works well · Doesn't constipate · Tastes good · Economical

Supplied: Maalox Suspension (12 fl. oz.). *Also available:* Maalox No. 1 Tablets (0.4 Gm.) : no sugar, low sodium content. Maalox No. 2 Tablets (0.8 Gm.) : double strength for double antacid action.

THE NUMBER ONE ANTACID

Maalox®

MAGNESIUM-ALUMINUM HYDROXIDE

ROHER

WILLIAM H. RORER, INC.
Fort Washington, Pa. 19034

*Ivy Tech Health Occupation Courses**

St. Joseph Valley Regional Institute

1534 West Sample Street
South Bend, Indiana 46619

Offers courses to prepare:

Medical Laboratory Assistants
Licensed Practical Nurses
Operating Room Technicians
Medical Office Assistants
Nurse Aides

Tippewa Region

2316 South Street
Lafayette, Indiana 47904

Offers courses to prepare:

Licensed Practical Nurses
Medical Laboratory Assistants
Operating Room Technicians
Medical Assistants

Whitewater Region

Post Office Box 934
358 NW "F" Street
Richmond, Indiana 47374

Offers courses to prepare:

Medical Laboratory Assistants

Mallory Technical Institute

1315 East Washington Street
Indianapolis, Indiana 46204

Offers courses to prepare:

Medical Laboratory Assistants
Operating Room Technicians
X-Ray Technologists
Medical Assistants

Northwest Region

Post Office Box 986
East Chicago, Indiana 46312

Offers courses to prepare:

Licensed Practical Nurses
X-Ray Technologists
Medical Assistants

White River Valley Region

City Hall — Second Floor
439 Fifth Street
Columbus, Indiana 47201

Offers courses to prepare:

Licensed Practical Nurses
Operating Room Technicians

* Furnished by the Indiana Vocational Technical College, 333 N. Pennsylvania St., Indianapolis 46204.

in the treatment of
IMPOTENCE



Android®
(thyroid-androgen) TABLETS

Effectiveness confirmed by another double blind study*

1. SUMMARY
ANDROID — GOOD TO EXCELLENT 75%
PLACEBO — 20%

2. Forty cases reported.
3. Cites synergism between androgen and thyroid.
4. No side effects in patients treated.
5. Alleviation of fatigue noted
6. Case histories on 4 patients.
7. Although psychotherapy still needed, role of chemotherapy cannot be disputed.

*"*Sexual impotence treatment with methyl testosterone – thyroid (ANDROID) a double blind study"* – Montesano, Evangelista: Clinical Medicine, April 1966.

CONTRAINDICATIONS—Methyl testosterone is not to be used in malignancy of reproductive organs in male, coronary heart disease. Thyroid is not to be used in heart disease, hypertension unless the metabolic rate is low.

Choice of 4 strengths

Android

Each yellow tablet contains:
Methyl Testosterone . . 2.5 mg.
Thyroid Ext. (1/6 gr.) . . 10 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-HP
HIGH POTENCY

Each red tablet contains:
Methyl Testosterone . . 5.0 mg.
Thyroid Ext. (½ gr.) . . . 30 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY

Each orange tablet contains:
Methyl Testosterone . 12.5 mg.
Thyroid Ext. (1 gr.) 64 mg.
Glutamic Acid 50 mg.
Thiamine HCL 10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C

Each white tablet contains:
Methyl Testosterone . . 2.5 mg.
Thyroid Ext. (¼ gr.) . . . 15 mg.
Ascorbic Acid (Vit. C) . 250 mg.
Thiamine HCL 25 mg.
Glutamic Acid 100 mg.
Pyridoxine HCL 5 mg.
Niacinamide 75 mg.
Calcium Pantothenate . 10 mg.
Vitamin B-12 2.5 mcg.
Riboflavin 5 mg.
Dose: 2 tablet twice daily.
Available: Bottles of 60, 500.

Write for literature and samples:
BROWN THE BROWN PHARMACEUTICAL CO.
2500 W. 6th St., Los Angeles, Calif. 90057

REFER TO PDR

also available with ESTROGEN

Android-E

Each Tablet Contains:
Methyl Testosterone 2.5 mg.
Ethinyl Estradiol 0.02 mg.
Thyroid Ext. (1/6 gr.) 10 mg.
Thiamine Hydrochloride 10 mg.
Glutamic Acid 50 mg.

INDICATIONS: Advantage is taken of the anabolic action of ANOROID without its virilizing effect. Estrogen balances the androgen—only steroid effect remains. Geriatrics, post-operative and debilitating disease, osteoporosis. **DOSE:** One tablet t.i.d. Female patients should have a rest period 5 to 7 days after 21 days of medication. **SIDE EFFECTS:** In the female, excessive dosage may produce virilizing effects of most androgens: hoarseness, hirsutism, enlarged clitoris. Symptoms can be avoided by keeping the dosage below 300 mg. of testosterone per month. **CONTRA-INDICATIONS:** See Android. Ethinyl estradiol is not to be used in latent malignancy of reproductive organs or mammary glands.

ROSTER OF MEMBERS

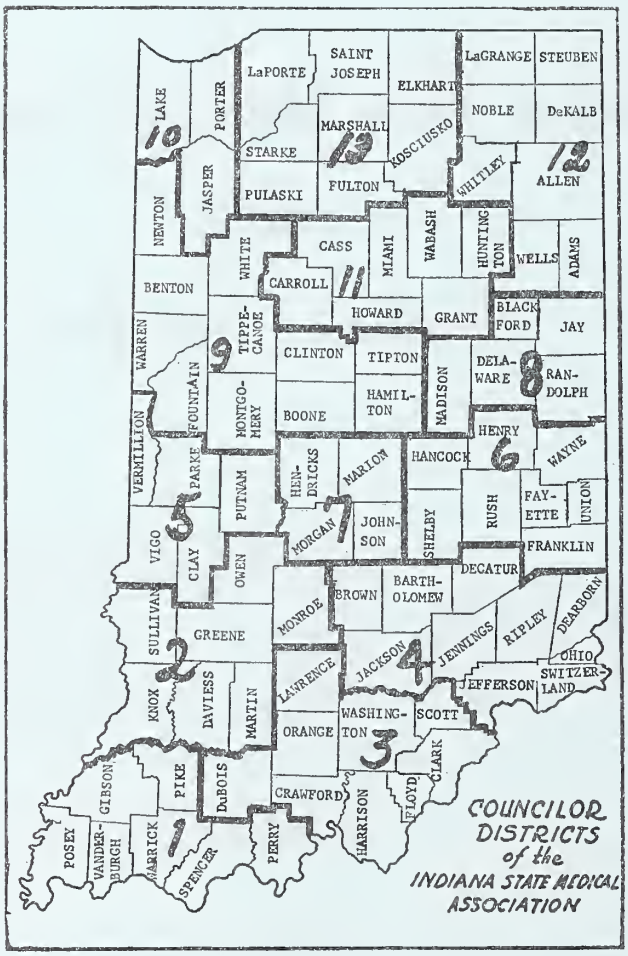


Indiana State Medical Association
and
Woman's Auxiliary

June 1969

Price $3.00

Published by
THE JOURNAL
3935 N. Meridian
Indianapolis, Indiana
46208


LaPORTE
SAINT JOSEPH
ELKHART
LaGRANGE
STEUBEN
LAKE
PORTER
NOBLE
DeKALB
MARSHALL
KOSCIUSKO
STARKE
WHITLEY
ALLEN
JASPER
PULASKI
FULTON
NEWTON
WHITE
CASS
MIAMI
WABASH
HUNTING TON
WELLS
ADAMS
BENTON
CARROLL
HOWARD
GRANT
BLACK FORD
JAY
WARREN
TIPPE-CANOE
CLINTON
TIPTON
DELA-WARE
RAN-DOLPH
FOUNTAIN
MONTGO-MERY
BOONE
HAMIL-TON
MADISON
VERMILLION
PARKE
HENDRICKS
MARION
HANCOCK
HENRY
WAYNE
PUTNAM
MORGAN
JOHN-SON
SHELBY
RUSH
FAY-ETTE
UNION
VIGO
CLAY
OWEN
FRANKLIN
DECATUR
SULLIVAN
BROWN
BARTH-OLOMEW
GREENE
MONROE
JENNINGS
RIPLEY
DEARBORN
JACKSON
OHIO
SWITZER LAND
LAWRENCE
JEFFERSON
KNOX
DAVIESS
MARTIN
WASHING-TON
SCOTT
ORANGE
CLARK
GIBSON
PIKE
DuBOIS
CRAWFORD
FLOYD
HARRISON
POSEY
VANDER-BURGH
WARRICK
SPENCER
PERRY
1
2
3
4
5
6
7
8
9
10
11
12
13
COUNCILOR DISTRICTS of the INDIANA STATE MEDICAL ASSOCIATION

Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of paid-up members of the Indiana State Medical Association as of May 1, 1969.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association. The letter (H) following a name indicates that the physician is an honorary member of his local society and the Indiana State Medical Association.

Physicians are listed in the county medical society in which they hold membership.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 3935 N. Meridian, Indianapolis, Indiana 46208. The cooperation of members is urgently requested.

ALPHABETICAL LIST OF MEMBERS

For street addresses, see roster of members by counties, p. 34/604.

Name	City	County
	A	
Aagesen, Walter J.	Anderson	Madison
Abell, Charles F.	Marion	Grant
Abell, William A.	Anderson	Madison
Able, Walter	Columbus	Bartholomew-Brown
Abramson, Allan L.	Gary	Lake
Acher, Robert P.	Greensburg	Decatur
Acker, Herbert K.	Fort Wayne	Allen
Acre, Robert R. (S)	Evansville	Vanderburgh
Adair, William K. (S)	Crothersville	Jackson-Jennings
Adams, Julia L.	Muncie	Delaware-Blackford
Adams, E. Wade	Fort Wayne	Allen
Adams, Max R.	Greenfield	Carroll
Adams, William B.	Muncie	Delaware-Blackford
Addleman, Robert H.	Indianapolis	Marion
Ade, Charles H.	Lafayette	Tippecanoe
Ade, Mary Keller	Lafayette	Tippecanoe
Adkins, Harold C.	Indianapolis	Marion
Adler, David L.	Columbus	Bartholomew-Brown
Adler, Fred	Munster	Lake
Adler, Raymond N.	Evansville	Vanderburgh
Adney, Frank B., Jr.	Richmond	Wayne-Union
Advincula, Luis V.	Brazil	Clay
Adye, Wallace M., Jr.	Evansville	Vanderburgh
Agana, Adriano A.	Gary	Lake
Ahlbrand, Roland C.	Fort Wayne	Allen
Ahn, Kyung J.	Munster	Lake
Aiken, Arthur F.	Fort Wayne	Allen
Aiken, Milo M.	Plainfield	Hendricks
Aiken, Nevin E.	Fort Wayne	Allen
Ake, Loren	Richmond	Wayne-Union
Albertson, Frank P.	Indianapolis	Marion
Albrecht, Willard H.	Indianapolis	Marion
Alcorn, Merritt O.	Madison	Jefferson-Switzerland
Alderfer, Henry H.	Marion	Grant
Aldred, Allen W.	Fort Wayne	Allen
Aldrich, Harry D.	Indianapolis	Marion
Aldrich, Howard	Indianapolis	Marion
Alexander, Ezra D. (S)	Indianapolis	Marion
Alexander, Jack L.	Muncie	Delaware-Blackford
Alexander, John E.	Evansville	Vanderburgh
Alexander, Stephen J.	Crawfordsville	Montgomery
Alfano, Paul A.	Gary	Lake
Alig, Vincent B.	Indianapolis	Marion
All, Barbara B.	Indianapolis	Marion
Allegretti, Michael L.	Munster	Lake
Allen, Donald R.	Evansville	Marion
Allen, George S.	Georgetown	Floyd
Allen, Lawrence E.	Anderson	Madison
Allen, Robert K.	Indianapolis	Marion
Allen, Robert T.	Richmond	Wayne-Union
Allen, William H.	Evansville	Vanderburgh
Alley, Thomas W.	Indianapolis	Marion
Almquist, Carl O. (S)	Gary	Lake
Alt, Edward M., Jr.	Munster	Lake
Althoff, William R.	Kokomo	Howard
Altier, William H.	Lafayette	Benton
Altuna, Raquel	Valparaiso	Porter
Alvarez, Paul	Crown Point	Lake
Alvey, Charles R.	Muncie	Delaware-Blackford
Alvis, David L.	Indianapolis	Marion
Alvis, Edmond O. (S)	Indianapolis	Marion
Alward, John H.	Kokomo	Howard
Amaya, Carlos E.	Flora	Carroll
Ambrose, Jesse C.	Noblesville	Hamilton
Ambrozaitis, Kazys	Gary	Lake
Amico, Pasquale J.	Gary	Lake
Anderson, Ernest	Fort Wayne	Allen
Anderson, Garland D.	Fort Wayne	Allen
Anderson, James T.	Greenfield	Hancock
Anderson, James W.	Indianapolis	Marion
Anderson, John B.	Vincennes	Knox
Anderson, John T.	Zionsville	Marion
Anderson, Milton H.	Evansville	Vanderburgh
Anderson, Richard M.	Vincennes	Knox
Anderson, Robert C.	Richmond	Wayne-Union
Anderson, Walter C.	Terre Haute	Vigo
Andrew, Jerald L.	Fort Wayne	Allen
Andrews, C. Franklin	Geneva	Jay
Andrews, Hugh K.	Franklin	Johnson
Angel, Virgil E.	Highland	Lake
Angeles, Uldarico A.	Portage	Lake
Angulo, Edilberto D.	Munster	Lake
Ansbacher, Stefan (H)	Marion	Grant
Anshutz, William M.	Indianapolis	Marion
Antes, Earl H.	Evansville	Vanderburgh
Antreasian, Berj	Indianapolis	Marion
Appel, Richard H.	Indianapolis	Marion

Name	City	County
Apple, Eddie R.	Salem	Washington
Applegate, Albert E.	Frankfort	Clinton
Applegate, George W.	Indianapolis	Marion
Arata, James A.	Fort Wayne	Allen
Arata, Justin E.	Fort Wayne	Allen
Arata, Lucian A.	Shelbyville	Shelby
Arbeiter, Herbert I.	Munster	Lake
Arbogast, John L.	Indianapolis	Marion
Arbogast, Paul B.	Vincennes	Knox
Arbuckle, William E. (S)	Indianapolis	Marion
Arendell, Robert E.	Evansville	Vanderburgh
Arford, John E.	Warsaw	Kosciusko
Arive, Floro F.	Oaklandon	Hancock
Arlook, Theodore D.	Elkhart	Elkhart
Armalavage, Leon J.	Valparaiso	Porter
Armer, Robert M.	Indianapolis	Marion
Armington, Charles L.	Anderson	Madison
Armington, Robert L.	Anderson	Madison
Armstead, John W.	Indianapolis	Marion
Armstrong, Thomas D.	Michigan City	La Porte
Arney, Amos	Michigan City	La Porte
Arnold, Aaron L.	Indianapolis	Marion
Arnold, Robert D.	Indianapolis	Marion
Arnold, Thomas L.	Wichita Falls, Texas	Marion
Aronson, Sidney S.	Indianapolis	Marion
Arrowsmith, James L.	Munster	Lake
Artis, Myrle E.	Kokomo	Howard
Artz, Richard W.	Angola	Steuben
Arvin, Delano Z.	Lafayette	Tippecanoe
Ashburn, Clarence M.	Muncie	Delaware-Blackford
Asher, James W.	New Augusta	Marion
Ashman, William C.	Fort Wayne	Allen
Ashwood, Edward L.	Woodbury, N. J.	Marion
Assue, Clare M.	Indianapolis	Marion
Atkins, Clarence C.	Rushville	Rush
Atwood, William H.	Elkhart	Elkhart
Auckley, James L.	Lafayette	Tippecanoe
Ault, Carl H.	Kokomo	Howard
Ault, Roy J.	Terre Haute	Vigo
Aust, Charles H.	Ft. Wayne	Allen
Austin, Charles E.	Anderson	Madison
Austin, Eugene W.	Evansville	Vanderburgh
Austin, Maynard A. (S)	Evansville	Madison
Austin, Richard P.	Bedford	Lawrence
Avery, George O.	Indianapolis	Marion
Ayers, Marion E.	Indianapolis	Hamilton
Ayres, Wendell W.	Marion	Grant

B

Baadj, Abdel G.	Indianapolis	Marion
Babb, Forrest J.	Stockwell	Tippecanoe
Babcoke, Gary A.	Cedar Lake	Lake
Bacala, Jesus	Scottsburg	Scott
Bachmann, Arnold J.	Indianapolis	Marion
Backer, George P.	La Porte	La Porte
Backer, Henry G. (S)	Ferdinand	Dubois
Backer, Mary B.	La Porte	La Porte
Backs, Alton J.	South Bend	St. Joseph
Bader, Joseph	Indianapolis	Marion
Bahler, Dean R.	W. Lafayette	Tippecanoe
Bahr, Robert E.	Fort Wayne	Allen
Bailey, Earl W.	Logansport	Cass
Bailey, Edwin B.	Linton	Greene
Bailey, Lawrence S.	Zionsville	Boone
Bailey, Paul P. (S)	Fort Wayne	Allen
Baird, Melvin S.	Indianapolis	Marion
Bakemeier, Otto H. (S)	Indianapolis	Marion
Bakemeier, Robert E.	Indianapolis	Marion
Baker, Avey M. (S)	New Albany	Floyd
Baker, Eldon E.	Delphi	Carroll
Baker, Glen	Brownsburg	Hendricks
Baker, Herman M. (S)	Evansville	Vanderburgh
Baker, John C.	Indianapolis	Marion
Baker, John R.	W. Lafayette	Tippecanoe
Baker, Leslie M.	Aurora	Dearborn-Ohio
Baker, Mason R.	Evansville	Vanderburgh
Baker, Milan D.	Culver	Marshall
Baker, Sam B.	Evansville	Vanderburgh
Baker, Warren (S)	Michigan City	La Porte
Bakos, Edward R.	Indianapolis	Lake
Balaguer, Carmen V.	Hammond	Lake
Balch, James F., Jr.	Indianapolis	Marion
Balkema, Catherine M.	Lafayette	Tippecanoe
Ball, Clay A. (S)	Muncie	Delaware-Blackford
Ball, John R.	Fort Wayne	Allen
Ball, Joseph E.	Indianapolis	Marion
Ball, Margaret J.	Fort Wayne	Allen
Ball, Philip	Muncie	Delaware-Blackford
Ballenger, William E. (S)	Richmond	Wayne-Union
Balsbaugh, George K.	North Manchester	Wabash
Balter, Eugene	Gary	Lake
Baltes, Joseph H.	Fort Wayne	Allen
Banez, Ramon V.	Richmond	Wayne-Union
Bankoff, Milton L.	Michigan City	La Porte
Bannon, William G.	Terre Haute	Vigo
Baptisti, Arthur, Jr.	Indianapolis	Marion
Baran, Charles	South Bend	St. Joseph
Barch, John W.	Fort Wayne	Allen
Bard, Frank B.	Crothersville	Jackson-Jennings
Barnes, Gilbert H.	Indianapolis	Marion
Barnes, Helen B.	Greenwood	Johnson
Barnhart, Willard T.	Evansville	Vanderburgh
Barone, Carmelo V.	Mishawaka	St. Joseph
Barrett, James W.	Washington	Daviess-Martin
Barrett, Thomas L.	Vincennes	Knox
Barron, Elmer A.	East Chicago	Lake
Barros, Paul	Gary	Lake
Barrow, John H.	Dale	Dubois
Bartle, James L.	Indianapolis	Marion
Bartlett, Donald T.	Vincennes	Knox
Bartley, Max D.	Indianapolis	Marion
Barton, Reginald R.	Gary	Lake
Barton, Robert	Angola	Steuben
Barton, Willoughby M.	Centerville	Wayne-Union
Bartsch, Harvey L.	South Bend	St. Joseph
Bascom, Karleen A.	Madison	Jefferson-Switzerland
Bash, Wallace E.	Fort Wayne	Allen
Baskett, Russell J.	Jonesboro	Grant
Bassett, Margaret	Thorntown	Boone
Bassler, Carl R. (S)	Niles, Mich.	St. Joseph
Bastnagel, William F.	Indianapolis	Marion
Bastug, Erol	Gary	Lake
Bates, Laurence H.	Indianapolis	Marion
Batman, Gordon W. (S)	Indianapolis	Marion
Battersby, J. Stanley	Indianapolis	Marion
Batties, Paul A.	Indianapolis	Marion
Battle, Frederick G.	Michigan City	La Porte
Bauer, Thomas B.	Indianapolis	Marion
Baughn, William L.	Anderson	Madison
Baum, John R. (S)	Warsaw	Kosciusko
Baumeister, Herbert E.	Indianapolis	Marion
Baumgartner, Jeraldine	Fort Wayne	Allen
Baxter, Harry R.	Seymour	Jackson-Jennings
Baxter, John P.	Indianapolis	Marion
Baxter, Neal E.	Bloomington	Owen-Monroe
Baxter, Samuel M. (S)	New Albany	Floyd
Bayley, William E.	Lafayette	Tippecanoe

Name	City	County
Beach, Norman F.	South Bend	St. Joseph
Beach, Robert R.	Indianapolis	Marion
Beams, Ralph H.	Fort Wayne	Allen
Bean, Joseph S.	Logansport	Cass
Beardsley, Frank A., Jr.	Frankfort	Clinton
Beaven, John B.	Jasper	Dubois
Beaver, Ernest R.	Rensselaer	Jasper
Beaver, Howard W.	Indianapolis	Marion
Beaver, Norman E.	Berne	Adams
Bechtol, Lavon D.	Indianapolis	Marion
Bechtold, Samuel E.	South Bend	St. Joseph
Beck, Evart M.	Indianapolis	Marion
Beck, Robert E.	Evansville	Vanderburgh
Beck, Thomas A.	Swayzee	Grant
Becker, Harry G.	Indianapolis	Marion
Becker, Jerry D.	Evansville	Vanderburgh
Beckes, Ellsworth W.	Vincennes	Knox
Beckman, Arthur	Crown Point	Lake
Beconovich, Robert	Munster	Lake
Bedwell, Marion H.	Sullivan	Sullivan
Beebe, Milton O., Jr.	Rockville	Parke-Vermillion
Beeler, Franklin K.	Anderson	Madison
Beeler, John W.	Indianapolis	Marion
Beeler, Raymond C. (S)	Indianapolis	Marion
Beeson, Wilbur P.	Greenfield	Hancock
Begley, Joseph W., Jr.	Evansville	Vanderburgh
Begley, Robert W.	Anderson	Madison
Beggs, Lowell F.	Columbus	Bartholomew-Brown
Behn, Walter M. (S)	Wheaton, Ill.	Lake
Beierlein, Karl M.	Fort Wayne	Allen
Beights, Raymond S.	Fort Wayne	Allen
Beisel, Larry H.	Evansville	Vanderburgh
Belcher, Alan D.	Marion	Grant
Bell, Horace D.	South Bend	St. Joseph
Belshaw, George	Indianapolis	Marion
Belt, James H.	Indianapolis	Marion
Benchik, Frank A.	East Chicago	Lake
Bender, John M.	Goshen	Elkhart
Bender, Martin J.	Evansville	Vanderburgh
Bender, Robert L.	Elkhart	Elkhart
Bendler, Carl H.	Sandford, Fla.	Lake
Bendush, Cecil L.	Evansville	Vanderburgh
Benedict, Harold G.	Pendleton	Madison
Benedict, Paul F.	Indianapolis	Marion
Benham, Lawrence E.	Bedford	Lawrence
Benken, Lawrence D.	Muncie	Delaware-Blackford
Bennett, Abner P.	Evansville	Vanderburgh
Bennett, Ivan F.	Indianapolis	Marion
Bennett, J. B.	Warren	Huntington
Bennett, James E.	Indianapolis	Marion
Bennett, Jene R.	South Bend	St. Joseph
Bennhoff, David F.	Great Lakes, Ill.	Marion
Benson, J. Thomas	Indianapolis	Marion
Benson, James E.	Elkhart	Elkhart
Benz, Jesse C. (S)	Marengo	Harrison-Crawford
Benz, Owen F.	Wanatah	La Porte
Bergal, Milton B.	Gary	Lake
Bergan, Joseph A.	Michigan City	La Porte
Bergendahl, Emil H.	Fort Wayne	Allen
Berger, Morley	Hollywood, Fla.	Marion
Berghoff, James R.	Fort Wayne	Allen
Bergwall, Warren L.	Muncie	Delaware-Blackford
Berke, Robert D.	South Bend	St. Joseph
Berkshire, Shaffer B.	N. Vernon	Jackson-Jennings
Berkson, Myron E.	Michigan City	La Porte
Berman, Edward J.	Indianapolis	Marion
Berman, Jacob K. (S)	Indianapolis	Marion
Bernard, Marvin R.	Gary	Lake
Bernoske, Daniel G.	Indianapolis	Marion
Berry, John M.	Indianapolis	Marion
Beruben, Miguel F.	East Chicago	Lake
Best, Robert C.	Whiting	Lake
Bethea, Dennis A. (S)	Hammond	Lake
Bethea, Robert O.	Farmersburg	Sullivan
Beuerman, V. A.	Lafayette	Tippecanoe
Beutler, Theodore V.	Fort Wayne	Allen
Bhagwandin, Harry O.	Indianapolis	Marion
Biasini, Benedict A.	South Bend	St. Joseph
Bibler, Henry E. (S)	Muncie	Delaware-Blackford
Bibler, Lester D.	Indianapolis	Marion
Bickel, David A. (S)	South Bend	St. Joseph
Bickers, Everett E.	New Albany	Floyd
Bidney, Evelyn B.	Bloomington	Owen-Monroe
Biegel, Angenieta A.	Indianapolis	Marion
Bierly, George R.	New Albany	Floyd
Bigler, Frederick W.	Goshen	Elkhart
Bill, Robert O.	Indianapolis	Marion
Billings, Elmer R.	Elkhart	Elkhart
Billingsley, John S.	Fort Wayne	Allen
Bills, R. James	Gary	Lake
Bills, Robert N. (S)	Gary	Lake
Birdzell, John P.	Crown Point	Lake
Birmingham, Peter J. (S)	South Bend	St. Joseph
Birum, Patricia J.	Union City	Randolph
Bishop, Harry A.	Frankton	Madison
Bissonnette, Roger P.	Evansville	Vanderburgh
Bixler, Donald P.	Anderson	Madison
Bixler, James A.	Fort Wayne	Allen
Bixler, Louis C.	South Bend	St. Joseph
Bizer, Mier A.	Jeffersonville	Clark
Black, Boyd K.	Vincennes	Knox
Black, Henry R.	Indianapolis	Marion
Black, M. James	Brownsburg	Hendricks
Black, Joseph M.	Seymour	Jackson-Jennings
Blackburn, Howard R.	Noblesville	Hamilton
Blackford, Florence (S)	Indianapolis	Marion
Blackford, Ralph E. (S)	Indianapolis	Marion
Blackwell, Donald S.	Indianapolis	Marion
Blair, Richard G.	Bluffton	Wells
Blaisdell, William F.	Seymour	Jackson-Jennings
Blake, Albert L.	Indianapolis	Marion
Blassaras, Crist A.	Anderson	Madison
Blatt, A. Ebner	Indianapolis	Marion
Blazey, Arthur G.	Washington	Daviess-Martin
Bledsoe, James G.	New Castle	Henry
Blessinger, Louis H.	Corydon	Harrison-Crawford
Blichert, Peter A.	Fort Wayne	Allen
Blix, Fred M.	Ladoga	Montgomery
Bloemker, E. Fredrick	Indianapolis	Marion
Bloemker, Edward F.	Indianapolis	Marion
Bloom, Asa W.	Marion	Grant
Bloom, George R.	Elkhart	Elkhart
Bloomer, Richard S.	Rockville	Parke-Vermillion
Bloss, Bryant A.	Evansville	Vanderburgh
Blossom, Paul W.	Richmond	Wayne-Union
Bloxdorf, John W.	Terre Haute	Vigo
Blum, Leon L.	Terre Haute	Vigo
Boaz, William D.	Wabash	Wabash
Bobb, Kenneth E.	Seymour	Jackson-Jennings
Boberg, Arthur R.	Muncie	Delaware-Blackford
Bodnar, Leslie M.	South Bend	St. Joseph
Bogan, William C.	South Bend	St. Joseph
Bogardus, Carl R.	Austin	Scott
Boggs, Eugene F.	Indianapolis	Marion
Boha, Rudolf L.	Borden	Floyd

Name	City	County
Boldy, Mirhan	Marion	Grant
Bolin, Robert C.	Lafayette	Tippecanoe
Boling, Frederick F.	Indianapolis	Marion
Boling, Grover C.	Indianapolis	Marion
Boling, Richard C.	Elkhart	Elkhart
Bolinger, Garry L.	Indianapolis	Marion
Bollheimer, Don A.	Fort Wayne	Allen
Bomalaski, M. Donald	Jasper	Dubois
Bomba, Brad J.	Bloomington	Owen-Monroe
Bombar, Leslie E.	Munster	Lake
Bond, George S. (S)	Indianapolis	Marion
Bond, Virginia	Indianapolis	Marion
Bond, Walter C. (S)	Clay City	Clay
Bond, William H.	Indianapolis	Marion
Bonsett, Charles A.	Indianapolis	Marion
Booher, Norman R.	Indianapolis	Marion
Booher, Olga Bonke	Indianapolis	Marion
Boone, Clarence W.	Gary	Lake
Boone, Robert D.	Evansville	Vanderburgh
Boonstra, Charles E.	Bluffton	Wells
Booth, Boynton H.	Indianapolis	Marion
Booth, Franklin M.	South Bend	St. Joseph
Booze, James H.	Bloomington	Owen-Monroe
Bopp, Henry W., Jr.	Terre Haute	Vigo
Bopp, James	Terre Haute	Vigo
Border, John F.	Muncie	Delaware-Blackford
Boren, Paul R.	Poseyville	Posey
Borges, Victor J.	Huntingburg	Dubois
Bornstein, Herschel	Gary	Lake
Borland, Raymond M. (S)	Bloomington	Owen-Monroe
Borough, Lester D.	South Bend	St. Joseph
Bosch, Ralph	Seymour	Jackson-Jennings
Bosler, Howard A.	Westville	La Porte
Bossard, John W.	Fort Wayne	Allen
Boswell, Robert W. C.	Evansville	Vanderburgh
Botkin, Charles L. (S)	Muncie	Delaware-Blackford
Botkin, Charles T.	Muncie	Delaware-Blackford
Botkin, Clyde G.	Muncie	Delaware-Blackford
Bowdoin, George E. (S)	Elkhart	Elkhart
Bowen, Gerald T.	Lawrenceburg	Dearborn-Ohio
Bowen, Otis R.	Bremen	Marshall
Bower, Richard E.	Fort Wayne	Allen
Bowers, Charles R.	Anderson	Madison
Bowers, Copeland C.	Kokomo	Howard
Bowers, Gah T.	Fort Wayne	Allen
Bowers, Garvey B.	Kokomo	Howard
Bowers, George W.	Fort Wayne	Allen
Bowers, John A.	Kokomo	Howard
Bowers, Jesse W. (S)	Fort Wayne	Allen
Bowman, Charles M.	Albion	Noble
Bowman, Leon	New Albany	Floyd
Bowser, Philip G.	Goshen	Elkhart
Boxell, John F.	Indianapolis	Marion
Boyce, Paul A.	Indianapolis	Marion
Boyd, H. Clark	Terre Haute	Vigo
Boyer, Don W.	Lebanon	Boone
Boyer, Floyd A.	Indianapolis	Marion
Boyer, Grace B.	Marion	Grant
Boyle, Carroll L.	Evansville	Vanderburgh
Boys, Fay F.	East Chicago	Lake
Boze, Robert L.	Berne	Adams
Bradley, Louis F.	Bluffton	Wells
Bradley, Richard V.	Kokomo	Howard
Brady, Kingdon	West Lafayette	Tippecanoe
Brady, Thomas A.	Indianapolis	Marion
Brakel, Frank J., Jr.	Evansville	Vanderburgh
Branam, George E.	Muncie	Delaware-Blackford
Branco, Arthur M.	Munster	Lake
Brand, Anna	Calumet City, Ill.	Lake
Brandman, Harry	Gary	Lake
Brandt, William E.	Fort Wayne	Allen
Brasovan, S.	Mineral Wells, Texas	Lake
Brauer, Abraham A.	Westville	La Porte
Braun, Benjamin D.	East Chicago	Lake
Braunlin, Earl A.	Fort Wayne	Allen
Braunlin, Robert J.	Fort Wayne	Allen
Brayton, Lee	Indianapolis	Marion
Brechtl, Harvey J.	South Bend	St. Joseph
Brennan, Bess B.	Hammond	Lake
Brennan, William C.	Whiting	Lake
Brenner, Howard B.	Munster	Lake
Bretz, John M.	Huntingburg	Dubois
Brewer, David H.	Columbus	Bartholomew-Brown
Brickley, Harry D.	Indianapolis	Marion
Brickley, Richard A.	Indianapolis	Marion
Bridge, Barton C.	Lafayette	Tippecanoe
Bridges, Alvin L.	Anderson	Madison
Bridges, William L.	Fort Wayne	Allen
Bridwell, Edgar	Bedford	Lawrence
Briggs, Robert W.	Indianapolis	Marion
Brill, Joseph B.	Jeffersonville	Clark
Brillhart, James R.	Indianapolis	Marion
Brincko, John	Gary	Lake
Bristol, Henry M. S.	Terre Haute	Vigo
Britt, Robert L.	Evansville	Vanderburgh
Britton, Welbon D.	Montezuma	Parke-Vermillion
Brock, Joseph T.	New Castle	Henry
Brockman, Wilfred J.	Corydon	Harrison-Crawford
Brockmole, Arnold W.	Evansville	Vanderburgh
Brodersen, James D.	Munster	Lake
Brodie, Donald W.	Indianapolis	Marion
Bromley, Luman W.	Fort Wayne	Allen
Bronson, Paul J. (S)	Terre Haute	Vigo
Brooks, Edwin A.	Evansville	Vanderburgh
Brooks, Fred R., Jr.	Indianapolis	Marion
Brooks, G. Tanner	Richmond	Wayne-Union
Broomes, Edward L. C.	East Chicago	Lake
Broshears, Kenneth P.	Linton	Greene
Brosius, Robert H. W.	Fort Wayne	Allen
Brough, A. Kathleen	Indianapolis	Marion
Brown, Archie E.	Indianapolis	Marion
Brown, David B.	LaPorte	LaPorte
Brown, David E.	Indianapolis	Marion
Brown, DeWitt W.	Indianapolis	Marion
Brown, Earl E.	Greenwood	Marion
Brown, Earl R., Jr.	Indianapolis	Marion
Brown, Frances T. (S)	Indianapolis	Marion
Brown, Frank M.	Indianapolis	Marion
Brown, Frederic W.	Fort Wayne	Allen
Brown, Garland R.	Fort Wayne	Allen
Brown, George E.	Greenwood	Johnson
Brown, Gordon T.	Indianapolis	Marion
Brown, James C.	Valparaiso	Porter
Brown, James R.	Valparaiso	Porter
Brown, John S.	Carlisle	Sullivan
Brown, Kenneth H.	New Albany	Floyd
Brown, Leland G.	Muncie	Delaware-Blackford
Brown, Leo R.	Gary	Lake
Brown, Marcel S.	Spencer	Owen-Monroe
Brown, Richard J.	Kokomo	Howard
Brown, Robert L.	Evansville	Vanderburgh
Brown, Robert M.	Marion	Grant
Brown, Robert R.	Terre Haute	Vigo
Brown, Stewart D.	Albany	Delaware-Blackford
Brown, Thomas M.	Muncie	Delaware-Blackford
Brown, Wendell E.	Indianapolis	Marion

Name	City	County
Browning, James S.	Indianapolis	Marion
Browning, William M.	Nineveh	Marion
Brownley, E. Jane	Indianapolis	Marion
Brubaker, Harold S.	Huntington	Huntington
Brubeck, Robert E.	Martinsville	Morgan
Bruce, Reginald A.	Indianapolis	Marion
Brucker, Perry A.	Fort Wayne	Allen
Brueckmann, F. Robert	Indianapolis	Marion
Bruegge, Theodore J.	Kokomo	Howard
Bruetsch, Walter L. (S)	Santa Barbara, Calif.	Marion
Bryan, Franklin A.	Fort Wayne	Allen
Bryan, Paul E.	Madison	Jefferson-Switzerland
Bryan, Robert E.	Kendallville	Noble
Bryan, Stanton L.	Evansville	Vanderburgh
Bryant, Edward G.	East Chicago	Lake
Buchanan, Wallace D.	South Bend	St. Joseph
Buche, Frederick P. (S)	Richmond	Wayne-Union
Buchman, Marshall H.	New Albany	Floyd
Buckingham, Richard E.	Bloomington	Owen-Monroe
Buckingham, Richard E., Jr.	Indianapolis	Marion
Buckles, David L.	Anderson	Madison
Buckner, George D.	Fort Wayne	Allen
Buckner, Joy F. (S)	Bluffton	Wells
Buehl, Frederick H.	Indianapolis	Marion
Buehl, Isabelle A.	Indianapolis	Marion
Buehler, George M.	Jeffersonville	Clark
Buechler, William F.	Elwood	Madison
Buechner, Frederick W.	South Bend	St. Joseph
Buehner, Donald F.	Evansville	Vanderburgh
Buell, Forrest R.	Clay City	Clay
Bugh, Charles W.	Fairbanks, Alaska	Marion
Buhrmester, Harry C.	Lafayette	Tippecanoe
Bullard, Harland R.	Indianapolis	Marion
Bullers, Robert C.	Franklin	Johnson
Bullington, George E.	Whiteland	Johnson
Bunker, Ladoska Z.	North Manchester	Wabash
Burcham, James B.	Madison	Jefferson-Switzerland
Burdette, Harold F.	Indianapolis	Marion
Burger, Thomas C.	Evansville	Vanderburgh
Burghard, Rolla D.	Indianapolis	Marion
Burk, James M.	Decatur	Adams
Burket, Cecil R.	Bremen	Marshall
Burkhardt, Boyd A.	Tipton	Tipton
Burkle, Robert J.	Terre Haute	Vigo
Burnett, Arthur B.	New Castle	Henry
Burnett, Paul C.	Logansport	Cass
Burnikel, Ray H.	Evansville	Vanderburgh
Burns, John T.	Lafayette	Tippecanoe
Burns, Paul E.	Montpelier	Delaware-Blackford
Burwell, Stanley W.	Muncie	Delaware-Blackford
Bush, Charles E.	Kirklin	Clinton
Bush, Edward R.	Anderson	Madison
Bush, Hargis R. (S)	Cannelton	Perry
Bush, Jack A.	Lafayette	Tippecanoe
Buslee, Roger M.	South Bend	St. Joseph
Bussard, Frank W.	South Bend	St. Joseph
Butler, John O.	Indianapolis	Marion
Butler, Robert M.	Indianapolis	Marion
Butts, Milton A.	South Bend	St. Joseph
Butz, Ralph O.	Muncie	Delaware-Blackford
Byler, John J.	Walkerton	St. Joseph
Byllesby, Joyce E.	Crawfordsville	Montgomery
Byrd, Ryland P.	Jeffersonville	Clark
Byrn, Howard W. (S)	San Pierre	Benton
Byrne, Louis	Bloomington	Owen-Monroe
Byrne, Robert J.	Bicknell	Knox

Name	City	County
C		
Cabigas, Jose S.	Richmond	Wayne-Union
Cabrera, Pelayo B.	Gary	Lake
Cadiente, Samson S.	Indianapolis	Marion
Cagle, Bob R.	New Palestine	Hancock
Cahn, Hugo M. (S)	Indianapolis	Marion
Cahn, Peter H.	Indianapolis	Marion
Cahue, Antonio R.	Gary	Lake
Cain, David R.	New Castle	Henry
CaJacob, Melville E.	Terre Haute	Vigo
Caldwell, Marilyn R.	Indianapolis	Marion
Caldwell, Milton V.	Terre Haute	Vigo
Caldwell, Richard B.	Marion	Grant
Calhoon, John P.	Indianapolis	Hendricks
Calisto, Ruben A.	Logansport	Cass
Call, Herbert F.	Indianapolis	Marion
Callaghan, Winship C.	Greensburg	Decatur
Calland, Sabra W.	Indianapolis	Marion
Calli, Louis J.	North Vernon	Jackson-Jennings
Calvert, Raymond R. (S)	Lafayette	Tippecanoe
Calvin, O. Walter	Chicago, Ill.	St. Joseph
Cameron, Don F. (S)	Angola	Steuben
Cameron, Mary H.	Angola	Steuben
Campagna, Ettor A.	East Chicago	Lake
Campbell, Frank	Anderson	Madison
Campbell, H. Edwin, Jr.	Indianapolis	Marion
Campbell, John A.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart
Campbell, Richard W.	Monterey, Calif.	Marion
Campbell, Robert L.	Indianapolis	Marion
Campbell, Sam W.	New Castle	Henry
Campbell, William T.	Bloomington	Owen-Monroe
Canganelli, Vincent G.	Lafayette	Tippecanoe
Cannon, Daniel H.	New Albany	Floyd
Cantwell, Edgar R.	Vincennes	Knox
Caplin, Irvin	Indianapolis	Marion
Caplin, Samuel S.	Indianapolis	Marion
Caputi, Saverio	Indianapolis	Marion
Carberry, George A.	Gary	Lake
Carbone, Joseph A.	Gary	Lake
Carey, J. Albert	Gary	Lake
Carlberg, Dale L.	Jeffersonville	Clark
Carlo, Ernest R. (S)	Fort Wayne	Allen
Carlson, Milton R.	Portage	Porter
Carlson, Norman R.	Michigan City	La Porte
Carlson, Ralph F.	Evansville	Vanderburgh
Carmody, Raymond F.	Gary	Lake
Carney, Joel T. (S)	Jeffersonville	Clark
Carpenter, Bennie F.	Crown Point	Lake
Carpenter, Donald J.	Terre Haute	Vigo
Carpenter, James B.	Lafayette	Tippecanoe
Carpenter, Ramesh S.	Garrett	DeKalb
Carpenter, Robert S.	W. Lafayette	Tippecanoe
Carpentier, James R.	La Porte	La Porte
Carr, Joseph H.	Henryville	Clark
Carrel, Francis E.	Frankfort	Clinton
Carroll, Bertha Rose	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Crown Point	Lake
Carson, Wayne	Indianapolis	Marion
Carter, Eunice M.	Noblesville	Hamilton
Carter, F. R. N. (S)	South Bend	St. Joseph
Carter, Fred S.	La Porte	La Porte
Carter, James E.	Indianapolis	Marion
Carter, Jean V. (S)	Tipton	Tipton
Carter, John O.	Hobart	Lake
Cartwright, Glen W.	Lafayette	Tippecanoe
Carty, Charles B.	Pekin	Washington
Casey, Stanley M. (S)	Huntington	Huntington
Cassady, James V. (S)	South Bend	St. Joseph
Cassady, John R.	South Bend	St. Joseph
Cassim, Rechad M.	Elkhart	Elkhart

Name	City	County
Cast, William R.	Columbia, S. Carolina	Marion
Castro, Ignacio B., Jr.	Scottsburg	Scott
Cates, Jeryl R.	Indianapolis	Vanderburgh
Cattell, Lee M.	Kokomo	Howard
Caudill, Rodney C.	Anderson	Madison
Cavins, Alexander W.	Terre Haute	Vigo
Caylor, Charles H.	Bluffton	Wells
Caylor, Harold D.	Bluffton	Wells
Caylor, Truman E.	Bluffton	Wells
Cespedes, Carlos A.	Griffith	Lake
Chael, Thomas C.	Munster	Lake
Chaffman, William B.	Evansville	Vanderburgh
Chamberlain, Donald S.	South Bend	St. Joseph
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Carol R.	Union City	Randolph
Chambers, Leroy B.	Union City	Randolph
Chamblee, Roland W.	South Bend	St. Joseph
Chan, John T.	Fort Wayne	Allen
Chandler, Leon H.	Goshen	Elkhart
Chapman, William E.	Indianapolis	Marion
Chappel, Alfred T.	Franklin	Johnson
Charles, Sara C.	Notre Dame	St. Joseph
Chase, James A.	Fort Wayne	Allen
Chattin, Herbert O.	Vincennes	Knox
Chattin, Robert E.	Loogootee	Daviess-Martin
Chattin, William R.	Indianapolis	Marion
Chattin, Vance J.	Washington	Daviess-Martin
Chau, Andrew Y. S.	Terre Haute	Vigo
Chavez, Mauro E.	Indianapolis	Marion
Cheesman, Donald D.	Danville	Hendricks
Chen, Ko K. (S)	Indianapolis	Marion
Cheng, Sylvia F.	Walton	Cass
Chernish, Stanley M.	Indianapolis	Marion
Chevalier, Robert B.	Indianapolis	Marion
Childs, Wallace E.	Madison	Jefferson-Switzerland
Chip, Jerald N.	Gary	Lake
Chivington, Paul V.	Indianapolis	Marion
Choslovsky, Sydney	Gary	Lake
Christie, Marvin C.	Beech Grove	Marion
Christophel, Verna A.	Mishawaka	St. Joseph
Chroniak, Walter	Indianapolis	Marion
Chu, Johnson C. S.	Logansport	Cass
Chube, David D.	Gary	Lake
Church, Robert A.	Munster	Lake
Clark, Charles M., Jr.	Indianapolis	Marion
Clark, Edward E.	Indianapolis	Marion
Clark, George A.	Indianapolis	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Jack P.	Syracuse	Elkhart
Clark, Lawson J.	Indianapolis	Marion
Clark, Lintner E.	Muncie	Delaware-Blackford
Clark, Robert M.	Muncie	Delaware-Blackford
Clark, Thomas W.	Evansville	Vanderburgh
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R., Jr.	Fort Wayne	Allen
Clark, William R.	Fort Wayne	Allen
Clarkson, Clarence G.	Richmond	Wayne-Union
Classen, Pete R. C.	Elkhart	Elkhart
Clay, Eleanor	Columbus	Bartholomew-Brown
Clevinger, William G.	Indianapolis	Marion
Cline, Donald L.	Indianapolis	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Close, Frederick W.	Fort Wayne	Allen
Close, Gerald A.	Rhodesia, Africa	Marion
Close, W. Donald	Indianapolis	Marion
Clouse, John F.	Richmond	Wayne-Union
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Coates, Jacqueline	Indianapolis	Marion
Coats, Eli A.	Indianapolis	Hendricks
Cobb, Clarence M.	Indianapolis	Marion
Coble, Frank H.	Richmond	Wayne-Union
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cochran, Robert B.	Muncie	Delaware-Blackford
Cockrum, William M.	Evansville	Vanderburgh
Coddens, Avery L.	Earl Park	Benton
Coffel, Melvin H.	Vincennes	Knox
Coggeshall, Warren E.	Indianapolis	Marion
Cohen, Hyman	Gary	Lake
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Greenwood	Marion
Cole, Ira (S)	Lafayette	Tippecanoe
Coleman, Floyd B.	Waterloo	DeKalb
Coleman, Henry G.	Salem	Washington
Coleman, Joseph E.	Evansville	Vanderburgh
Colip, George D.	South Bend	St. Joseph
Collins, Hubert L.	Indianapolis	Marion
Collins, Jack T.	Bluffton	Wells
Collins, Robert C.	Indianapolis	Marion
Colvin, Robert C.	Newburgh	Warrick
Combs, Daniel	Vincennes	Knox
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H. (S)	Evansville	Vanderburgh
Combs, Stuart R.	Terre Haute	Vigo
Comeau, William J.	Marion	Grant
Comer, Kenneth E.	Mooresville	Morgan
Compton, George L.	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Conklin, James O.	Terre Haute	Vigo
Conklin, Raymond L. (S)	Elkhart	Elkhart
Conley, John E. (S)	Fort Wayne	Allen
Conley, Joseph L. (S)	Indianapolis	Marion
Conley, Thomas M.	Kokomo	Howard
Connell, Vactor O.	Bourbon	Marshall
Connelly, Jerry H.	Fort Wayne	Allen
Connelly, Richard D.	Fort Wayne	Allen
Connerley, Marion L.	Terre Haute	Vigo
Connoy, Leo F.	Westfield	Hamilton
Conrad, Everett L.	Brazil	Clay
Conrad, Henry W.	Lawrenceburg	Dearborn-Ohio
Constan, Evan	Cincinnati, Ohio	La Porte
Conway, Chester C.	Indianapolis	Marion
Conway, Glenn	Indianapolis	Marion
Conway, Thomas J.	Terre Haute	Vigo
Cook, Gordon C.	South Bend	St. Joseph
Cook, Melvin D.	New Albany	Floyd
Cook, Robert G.	Bluffton	Wells
Cooke, J. Kenneth	Indianapolis	Marion
Cookson, Lawrence U.	Indianapolis	Marion
Cooney, Charles J.	Fort Wayne	Allen
Coons, John D. (S)	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, B. Trent	Roanoke	Huntington
Cooper, Harry L. (S)	South Bend	St. Joseph
Cooper, John F.	Muncie	Delaware-Blackford
Cooper, Leo K.	Gary	Lake
Cooper, Waller W.	Evansville	Vanderburgh
Cope, Stanton E.	Huntington	Huntington
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Cornacchione, Matthew	Indianapolis	Marion
Coronel, Emmanuel R.	Madison	Jefferson-Switzerland
Corpe, Kenneth F.	Rushville	Rush
Corrao, Gaetano	Gary	Lake
Corrao, Thomas J.	Jeffersonville	Clark
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A., Jr.	Indianapolis	Marion
Cortese, Thomas A.	Indianapolis	Marion
Cosio, Julio	Jeffersonville	Clark
Costello, Albert J.	Munster	Lake
Costin, Robert L.	Indianapolis	Marion
Cotter, Edward R.	Hammond	Lake
Cottrell, Robert F.	Fort Wayne	Allen

Name	City	County
Coughenour, J. Robert	Indianapolis	Marion
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O., Jr.	Argos	Marshall
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M.	Auburn	DeKalb
Covey, Thomas J.	Valparaiso	Porter
Cox, Alfred C.	South Bend	St. Joseph
Cox, J. Bruce	Evansville	Vanderburgh
Cox, Leon T.	Richmond	Wayne-Union
Coyner, Alfred B. (S)	Lafayette	Tippecanoe
Craft, Kenneth L. (S)	Indianapolis	Marion
Craig, Alexander F.	Indianapolis	Marion
Craig, Harry L.	Huntingburg	Dubois
Craig, Reuben	Kokomo	Howard
Craig, Richard M.	Fort Wayne	Allen
Craig, Robert A.	Syracuse	Elkhart
Crates, Gordon C.	Denver	Miami
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Crawford, Theodore R.	Kokomo	Howard
Creek, Jean A.	Bloomington	Owen-Monroe
Crevello, Albert J.	Evansville	Vanderburgh
Crimm, Paul D.	Evansville	Vanderburgh
Cripe, Earl P.	Bremen	Marshall
Cripe, William H.	Portland	Jay
Crise, John R.	Portage	Porter
Crist, John R.	Mt. Vernon	Posey
Cristee, James W.	Terre Haute	Vigo
Crockett, Wayne A.	Terre Haute	Vigo
Cron, William J.	Warsaw	Kosciusko
Cronin, H. Joseph	Indianapolis	Marion
Crosby, Reid C.	Bedford	Lawrence
Cross, David G.	Indianapolis	Marion
Crossin, James A.	Indianapolis	Marion
Crouse, Ben E.	Mulberry	Tippecanoe
Crowder, James H.	Sullivan	Sullivan
Crudden, Charles H.	Evansville	Vanderburgh
Crum, Marion M.	Angola	Steuben
Cuff, Steve C.	Fort Wayne	Allen
Culbertson, Carl S.	South Bend	St. Joseph
Culbertson, Clyde G.	Indianapolis	Marion
Cullen, P. Kent, Jr.	Indianapolis	Marion
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culp, John E.	Fort Wayne	Allen
Cumming, James R.	Indianapolis	Marion
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T.	Muncie	Delaware-Blackford
Curiel, Hector J.	Richmond	Wayne-Union
Currie, Robert W.	Indianapolis	Marion
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L. (S)	Vincennes	Knox
Cusick, James A.	Indianapolis	Marion
Custer, Edward W.	South Bend	St. Joseph
Cuthbert, Marvin P.	Indianapolis	Marion
Czenkusch, Helen G.	Indianapolis	Marion

D

Dacquisto, Michael P.	Zionsville	Marion
Daggy, James R.	Richmond	Wayne-Union
Dagley, Hubert R.	Madison	Jefferson-Switzerland
Dahling, Clemens W.	New Haven	Allen
Dahling, Fred W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Daley, Edward H.	Indianapolis	Marion
Dallas, Fred R.	Indianapolis	Marion
Dallas, Mary E.	Indianapolis	Marion
Dalton, Naomi L.	Bloomington	Owen-Monroe
Dalton, William W.	Indianapolis	Marion
Dalton, Wilson L.	Shelbyville	Shelby
Daly, Joseph M.	Indianapolis	Marion
Daniel, John C. (S)	Laguna Hills, Calif.	Marion
Daniel, Robert A.	Gary	Lake
Dannacher, William D.	Wabash	Wabash
Darbro, David A.	Indianapolis	Marion
Darling, Dorothy R.	Gary	Lake
Das, Amal K.	Kokomo	Howard
Datzman, Basil J.	La Porte	La Porte
Datzman, Richard C.	Fort Wayne	Allen
Daugherty, Forest D.	Columbus	Bartholomew-Brown
Daugherty, Fred N. (S)	Crawfordsville	Montgomery
Daugherty, William L.	Hutsonville, Ill.	Sullivan
Dauscher, Dean D.	Fort Wayne	Allen
David, George J.	Muncie	Delaware-Blackford
Davidoff, Manuel A.	Fort Wayne	Allen
Davidson, Charles O.	Gary	Lake
Davidson, Dale A.	Indianapolis	Marion
Davidson, Harold H.	Evansville	Vanderburgh
Davidson, N. Cort	Indianapolis	Marion
Davis, Bennie L.	Indianapolis	Marion
Davis, Carl M. (S)	Valparaiso	Porter
Davis, Claude E.	Angola	Steuben
Davis, Edward A.	South Bend	St. Joseph
Davis, Everett G., Jr.	Beech Grove	Marion
Davis, Grayson B.	Lafayette	Tippecanoe
Davis, Howard B.	Lafayette	Tippecanoe
Davis, John A.	Flat Rock	Shelby
Davis, Joseph B.	Marion	Grant
Davis, Kenneth D.	Evansville	Vanderburgh
Davis, Larry M.	Indianapolis	Marion
Davis, Margaret M.	Indianapolis	Marion
Davis, Marvin R.	Columbus	Bartholomew-Brown
Davis, Merrill S. (S)	Marion	Grant
Davis, Paul E.	Terre Haute	Vigo
Davis, Sam J.	Indianapolis	Marion
Davis, William H.	New Market	Montgomery
Day, William D. C.	Seymour	Jackson-Jennings
Dayson, Louie O.	Vincennes	Knox
Deal, Eleanor H.	Speedway City	Marion
Dean, Donald I.	Rushville	Rush
Deanovic, Frank W.	Richmond	Wayne-Union
Dearmin, Robert M.	Indianapolis	Marion
DeArmond, Murray	Indianapolis	Marion
DeArmond, Murray M., Jr.	Tucson, Ariz.	Marion
De Bois, Elon	Gary	Lake
DeBrota, John, Jr.	Indianapolis	Marion
Decatur, David R.	Indianapolis	Marion
Deery, Michael F.	Culver	Marshall
Deever, John W.	Indianapolis	Marion
DeFries, John J.	New Paris	Elkhart
DeGrazia, Eugene J.	Valparaiso	Porter
Dehner, John R.	Richmond	Wayne-Union
Deitch, Robert D.	Indianapolis	Marion
de la Cotera, Frederick G.	Munster	Lake
DeMelo, Luiz P.	Gary	Lake
DeMotte, C. Bowen	Greenwood	Marion
DeNaut, James F.	Knox	Starke
Denham, Robert H.	South Bend	St. Joseph
Denny, Forrest L.	Indianapolis	Marion
Denny, James W.	Indianapolis	Marion
Denny, Melvin H.	Anderson	Madison
Denton, Larkin D.	Greentown	Howard
Denzer, Edward K.	Evansville	Vanderburgh
Denzer, William O.	Evansville	Vanderburgh
Deogracias, Francisco D.	Edinburg	Johnson
DePorter, Louis A.	Munster	Lake
Deppe, Charles F.	Franklin	Johnson
Derhammer, George L.	Brookston	Tippecanoe

Name	City	County
Dersch, David M.	Columbus, Ohio	Marion
Dester, Herbert E. (S)	Berne	Adams
Dettloff, Frederick R.	Greencastle	Putnam
Dettmer, Robert W.	Indianapolis	Marion
Deur, Julius J.	Lafayette	Tippecanoe
Devetski, Robert L.	South Bend	St. Joseph
DeVoe, Kenneth R.	South Bend	St. Joseph
DeWees, Dwight L.	Indianapolis	Marion
DeWester, Gerald M.	Indianapolis	Marion
Dian, August J.	Logansport	Cass
Dickerson, W. Martin	Monticello	White
Dickson, Carolyn L.	Indianapolis	Marion
Dickson, Dale D.	Greensburg	Decatur
Dieckman, Herbert S.	Evansville	Vanderburgh
Dierdorf, Fred W.	Terre Haute	Vigo
Dierolf, Edward J.	Gary	Lake
Dieter, William J. (S)	Westville	La Porte
Dietl, Ernest L.	South Bend	St. Joseph
Dietz, David J.	Muncie	Delaware-Blackford
Dill, Charles W.	Beech Grove	Marion
Dill, Myron K.	Indianapolis	Marion
Dillman, Carl E.	Corydon	Harrison-Crawford
Dillon, John F.	Indianapolis	Marion
Dilts, Robert L.	Indianapolis	Marion
Dimailig, Gregorio H.	East Chicago	Lake
Dimitroff, Lambro	Calumet City, Ill.	Lake
Dimmett, James D.	Chandler	Warrick
Dingle, Paul E.	Richmond	Wayne-Union
Dingley, Albert F.	South Bend	St. Joseph
Dininger, William S. (S)	Winchester	Randolph
Dino, Florian S.	Indianapolis	Marion
Dintaman, Paul G.	Indianapolis	Marion
Dirks, Kenneth R.	Washington, D.C.	Marion
Disney, Charles T.	Gary	Lake
Dittmer, Jack E.	Valparaiso	Porter
Dittmer, Thomas L.	Valparaiso	Porter
Dixon, Rex W.	Anderson	Madison
Doan, John E.	Decatur	Adams
Dodd, Robert D.	South Bend	St. Joseph
Dodd, Roberts K.	Evansville	Vanderburgh
Dodds, James U.	Hartford City	Delaware-Blackford
Dodds, Wemple	Crawfordsville	Montgomery
Doenges, James L.	Anderson	Madison
Doermann, Paul E.	Huntington	Huntington
Doherty, Raymond J.	Crown Point	Lake
Dolan, Patrick A.	Indianapolis	Marion
Doles, Ted S.	Middletown	Madison
Dolezal, Bernard J.	South Bend	St. Joseph
Domingo, Ricardo C.	Greensburg	Decatur
Donahue, Francis E.	Dublin	Henry
Donahue, George R.	Lafayette	Tippecanoe
Donahue, James M.	Indianapolis	Marion
Donaldson, Frank C.	Anderson	Madison
Donaldson, Miles W.	Marion	Grant
Donato, Albert M.	Indianapolis	Marion
Donchess, Joseph C.	Gary	Lake
Donesa, Antonio B.	Fort Wayne	Allen
Doneff, Ronald H.	Gary	Lake
Donnally, George A.	Geneva	Jay
Donnelly, Everett F.	South Bend	St. Joseph
Donnelly, Robert W.	Indianapolis	Marion
Doran, J. Hal	Indianapolis	Marion
Dorrance, Thomas O.	Bluffton	Wells
Doss, Jerome F.	Kokomo	Howard
Doughty, Samuel R., Jr.	Indianapolis	Marion
Douglas, William T.	Indianapolis	Marion
Doumanian, Heratch O.	Gary	Lake
Dovey, Edward G.	Elkhart	Elkhart
Dowd, Joseph A.	Indianapolis	Marion
Dowell, Emil H. (S)	Rockville	Parke-Vermillion
Downer, Luther H.	Evansville	Vanderburgh
Dragomer, Andrei S.	Hammond	Lake
Dragoo, John R.	Wabash	Wabash
Drake, Dale W.	Evansville	Vanderburgh
Drake, Ellery T.	Martinsville	Morgan
Drake, James R.	Anderson	Madison
Drake, John C.	Anderson	Madison
Drake, Marion C.	Elwood	Madison
Drennen, Robert V.	Anderson	Madison
Dreyer, Ralph W.	Richmond	Wayne-Union
Drummy, William W.	Terre Haute	Vigo
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Tippecanoe
DuBois, Charles C. (S)	Warsaw	Kosciusko
DuBois, Ramon B.	Lafayette	Tippecanoe
Ducanes, Arnold D.	Greensburg	Decatur
Duckwall, Bertram F.	Terre Haute	Vigo
Dudgeon, Charles A.	Hartford City	Delaware-Blackford
Dugan, John R.	Indianapolis	Marion
Dugan, Thomas	Columbus	Bartholomew-Brown
Dugan, William M., Jr.	Indianapolis	Marion
Dukes, Betty	Dugger	Sullivan
Dukes, David J.	Corydon	Harrison-Crawford
Dukes, Joe	Dugger	Sullivan
Dulin, Basil B.	Anderson	Madison
Dumanian, Ara V.	Homewood, Ill.	Lake
Dunbar, Fred E.	Marion	Grant
Duncan, John S. (S)	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Duncan, Stuart J.	Indianapolis	Marion
Duncan, William A.	Indianapolis	Marion
Dunham, Henry H.	Wabash	Wabash
Dunkin, Ramon S.	Indianapolis	Marion
Dunlap, D. Logan	South Bend	St. Joseph
Dunn, Latimer E.	Sullivan	Vigo
Dunning, Preston M.	East Chicago	Lake
Dunning, Thomas W.	Muncie	Delaware-Blackford
Dunstone, Harry C.	Fort Wayne	Allen
Dupler, Lee F.	Frankfort	Clinton
Duque, Fausto	Clarksville	Clark
Durham, Lowell J.	La Porte	La Porte
Durham, Thomas E.	Elkhart	Elkhart
Durkee, Melvin S.	Evansville	Vanderburgh
Dusard, Joseph C.	Bedford	Lawrence
DuSold, Donald D.	Crown Point	Lake
Dutchman, William R.	Muncie	Delaware-Blackford
Dyar, Edwin W.	Indianapolis	Marion
Dyar, Robert W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dye, Cloyd L.	New Castle	Henry
Dye, William E.	Oakland City	Gibson
Dyer, George W.	Terre Haute	Vigo
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dyken, Paul R.	Milwaukee, Wis.	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton
Dziabis, Marvin D.	Wabash	Wabash

E

Eades, R. Charles	South Bend	St. Joseph
Earl, Max M.	Kokomo	Howard
Earp, Evanson B.	Indianapolis	Marion
Easter, James N.	New Castle	Henry
Eastman, Joseph R., Jr.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion
Eaton, Lyman D.	Indianapolis	Marion

Name	City	County
Eaton, Marion J.	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebert, J. Wayne (S)	Indianapolis	Marion
Ebin, Judah L.	Evansville	Vanderburgh
Echeverria, Rodolfo E.	Elkhart	Elkhart
Echsner, Herman J.	Columbus	Bartholomew-Brown
Echt, Charles R.	Indianapolis	Marion
Eckert, Russell A.	Logansport	Cass
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, Henry G.	Terre Haute	Vigo
Edwards, J. Robert	Auburn	DeKalb
Edwards, Joshua	Bloomington	Owen-Monroe
Edwards, Judith Ann	Indianapolis	Marion
Edwards, William F.	New Albany	Floyd
Edwards, Wendell L.	Indianapolis	Marion
Egan, Sherman L.	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion
Egger, Ross L.	Daleville	Delaware-Blackford
Eggers, Ernest L. (S)	Hammond	Lake
Eggers, Henry W.	Munster	Lake
Eggers, Richard R.	Crawfordsville	Montgomery
Egnatz, Charles D.	Schererville	Lake
Egnatz, Nicholas	Hammond	Lake
Ehrich, William S. (S)	Flushing, New York	Vanderburgh
Eicher, Palmer O.	Indianapolis	Marion
Eiler, Paul A.	North Manchester	Wabash
Eisaman, Jack L.	Bluffton	Wells
Eisenberg, David A.	Martinsville	Morgan
Eldridge, Gail E.	Indianapolis	Marion
Elkins, James P.	Indianapolis	Marion
Elleman, John H.	Kokomo	Howard
Ellett, John, Jr.	Coatesville	Putnam
Elliott, Paul W.	Lafayette	Tippecanoe
Elliott, Thomas A.	Elkhart	Elkhart
Ellis, Charles R.	Bloomington	Owen-Monroe
Ellis, David L.	Wabash	Wabash
Ellis, Davis W., Jr.	Rushville	Rush
Ellis, George M.	Connersville	Fayette-Franklin
Ellis, Lyman H.	Lizton	Hendricks
Ellis, Seth W. (S)	Anderson	Madison
Ellis, William N.	Indianapolis	Marion
Elshout, Clem H.	La Porte	La Porte
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W. (S)	Fort Wayne	Allen
Elston, Ralph W. (S)	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Ely, Cecil W.	Jeffersonville	Clark
Emery, Charles B.	Bedford	Lawrence
Emery, Charles B., Jr.	Bloomington	Owen-Monroe
Emhardt, John T.	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Encinas, Senen J.	English	Orange
Endicott, Wayne H.	Greenfield	Hancock
Engel, Edgar L.	Evansville	Vanderburgh
Engel, Howard R.	South Bend	St. Joseph
Engeler, James E.	Lafayette	Tippecanoe
English, Hubert M. (S)	Gary	Lake
English, John P.	South Bend	St. Joseph
Ensey, Philip L.	Terre Haute	Vigo
Entner, Charles L.	Dunkirk	Jay
Episcopo, Arsenius R.	Salem	Washington
Erdel, Milton W.	Frankfort	Clinton
Erehart, Mark G. (S)	Huntington	Huntington
Erhart, Herbert	Huntingburg	Dubois
Ericksen, Lester G.	South Bend	St. Joseph
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Ericson, Homer S.	Kokomo	Howard
Erwin, W. Robert	La Porte	La Porte
Eshelman, Henry R.	Monterey	Pulaski
Eskew, Kenneth W.	Sullivan	Sullivan
Esparza, Higinio S.	Indianapolis	Marion
Espino, Jose C.	Munster	Lake
Espy, Theodore R.	Gary	Lake
Estacio, Romeo Y.	Munster	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Eugenides, Tatiana	Highland	Lake
Evans, Daniel R.	Valparaiso	Porter
Evans, David L.	Lafayette	Tippecanoe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke-Vermillion
Evans, Paul V.	Indianapolis	Marion
Everly, Ralph V.	Indianapolis	Marion
Everly, Stephan S.	Seattle, Wash.	Marion
Eviston, John B. (S)	Huntington	Huntington
Ewing, Nathaniel D.	Vincennes	Knox

F

Fadell, Matthew J.	Gary	Lake
Fadul, Armand	Crown Point	Lake
Failey, Robert B., Jr.	Indianapolis	Marion
Fajardo, Manuel	Ferdinand	Dubois
Farag, Rafik S.	Peru	Miami
Farahmand, Firouz	Portage	Porter
Fargher, Francis M.	Michigan City	La Porte
Farid, Rahim S.	Brazil	Clay
Faris, James V.	Indianapolis	Marion
Farmer, Charles R.	Washington	Daviess-Martin
Farner, James E.	Cleveland, Ohio	St. Joseph
Farnsworth, Samuel A.	La Porte	La Porte
Farquhar, John S., Jr.	Fort Wayne	Allen
Farr, James C.	Bloomington	Owen-Monroe
Farrell, George E.	Rensselaer	Jasper
Farrell, John J., Jr.	Greenfield	Hancock
Farrell, Joseph T.	Indianapolis	Marion
Farris, John J.	Washington	Daviess-Martin
Faul, Henry J.	Evansville	Vanderburgh
Faulkner, Donald J.	Culver	Marshall
Fausset, C. Basil	Indianapolis	Marion
Faust, Howard M., Jr.	Anderson	Madison
Faw, Melvin L.	Evansville	Vanderburgh
Fear, Olan D.	Elkhart	Elkhart
Fechtman, William F.	Indianapolis	Marion
Feeney, Martin T.	Indianapolis	Marion
Feferman, Martin E.	South Bend	St. Joseph
Feinberg, Irwin	East Chicago	Lake
Feinn, Harry S.	La Porte	La Porte
Feldman, Max	South Bend	St. Joseph
Feldner, Ronald P.	Munster	Lake
Fell, Robert M.	Rosedale	Parke-Vermillion
Fenneman, Robert J.	Evansville	Vanderburgh
Fenstermacher, Robert E.	Walkerton	St. Joseph
Ferguson, Arthur N. (S)	Fort Wayne	Allen
Ferguson, Donald H.	Anderson	Madison
Ferguson, William B.	Lafayette	Tippecanoe
Ferrara, Donald W.	Peru	Miami
Ferrara, Joseph F.	Franklin	Johnson
Ferrara, Samuel J.	Peru	Miami
Ferree, Mary M.	San Francisco, Calif.	Marion
Ferrell, Mars B.	Fortville	Madison
Ferry, Francis A.	Indianapolis	Marion
Ferry, John L.	Hammond	Lake
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio
Fetrow, Kenneth O.	Munster	Lake
Fiacable, Joseph P.	Fort Wayne	Allen
Fichman, Abraham M.	Fort Wayne	Allen
Fiederlein, Frederick J.	Muncie	Delaware-Blackford

Name	City	County
Fields, Don C.	Lafayette	Tippecanoe
Fields, Donald L.	Kokomo	Howard
Fields, Max L.	Monticello	White
Filipek, Walter J.	South Bend	St. Joseph
Finfrock, James D.	Elkhart	Elkhart
Finneran, Joseph C.	Indianapolis	Marion
Fipp, August L.	Rome City	Noble
Firestein, Ben Z.	South Bend	St. Joseph
Firestein, Ray	South Bend	St. Joseph
Fisch, Charles	Indianapolis	Marion
Fischer, A. Alan	Indianapolis	Marion
Fischer, Burnell	Hammond	Lake
Fischer, Warren E.	Anderson	Madison
Fish, Clyde M. (S)	Edwardsburg, Mich.	St. Joseph
Fish, Edson C.	South Bend	St. Joseph
Fisher, Gerald E.	Lebanon	Marion
Fisher, Henry	Marion	Grant
Fisher, John E.	New Castle	Henry
Fisher, Lawrence F. (S)	South Bend	St. Joseph
Fisher, Pierre J., Jr.	Marion	Grant
Fisher, Walter S. (S)	Columbus	Bartholomew-Brown
Fisher, William P.	Indianapolis	Marion
Fitzgerald, William J.	Indianapolis	Marion
Fitzkee, William E.	Albion	Noble
Fitzpatrick, H. W. (S)	Elwood	Madison
Fitzpatrick, James S.	Portland	Jay
Fitzpatrick, William J.	Munster	Lake
Fitzsimmons, Samuel L.	Evansville	Vanderburgh
Flack, Russell A.	Lafayette	Tippecanoe
Flaherty, Robert A.	Fort Wayne	Allen
Flanagan, Paul M.	Indianapolis	Marion
Flanders, Robert, Jr.	Indianapolis	Marion
Flanigan, Meredith B.	Indianapolis	Marion
Flannigan, Harley F.	LaGrange	LaGrange
Fleischer, Jacob C.	East Chicago	Lake
Fleischl, Herbert	Indianapolis	Marion
Flick, John J.	Indianapolis	Marion
Flora, Fred W.	Frankfort	Clinton
Flora, Joseph O.	Indianapolis	Marion
Florcruz, Arturo R.	Highland	Lake
Floyd, Malcolm S.	Vincennes	Knox
Folck, John K.	Princeton	Gibson
Foley, Hansel O.	South Bend	St. Joseph
Foley, Phillip D.	Middletown	Madison
Folkening, Norval C.	Indianapolis	Marion
Fong, Theodore C. C.	Madison	Jefferson-Switzerland
Forbes, Violet Crabbe	Wolcott	White
Forchetti, John A.	Chesterton	Porter
Forrest, O. Norman, Jr.	South Bend	St. Joseph
Forsee, Norman E.	Jeffersonville	Clark
Fortner, Ray E.	Columbus	Bartholomew-Brown
Fortuna, Frank W.	Beech Grove	Marion
Fosbrink, Ephraim L.	Syracuse	Elkhart
Fosgate, Harold L.	Indianapolis	Marion
Foster, John A.	Lafayette	Tippecanoe
Foster, Lee N.	Indianapolis	Marion
Foster, Lowell G.	Indianapolis	Marion
Foster, Ray D.	Indianapolis	Marion
Foster, Ray T.	New Castle	Henry
Foster, Robert H. K.	Franklin	Johnson
Fountaine, Thomas J.	Bedford	Lawrence
Fouts, Paul J.	Indianapolis	Marion
Fowler, R. Ross	Bloomington	Owen-Monroe
Fox, Jack M.	Munster	Lake
Fox, Richard F.	Lafayette	Tippecanoe
Foy, Thomas D.	Fort Wayne	Allen
Frable, Frank L., Jr.	Lawrenceburg	Dearborn-Ohio
Frahm, Charles	Homewood, Ill.	Lake
France, Lloyd C.	Plymouth	Marshall
Frank, Herbert	South Bend	St. Joseph
Frank, John R. (S)	Valparaiso	Porter
Frank, Lyall, Jr.	South Bend	St. Joseph
Frank, Lyall L. (S)	South Bend	St. Joseph
Franke, Gordon R.	Fort Wayne	Allen
Frankhouser, Charles M. A., Jr.	Fort Wayne	Allen
Franklin, William L.	Indianapolis	Marion
Frankowski, Clementine	Whiting	Lake
Franks, Larry C.	Oklahoma City, Okla.	Marion
Franz, Sherman G.	New York, N.Y.	Marion
Frasch, Mahlon G.	Lafayette	Tippecanoe
Frash, DeVon W., Jr.	South Bend	St. Joseph
Frazier, John L.	Kokomo	Howard
Freeby, C. William	Decatur	Adams
Freed, Carl A.	Indianapolis	Marion
Freed, John E.	Terre Haute	Vigo
Freeland, Bill E.	Batesville	Ripley
Freeman, Leslie W.	Indianapolis	Marion
Freeman, Max E.	Carmel	Marion
French, Richard N.	Indianapolis	Marion
Fretz, Richard C.	Kokomo	Howard
Frey, Harley H., Jr.	Lafayette	Tippecanoe
Frey, William B.	South Bend	St. Joseph
Friedman, Isadore E.	Hammond	Lake
Friedman, Morris S.	South Bend	St. Joseph
Frieske, David A.	Munster	Lake
Fritch, John M.	Lafayette	Tippecanoe
Frith, Louis G.	South Bend	St. Joseph
Froderman, Stanley E.	Brazil	Clay
Fromhold, Willis A.	Indianapolis	Marion
Frost, Robert J.	Michigan City	La Porte
Fry, Robert D.	Indianapolis	Marion
Fuelling, James L.	Marion	Grant
Fugelso, Erling S.	Bloomington	Owen-Monroe
Fullam, Richard G.	Fort Wayne	Allen
Fuller, Robert G.	Columbus	Bartholomew-Brown
Fulton, William H.	Indianapolis	Marion
Fultz, Roy L.	Salem	Washington
Fundenberger, Martin	Indianapolis	Marion
Furr, Jack D.	Kingman	Fountain-Warren
Fuson, Wenfred J.	Greencastle	Putnam
Futterknecht, James O.	Elkhart	Elkhart

G

Gabe, William E. (S)	Orinda, Calif.	Marion
Gabovitch, Edward R.	Indianapolis	Marion
Gabrielsen, Ted H.	Indianapolis	Marion
Gaddy, Euclid T. (S)	Indianapolis	Marion
Gaddy, Nelson D.	Indianapolis	Marion
Gaffney, Raymond	South Bend	St. Joseph
Gahimer, Joe E.	Anderson	Madison
Galante, Albert	Munster	Lake
Galbreth, Jesse P. (S)	Burnettsville	White
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gallinatti, John J.	Gary	Lake
Gambill, William D.	Indianapolis	Marion
Gammieri, Robert L.	Indianapolis	Marion
Gammell, Lindley L.	Columbus	Bartholomew-Brown
Ganser, Ralph V.	South Bend	St. Joseph
Ganser, Richard A.	Mishawaka	St. Joseph
Ganz, Max	Marion	Grant
Garber, J. Neill	Indianapolis	Marion
Garceau, George J. (S)	Indianapolis	Marion
Gard, Daniel A.	Indianapolis	Marion
Gardiner, H. Glenn	Kennedy Space Center, Fla.	Lake
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Austin L.	Indianapolis	Marion
Gardner, Buckman	Indianapolis	Marion
Gardner, Melvin D.	Michigan City	La Porte

Name	City	County
Gardner, Russell A.	Michigan City	La Porte
Garfield, Martin D.	Indianapolis	Marion
Garland, Edgar A.	Evansville	Vanderburgh
Garner, W. Stanley	Indianapolis	Marion
Garner, William H., Jr.	New Albany	Floyd
Garner, William H., Sr. (S)	New Albany	Floyd
Garrett, Robert A.	Indianapolis	Marion
Garrison, James L.	Cumberland	Hancock
Garrison, Leon J.	Gas City	Grant
Garst, Garland R.	Evansville	Vanderburgh
Garton, Harry W. (S)	Fort Wayne	Allen
Garvin, Donald B.	Brazil	Clay
Garvin, Edward J.	Lebanon	Boone
Gastineau, David C.	Fort Wayne	Allen
Gates, George E.	South Bend	St. Joseph
Gattman, G. Beach	Elkhart	Elkhart
Gatzimos, Christos D.	Wabash	Wabash
Gaul, L. Edward	Evansville	Vanderburgh
Gaunt, Everett W.	Alexandria	Madison
Gaurano, Lauro M.	Indianapolis	Marion
Geckler, Charles E.	Muncie	Delaware-Blackford
Gehres, Robert W. (S)	Shelbyville	Shelby
Gehring, Thomas A.	Gary	Lake
Geick, Raymond G.	Fort Branch	Gibson
Geider, Roy A.	Indianapolis	Marion
Geiger, Dillon D.	Bloomington	Owen-Monroe
Geisinger, Lewis N. (S)	Auburn	De Kalb
Geisler, Hans E.	Indianapolis	Marion
Geller, Samuel	Evansville	Vanderburgh
Genna, Mary E. Miller	Hale's Corners, Wisc.	Marion
Gentile, John P.	New Albany	Floyd
Gentile, Jonathan P.	Fort Wayne	Allen
George, Charles L.	Indianapolis	Marion
Gerding, William J.	Fort Wayne	Allen
Gerig, Eldon L.	Mishawaka	St. Joseph
Gerrish, Donald A.	Terre Haute	Vigo
Gerth, Robert E.	Indianapolis	Marion
Gery, Richard E.	Lafayette	Tippecanoe
Getty, William H.	Evansville	Vanderburgh
Gevirtz, Milton B. (S)	Munster	Lake
Gholz, Lawrence M.	Anderson	Madison
Gibbs, Joseph W.	Martinsville	Hendricks
Gibson, Alois E.	Richmond	Wayne-Union
Gibson, Greta Maxine	Indianapolis	Marion
Gibson, Robert K.	Muncie	Delaware-Blackford
Gick, Herman H. (S)	Indianapolis	Marion
Giffin, Charles S.	Fort Wayne	Allen
Gifford, J. Dean	Indianapolis	Marion
Gilbert, Robert G.	Tell City	Perry
Gill, Dee D.	Leesburg	Elkhart
Gill, D. Richard	Huntington	Huntington
Gilles, Pierre	Gary	Lake
Gillespie, Charles F.	Indianapolis	Marion
Gillespie, Garland R.	Brownstown	Jackson-Jennings
Gillespie, Jacob E.	Indianapolis	Marion
Gilliland, John E.	Indianapolis	Marion
Gillim, Parvin D.	Indianapolis	Marion
Gillum, Eugene M.	Portland	Jay
Gilman, Marcus M. (S)	South Bend	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte
Gilmore, Russell A. (S)	Michigan City	La Porte
Gingerick, Charles M.	Liberty Center	Wells
Giorgio, Douglas J.	Evansville	Vanderburgh
Girod, Arthur H.	Decatur	Adams
Girod, Donald A.	Indianapolis	Marion
Gish, Howard M.	Brookston	Tippecanoe
Gitlin, Max M.	Bluffton	Wells
Gitlin, William A.	Bluffton	Wells
Given, Gilbert Z.	East Chicago	Lake
Glackman, John C., Jr.	Rockport	Spencer
Gladstone, Naf H.	Fort Wayne	Allen
Glassley, Stephen H.	Fort Wayne	Allen
Glendening, Richard L.	Logansport	Cass
Glock, Maurice E.	Fort Wayne	Allen
Glock, Steven R.	Fort Wayne	Allen
Glock, Wayne R.	Fort Wayne	Allen
Glover, John L.	Indianapolis	Marion
Glover, William J.	Gary	Lake
Goebel, Carl W.	Fort Wayne	Allen
Godersky, George E.	South Bend	St. Joseph
Godersky, Lois G.	South Bend	St. Joseph
Goetcheus, Janell A.	Upland	Grant
Gold, Marvin E.	Valparaiso	Porter
Goldberg, Harold B.	Gary	Lake
Golden, W. Y.	Jeffersonville	Clark
Goldenburg, Mitchell E.	Munster	Lake
Golding, Robert F.	Gary	Lake
Goldman, Samuel	Indianapolis	Marion
Goldsmith, David A.	Marion	Grant
Goldstone, Adolph	Gary	Lake
Goldstone, Arthur	Gary	Lake
Goldstone, Joseph	Gary	Lake
Goldstone, Robert J.	Gary	Lake
Goldstone, Sidney R.	Gary	Lake
Golper, Marvin N.	Kokomo	Howard
Gonzales, Sesinando A.	Highland	Lake
Good, Richard P.	Kokomo	Howard
Goodell, Charles L.	Muncie	Delaware-Blackford
Goodman, Eli	Charlestown	Clark
Goodman, Hubert T.	Terre Haute	Vigo
Goodman, Julius M.	Indianapolis	Marion
Goodrum, William R.	Cayuga	Parke-Vermillion
Goodwin, Thomas	Gary	Lake
Gootee, Francis H.	Jasper	Dubois
Gootee, Thomas H.	Jasper	Dubois
Gordon, Joseph L. (S)	Wheeler	Porter
Gordon, Mark	Munster	Lake
Gorham, Charles E.	New Paris	Elkhart
Gormley, Joseph J.	Indianapolis	Marion
Gosman, James H.	Indianapolis	Marion
Gossard, Meredith B.	Tipton	Tipton
Gossom, Donn R.	Terre Haute	Vigo
Gould, John C.	Fort Wayne	Allen
Gourieux, E. De Verre	Evansville	Vanderburgh
Govorchin, Alexander	East Chicago	Lake
Graber, Alvin R.	Nappanee	Elkhart
Graber, Benjamin R.	Waterloo	DeKalb
Graber, Martin J.	Beech Grove	Adams
Graber, Virgil R.	Elkhart	Elkhart
Grabow, Emil F.	Munster	Lake
Graessle, Harold P. (S)	Seymour	Jackson-Jennings
Graf, Jerome A.	Bloomfield	Greene
Graf, John P.	South Bend	St. Joseph
Graham, Edward W.	Indianapolis	Marion
Graham, George M.	Fort Wayne	Allen
Graham, James C.	Fort Wayne	Allen
Graham, John D.	Indianapolis	Marion
Graham, William E.	Indianapolis	Marion
Grant, Benjamin F.	Gary	Lake
Grant, M. Arthur	Marion	Grant
Grant, Phyllis A.	New Castle	Henry
Graves, Noel S.	Madison	Jefferson-Switzerland
Graves, Orville M. (S)	Princeton	Gibson
Gray, Edwin H.	Elkhart	Elkhart
Gray, Howard R.	Indianapolis	Marion
Gray, Kenneth L.	Indianapolis	Marion
Gray, Leon (S)	Martinsville	Morgan
Gray, Mary Case	Elkhart	Elkhart
Gray, William J.	Chesterfield	Madison
Grayson, Fred E.	Munster	Lake
Grayson, Merrill	Indianapolis	Marion
Grayson, Ted L.	Indianapolis	Marion
Green, Frank D.	Jeffersonville	Clark
Green, Frank H., Jr.	Rushville	Rush

Name	City	County
Green, G. Richard	South Bend	St. Joseph
Green, George F.	South Bend	St. Joseph
Green, Joseph B.	Indianapolis	Marion
Green, Leonard J.	Valparaiso	Porter
Green, Morris	Indianapolis	Marion
Green, Norval E.	South Bend	St. Joseph
Green, Oscar	Indianapolis	Marion
Green, Robert F.	Fort Wayne	Allen
Green, William L.	Shelbyville	Shelby
Greene, Frederick G. (S)	Seelyville	Parke-Vermillion
Greene, Morgan E.	Indianapolis	Marion
Greene, Robert W.	Rensselaer	Jasper
Greene, William R.	Henryville	Clark
Greenlee, James R.	Savannah, Ga.	Noble
Greenlee, Joseph A., Jr.	Avilla	Noble
Greenlee, Robert L.	Fort Wayne	Allen
Gregg, Albert F.	Connersville	Fayette-Franklin
Gregg, Edwin E.	Thorntown	Boone
Gregoline, Amadeo F.	Gary	Lake
Gregoline, Eugene	Gary	Lake
Gregory, Delmar R.	Loma Linda, Calif.	Marion
Gregory, Robert L.	Indianapolis	Marion
Greiber, Marvin F.	Muncie	Delaware-Blackford
Greisen, Jack G.	Whiting	Lake
Greist, John H.	Indianapolis	Marion
Grief, James V.	Indianapolis	Marion
Grief, Robert S.	Indianapolis	Marion
Griep, Arthur H.	Evansville	Vanderburgh
Griest, Walter D.	Fort Wayne	Allen
Griffin, Charles G.	Valparaiso	Porter
Griffin, Joseph P.	Chesterton	Porter
Griffin, Leslie W.	Indianapolis	Marion
Griffith, Harold R.	Fort Wayne	Allen
Griffith, James W. (S)	Sheridan	Hamilton
Griffith, Richard S.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion
Grillo, Donald	South Bend	St. Joseph
Grimes, Eva M.	Indianapolis	Marion
Grimes, Hubert N.	Indianapolis	Marion
Grimm, William C. H., Jr.	Evansville	Vanderburgh
Gripe, Richard P.	Lafayette	Tippecanoe
Grisell, Ted L.	Indianapolis	Marion
Grorud, Alton C.	South Bend	St. Joseph
Gross, Joseph O.	Munster	Lake
Grosso, William G.	East Chicago	Lake
Grosz, Hanus J.	Indianapolis	Marion
Grothouse, Carl B.	Kokomo	Howard
Gruber, Charles M.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh
Guild, John K.	Plymouth	Marshall
Guin, Jere D.	Kokomo	Howard
Gumbert, Jack L.	Fort Wayne	Allen
Gunderson, Shaun D.	Goshen	Elkhart
Gustafson, Milton H.	Muncie	Delaware-Blackford
Gustaitis, John W.	Whiting	Lake
Guthrie, James R.	Richmond	Wayne-Union
Guthrie, James U.	Peru	Miami
Gutierrez, Peter E.	Crown Point	Lake
Gutman, Gordon	Jeffersonville	Clark
Guttman, John B.	Wakarusa	Elkhart
Guzman, Marcelino F.	Morocco	Newton

H

Name	City	County
Haas, Charles F.	Lafayette	Tippecanoe
Habegger, Elmer D.	Indianapolis	Marion
Hachmeister, Charles W.	Evansville	Vanderburgh
Hackett, Walter G.	Fort Wayne	Allen
Hackney, Victor C.	Indianapolis	Marion
Hadey, James H.	Gary	Lake
Hadley, David	Indianapolis	Marion
Haffner, Herman G.	Fort Wayne	Allen
Hagan, Marion L.	French Lick	Orange
Haggard, David B.	Plainfield	Hendricks
Haggard, Edmund B.	Indianapolis	Marion
Haggerty, Fred E.	Greencastle	Putnam
Hagie, Franklin E.	Richmond	Wayne-Union
Haith, John W.	Gary	Lake
Halaby, Fouad A.	Fort Wayne	Allen
Haley, Alvin J.	Fort Wayne	Allen
Haley, George M.	South Bend	St. Joseph
Halfast, Richard W.	Kokomo	Howard
Hall, Bernard R.	Logansport	Cass
Hall, Donald L.	Petersburg	Pike
Hall, Jack H.	Indianapolis	Marion
Hall, James M.	South Bend	St. Joseph
Hall, Robert S.	Muncie	Delaware-Blackford
Hall, Thomas C.	Chesterton	Porter
Hall, William R.	Fort Wayne	Allen
Halleck, Harold J.	Winamac	Pulaski
Haller, Richard C.	Fort Wayne	Allen
Haller, Robert L.	Kempton	Tipton
Haller, Thomas C.	Crawfordsville	Montgomery
Halley, Robert	Gary	Lake
Halum, Ramon G., Jr.	Munster	Lake
Hamburger, Richard J.	Indianapolis	Marion
Hamer, Homer G. (S)	Indianapolis	Marion
Hamilton, Charles O.	South Bend	St. Joseph
Hamilton, Emory D.	Fort Wayne	Allen
Hamilton, George M.	Fort Wayne	Allen
Hamilton, Howard B.	Indianapolis	Marion
Hamilton, James R. (S)	Mitchell	Lawrence
Hamilton, Thomas	Columbia City	Whitley
Hammel, Howard T.	Bedford	Lawrence
Hammer, Jay W.	Bloomington	Owen-Monroe
Hammer, Michael	East Chicago	Lake
Hammersley, George K.	Frankfort	Clinton
Hammond, R. Case	Evansville	Vanderburgh
Hammond, Stanley	Munster	Lake
Hampshire, Donald R.	Indianapolis	Marion
Hampton, James N.	Argos	Marshall
Han, Daniel	Gary	Lake
Hancock, John G.	Indianapolis	Marion
Haney, Leslie E.	Goshen	Elkhart
Haney, William K.	Lansing, Ill.	Jefferson-Switzerland
Hann, Eldon C.	Indianapolis	Marion
Hannah, Thomas A.	Indianapolis	Marion
Hannah, Jack W.	Elkhart	Elkhart
Hanneken, Vincent J.	Wabash	Wabash
Hannemann, Robert E.	Lafayette	Tippecanoe
Hanson, Martin F.	Elwood	Madison
Harcourt, Allan K. (S)	Indianapolis	Marion
Harcourt, Robert S.	Indianapolis	Marion
Hardin, Wayne E.	Ossian	Wells
Harding, M. Richard	Indianapolis	Marion
Harding, Myron S. (S)	Indianapolis	Marion
Hardtke, Eldred F.	Bloomington	Owen-Monroe
Hare, Daniel M.	Evansville	Vanderburgh
Hare, Earl H. (S)	Indianapolis	Marion
Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Hare, Laura	Indianapolis	Marion
Harger, Robert W.	Indianapolis	Marion
Hargett, Herbert P.	Jeffersonville	Clark
Hargett, Isaac R.	Evansville	Vanderburgh
Harkness, Robert G. (S)	Terre Haute	Vigo
Harlan, William L.	Evansville	Vanderburgh
Harless, Clarence M. (S)	Chesterton	Porter
Harless, O. Fred	Monroeville	Allen
Harmon, Carl J.	Richmond	Wayne-Union
Harnden, Hurlbut L.	Madison	Jefferson-Switzerland
Harned, Ben K., Jr.	Evansville	Vanderburgh
Harper, James W.	East Chicago	Lake
Harrell, Ronald R.	Elkhart	Elkhart
Harris, C. Glenn	South Bend	St. Joseph
Harris, Carl B.	Indianapolis	Marion

Name	City	County
Harris, George F.	Madison	Jefferson-Switzerland
Harris, James C.	Indianapolis	Marion
Harris, Neil R.	Goshen	Elkhart
Harris, Paul N.	Greenfield	Marion
Harris, Robert F.	Noblesville	Hamilton
Harris, Robert L.	Evansville	Vanderburgh
Harshman, James A.	Kokomo	Howard
Harshman, Louis P. (S)	Frankfort	Allen
Harstad, Casper (S)	Rockville	Parke-Vermillion
Hart, L. Paul	Evansville	Vanderburgh
Hart, Robert B.	Columbus	Bartholomew-Brown
Hart, William D.	Anderson	Madison
Harter, Eli B.	Lafayette	Tippecanoe
Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Hartman, John J.	Angola	Steuben
Hartsough, Ralph I.	Lakeville	St. Joseph
Hartz, F. Minton	Evansville	Vanderburgh
Harvey, Bennett B.	Lafayette	Tippecanoe
Harvey, David M.	Hammond	Lake
Harvey, Emerson C., Jr.	Kokomo	Howard
Harvey, Harry C. (S)	Franklin	Allen
Harvey, Hathaway K.	Indianapolis	Marion
Harvey, John C.	Auburn	DeKalb
Harvey, Ralph J. (S)	Zionsville	Boone
Harvey, Verne K., Jr.	Indianapolis	Marion
Harvey, Verne K., Sr. (S)	Zionsville	Marion
Hasewinkel, Carroll W.	Carmel	Marion
Hasewinkle, August M.	Fort Wayne	Allen
Hash, John S.	Noblesville	Hamilton
Hashemi, Hossein	Warsaw	Kosciusko
Haslem, Ezra R.	Terre Haute	Vigo
Haslem, John R.	Terre Haute	Vigo
Hass, Caroline E.	W. Lafayette	Tippecanoe
Hass, Thomas W.	W. Lafayette	Tippecanoe
Hassel, Walter B.	Evansville	Vanderburgh
Hastings, Warren C.	Fort Wayne	Allen
Haswell, John	Vincennes	Knox
Hatfield, Nicholas W.	Indianapolis	Marion
Hathaway, C. Bishop	Auburn	DeKalb
Hattendorf, Anton P.	Fort Wayne	Allen
Hauersperger, Alfred D.	Columbus	Bartholomew-Brown
Haughn, James E.	Mountain Home, Idaho	Marion
Haugseth, Ellsworth K.	South Bend	St. Joseph
Havens, A. Lyle	Jeffersonville	Clark
Havens, Thomas R.	Jeffersonville	Clark
Havens, Oscar	Cicero	Hamilton
Havens, Russell E.	Fort Wayne	Allen
Hawes, Marvin E.	Columbus	Bartholomew-Brown
Hawk, Edgar A.	Indianapolis	Marion
Hawk, James H.	Indianapolis	Marion
Hawkins, Glen E.	South Bend	St. Joseph
Hawkins, Richard D.	Bedford	Lawrence
Hawthorne, James J.	Indianapolis	Marion
Hay, Gene R.	Michigan City	La Porte
Hayes, Frank W.	Fairfield, Calif.	Lake
Hayes, Jesse D.	East Chicago	Lake
Hayes, Theodore R.	Muncie	Delaware-Blackford
Haymond, George M.	Warsaw	Kosciusko
Haymond, Joseph L.	Indianapolis	Marion
Haynes, John T.	Indianapolis	Marion
Haywood, John G.	Noblesville	Hamilton
Healey, Robert J.	Indianapolis	Marion
Healy, Cornelius E.	Evansville	Vanderburgh
Heard, Albert	Evansville	Vanderburgh
Heasty, Alfred R.	W. Lafayette	Tippecanoe
Heaton, Elton	Madison	Jefferson-Switzerland
Hebard, Harold G., Jr.	Mulberry	Tippecanoe
Heck, Martin C.	Jasper	Dubois
Heckaman, Edward L.	Pendleton	Madison
Hedde, Eugene L.	Logansport	Cass
Hedgcock, Robert A.	Frankfort	Clinton
Hedrick, James T.	Gary	Lake
Hedrick, Philip W.	Indianapolis	Marion
Hehemann, William V.	Munster	Lake
Heid, George J., Jr.	Lafayette	Tippecanoe
Heilman, William C., Jr.	New Castle	Henry
Heilman, W. C., Sr. (S)	New Castle	Henry
Heimburger, Irvin L.	Evansville	Vanderburgh
Heimburger, Robert F.	Indianapolis	Marion
Heinlein, Carl L.	Danville	Hendricks
Heinrich, Weston A.	Evansville	Vanderburgh
Heinsen, Charles E.	Winamac	Pulaski
Heiser, Ervin W.	Elkhart	Elkhart
Held, George A.	Jasper	Dubois
Helmen, Charles H.	Indianapolis	Marion
Helmer, Fredric A.	Fort Wayne	Allen
Helmer, John F.	South Bend	St. Joseph
Heminway, Norman L.	Elkhart	Elkhart
Hendeles, Frieda R.	Bluffton	Wells
Hendershot, Eugene L.	Evansville	Vanderburgh
Henderson, Francis G.	Indianapolis	Marion
Henderson, Norman C.	Michigan City	La Porte
Henderson, Ramon A.	Muncie	Delaware-Blackford
Henderson, Roscoe C.	Indianapolis	Marion
Hendricks, Fred A.	Indianapolis	Marion
Hendricks, John W.	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox
Henn, R. Anthony	Greenfield	Hancock
Henry, Alvin L.	Columbus	Bartholomew-Brown
Henry, Howard J.	Knox	Starke
Henry, J. Ben, Jr.	Indianapolis	Owen-Monroe
Henry, Russell S.	Indianapolis	Marion
Hensler, Benton M.	Anderson	Madison
Hensley, Harry T.	Indianapolis	Marion
Hensley, Kalvin C.	Bloomington	Owen-Monroe
Hepburn, C. K.	Indianapolis	Marion
Hepner, Herman	Kendallville	Noble
Hepner, Herman S. (S)	Bloomington	Owen-Monroe
Herendeen, Elbie V.	Rochester	Fulton
Herendeen, Thomas L.	Fort Wayne	Allen
Heritier, C. Jules	Columbia City	Whitley
Hermann, Harold W.	Evansville	Vanderburgh
Hermayer, Stephen	Evansville	Vanderburgh
Hernandez, Antonio	Shelburn	Sullivan
Hernandez, I. C.	East Chicago	Lake
Herod, Gilbert	Ann Arbor, Mich.	Marion
Herr, John W. (S)	Tell City	Perry
Herrick, Charles L.	Akron	Fulton
Herrmann, Gordon T.	Evansville	Vanderburgh
Herrold, George W.	Lafayette	Tippecanoe
Herron, Larry D.	Indianapolis	Marion
Hershberger, Philip G.	Fort Wayne	Allen
Herzberg, Milton	Clinton	Parke-Vermillion
Herzer, Clarence C. (S)	Evansville	Vanderburgh
Hess, Paul P.	New Albany	Floyd
Hetherington, John A.	Terre Haute	Vigo
Hetman, Mitchell J.	Westville	La Porte
Heubi, John E.	Indianapolis	Marion
Heumann, John E.	Evansville	Vanderburgh
Hibbeln, Frederic P.	Indianapolis	Marion
Hibbeln, Thomas J.	Indianapolis	Marion
Hibbs, William G.	Franklin	Johnson
Hibner, Dan W.	Richmond	Wayne-Union
Hibner, Nolan A.	Monticello	White
Hibner, Kermit Q.	Bloomington	Owen-Monroe
Hickam, John B.	Indianapolis	Marion
Hickman, Donald M.	Fort Wayne	Allen
Hickman, Jack W.	Indianapolis	Marion
Hicks, Murwyn L.	Indianapolis	Marion

Name	City	County
Hieber, Frank R.	Munster	Lake
Higgins, Jack W.	Kokomo	Howard
Higgins, James L.	Petersburg	Pike
Higgins, John R.	New Albany	Floyd
High, Ralph L.	Muncie	Delaware-Blackford
Hilbert, John W. (S)	South Bend	St. Joseph
Hildebrand, John O., Jr.	South Bend	St. Joseph
Hildebrand, William L.	Indianapolis	Marion
Hill, Gladys Marie	Richmond	Wayne-Union
Hill, Herbert N.	Indianapolis	Marion
Hill, James K.	Indianapolis	Marion
Hill, Kenneth G.	New Castle	Henry
Hill, Lloyd L.	Peru	Miami
Hill, Paul G.	Cambridge City	Wayne-Union
Hill, Robert E.	Yorktown	Delaware-Blackford
Hill, Theodore A.	South Bend	St. Joseph
Hill, Wallace C.	South Bend	St. Joseph
Hillenbrand, Charles	Michigan City	La Porte
Hillery, Robert L.	Fort Wayne	Allen
Hillis, Lowell J.	Logansport	Cass
Hillman, Marion W.	Westville	St. Joseph
Hilz, James M.	Indianapolis	Marion
Hilz, Mary Ann	Indianapolis	Marion
Himebaugh, Gilbert J.	Evansville	Vanderburgh
Himelstein, N. Harvey	Indianapolis	Marion
Himler, James M.	Indianapolis	Marion
Hinchman, Jean F.	Parker	Delaware-Blackford
Hines, Archie V. (S)	Auburn	De Kalb
Hines, John H.	Auburn	De Kalb
Hippensteel, Harland	Auburn	De Kalb
Hipskind, Richard E.	Fort Wayne	Allen
Hironimus, John E.	Evansville	Vanderburgh
Hirsch, Herman L.	Mt. Vernon	Posey
Hirsch, Melvin L.	Munster	Lake
Hisrich, Lloyd W.	Batesville	Ripley
Hobbs, Arthur A.	Evansville	Vanderburgh
Hobbs, Hudner	Indianapolis	Marion
Hobgood, James L., Jr.	Evansville	Vanderburgh
Hochhalter, Marian	Logansport	Cass
Hodgin, Phillip T.	Orleans	Orange
Hodonos, Phillip E.	Michigan City	LaPorte
Hodurski, Zigfield	Gary	Lake
Hoetzer, Eldore M.	New Haven	Allen
Hoffman, Arthur F.	Fort Wayne	Allen
Hoffman, Herman	Indianapolis	Marion
Hoffman, Max N.	Covington	Fountain-Warren
Hofmann, J. William (S)	Indianapolis	Marion
Hogan, Michael A.	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo
Hogle, Frank D.	Westville	Kosciusko
Hoham, Frederick D.	Portage	Porter
Hoit, Leonard	Gary	Lake
Holdeman, Lillian S.	South Bend	St. Joseph
Holdeman, Richard W.	South Bend	St. Joseph
Holden, Robert W.	Columbus	Bartholomew-Brown
Holland, Philip T.	Bloomington	Owen-Monroe
Holland, William M.	Indianapolis	Marion
Hollenberg, Alfred E.	Hagerstown	Wayne-Union
Hollenberg, Edward L.	Winamac	Pulaski
Holliday, Alfonso	Gary	Lake
Holloway, Richard J.	South Bend	St. Joseph
Holman, Jerome E., Jr.	Indianapolis	Marion
Holman, Jerome E., Sr. (S)	Indianapolis	Marion
Holmes, John L.	Muncie	Delaware-Blackford
Holsinger, Robert E.	Fort Wayne	Allen
Holtzman, Norman N.	South Bend	St. Joseph
Holtzman, Paul W.	Bloomington	Owen-Monroe
Honan, Paul R.	Lebanon	Boone

Name	City	County
Hood, Ainslee A.	Indianapolis	Marion
Hoog, John M.	Indianapolis	Marion
Hooker, Donald J.	Ligonier	Noble
Hoopes, Jane M.	Evansville	Vanderburgh
Hoover, Dewey A.	Terre Haute	Vigo
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Joseph R.	Fort Wayne	Allen
Hoover, Peter B.	Boonville	Warrick
Hopkins, Bruce J.	Indianapolis	Marion
Hopkins, L. H. (S)	Versailles	Ripley
Horlander, Fridolin	Jeffersonville	Clark
Horning, Richard R.	Logansport	Cass
Horst, William N.	Crown Point	Lake
Horswell, Richard G.	Bristol	Elkhart
Horswell, Richard R.	Lafayette	Tippecanoe
Horvath, George A.	South Bend	St. Joseph
Horwitz, Thomas	Indianapolis	Marion
Hostetter, Irwin S.	Muncie	Delaware-Blackford
Houser, D. Stanley	South Bend	St. Joseph
Houshmand, Cyrus	Bloomington	Owen-Monroe
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hovda, Richard B.	Evansville	Vanderburgh
How, Louis E.	South Bend	St. Joseph
Howard, Joseph D.	Logansport	Cass
Howard, William F.	Bloomington	Owen-Monroe
Howard, Wm. Harry (S)	Munster	Lake
Howe, Fordyce L.	Fort Wayne	Allen
Howell, Arthur	Indianapolis	Marion
Howell, Joseph D.	Indianapolis	Marion
Howland, Carl B.	Crawfordsville	Montgomery
Hoyt, John M.	Kokomo	Howard
Hoyt, Lester H.	Indianapolis	Marion
Hoyt, Millard L.	Indianapolis	Marion
Hrisomalos, Frank N.	Bloomington	Owen-Monroe
Hubbard, Jesse D.	Indianapolis	Marion
Huber, Carl P.	Indianapolis	Marion
Huckleberry, Irvin E. (S)	Salem	Washington
Hudson, Arlington M.	Connersville	Fayette-Franklin
Huebner, Gilbert D.	Bluffton	Wells
Huffman, Galen C.	Bluffton	Wells
Huffman, Verlin P.	S. Whitley	Whitley
Hughes, Anson F.	Lafayette	Tippecanoe
Hughes, Richard R.	Lafayette	Tippecanoe
Hughes, William B.	Waterloo	DeKalb
Huggins, Victor S.	Evansville	Vanderburgh
Hull, DeWayne L.	Fort Wayne	Allen
Hull, James E.	Lafayette	Tippecanoe
Hull, Joel I.	Chesterton	Porter
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Hummons, Francis D.	Indianapolis	Marion
Humphrey, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L.	Charlotte, N. Carolina	Allen
Humphreys, John W.	Crawfordsville	Montgomery
Hunneshagen, Donald E.	Indianapolis	Marion
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J. (S)	Terre Haute	Vigo
Hunt, Gayle J.	Richmond	Wayne-Union
Hunter, Dean M.	W. Lafayette	Tippecanoe
Hunter, Donn R.	Greenfield	Hancock
Hunter, Frank P. (S)	Lafayette	Tippecanoe
Hunter, Lowell G.	Lawrenceburg	Dearborn-Ohio
Huoni, John S.	Jeffersonville	Clark
Hurley, James W.	Elkhart	Elkhart
Hurley, John R.	Daleville	Delaware-Blackford
Hurt, LaVerne B.	Delray Beach, Fla.	Marion
Hurteau, William W.	Indianapolis	Marion

Name	City	County
Huse, William M.	Indianapolis	Marion
Husted, Robert G.	Munster	Lake
Hutchison, Donald R.	Fountain City	Wayne-Union
Hutson, Richard A.	Indianapolis	Marion
Hutto, William H.	Kokomo	Howard
Hyde, Carroll C. (S)	South Bend	St. Joseph

I

Imhof, Joseph D.	Muncie	Delaware-Blackford
Imperial, Benjamin E.	Kentland	Newton
Ingram, Richard	Montpelier	Delaware-Blackford
Ingwell, Guy B.	Knox	Starke
Inlow, Paul M.	Shelbyville	Shelby
Inlow, Robert P.	Shelbyville	Shelby
Inlow, William D. (S)	Shelbyville	Shelby
Irish, Wilbur J.	Gary	Lake
Irmscher, George W.	Fort Wayne	Allen
Irmscher, Jane M.	Fort Wayne	Allen
Irvine, William O.	Indianapolis	Marion
Irwin, Glenn W., Jr.	Indianapolis	Marion
Isaacs, Sidney	Richmond	Wayne-Union
Isenbarger, Karl	Indianapolis	Marion
Isenogle, Kenneth F.	Fort Wayne	Allen
Iske, Paul G.	Indianapolis	Marion
Isler, Nathaniel C.	Jeffersonville	Clark
Iterman, George E. (S)	New Castle	Henry
Ivy, John H.	Elkhart	Elkhart

J

Jackson, Charles E.	Bluffton	Wells
Jackson, Dean B.	Hartford City	Delaware-Blackford
Jackson, Howard C.	Madison	Jefferson-Switzerland
Jackson, James W. (S)	Indianapolis	Marion
Jackson, John F.	Fort Wayne	Allen
Jackson, John K.	Aurora	Dearborn-Ohio
Jackson, Kathryn A.	Zionsville	Boone
Jacobo, Miguel J.	East Chicago	Lake
Jacobs, E. Robert	Columbus	Bartholomew-Brown
Jacobs, Rene M.	Greencastle	Putnam
Jacqmain, Ralph J.	Vincennes	Knox
Jahns, Albin A.	Gary	Lake
James, Charles E.	Indianapolis	Marion
James, Thomas, Jr.	Huntington	Huntington
Janes, R. Grant	Connersville	Fayette-Franklin
Janicki, Robert S.	N. Chicago, Ill.	Marion
Jankowski, Ernest B.	South Bend	St. Joseph
Jaquith, Orville S. (S)	Indianapolis	Marion
Jardine, Don R.	Indianapolis	Marion
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison
Jaurnig, Russell R.	Bluffton	Wells
Jay, Arthur C.	Muncie	Delaware-Blackford
Jay, Arthur N.	Indianapolis	Marion
Jay, James M.	Indianapolis	Marion
Jehanyar, M. Ali	Monticello	White
Jenkins, John E., Jr.	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion
Jennings, Frank L. (S)	Indianapolis	Marion
Jestadt, John J.	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jimenez, Pedro	Clarksville	Clark
Jinnings, Loren E.	Lordsburg, N. Mexico	DeKalb
Jobes, James E.	Indianapolis	Marion
Johnloz, David K.	Indianapolis	Marion
Johns, David R. (S)	Beloit, Wis.	Lake
Johns, Nicholas C.	South Bend	St. Joseph
Johnson, A. Cedric, Jr.	Indianapolis	Marion
Johnson, Arnold L.	Gary	Lake
Johnson, Earl H.	Indianapolis	Marion
Johnson, Edward M.	Terre Haute	Vigo
Johnson, George M.	Richmond	Wayne-Union
Johnson, Herbert S.	Lafayette	Tippecanoe
Johnson, James B.	Greencastle	Putnam
Johnson, Jerome M.	Jeffersonville	Clark
Johnson, Lonnie B. (S)	Gary	Lake
Johnson, Paul D., Jr.	Terre Haute	Vigo
Johnson, Robert D.	Madison	Jefferson-Switzerland
Johnson, Stephen L.	Evansville	Vanderburgh
Johnson, Thomas W.	Indianapolis	Marion
Johnson, Victor	Evansville	Vanderburgh
Johnson, William A.	North Vernon	Jackson-Jennings
Johnson, William H.	Gary	Lake
Johnson, William V.	New Albany	Floyd
Johnston, Richard M.	Fort Wayne	Allen
Johnston, Robert G. (S)	Huntington	Huntington
Johnston, Robert L.	Bluffton	Wells
Jolly, Wesley P. (S)	Richland	Spencer
Jones, Albert T.	Anderson	Madison
Jones, Allen W.	Indianapolis	Marion
Jones, Charles A.	Franklin	Johnson
Jones, David E.	Indianapolis	Marion
Jones, David G.	Anderson	Madison
Jones, David H.	Charlestown	Clark
Jones, David M.	West Lafayette	Tippecanoe
Jones, Eli S. (S)	Hammond	Lake
Jones, Francis P.	Indianapolis	Marion
Jones, George L.	Indianapolis	Marion
Jones, Gordon C.	Indianapolis	Marion
Jones, Horace E.	Anderson	Madison
Jones, J. Carl	Logansport	Cass
Jones, John D.	Indianapolis	Marion
Jones, King S. (S)	Michigan City	La Porte
Jones, Richard A.	Indianapolis	Marion
Jones, Robert B.	Elkhart	Elkhart
Jones, Thomas M.	New Albany	Floyd
Jontz, Joe G.	Fort Wayne	Allen
Jontz, Jon P.	Indianapolis	Marion
Jontz, Richard L.	Fort Wayne	Allen
Jordan, Leo E.	Lynn	Randolph
Jordan, Richard A.	Corydon	Harrison-Crawford
Joseph, Rex M.	Indianapolis	Marion
Jowitt, Richard H.	Indianapolis	Marion
Joyner, John E.	Indianapolis	Marion
Judd, Russell L.	Indianapolis	Marion
Judson, Walter E.	Indianapolis	Marion
Juergens, Richard B.	Fort Wayne	Allen
Jurgensen, Walter T.	Fort Wayne	Allen
Justin, Renate G.	Terre Haute	Vigo

K

Kabel, Robert N.	Terre Haute	Vigo
Kahler, Maurice V. (S)	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion
Kahn, Howard L.	Indianapolis	Marion
Kaiser, James L.	Indianapolis	Marion
Kalker, Morton	Muncie	Delaware-Blackford
Kalsbeck, John E.	Indianapolis	Marion
Kaltenthaler, Albert	Gary	Lake
Kamen, Jack M.	Gary	Lake
Kammen, Leo	Indianapolis	Marion
Kammer, Grace C.	Muncie	Delaware-Blackford
Kantzer, Floyd B. (S)	Garrett	De Kalb
Karberg, Richard J.	Lafayette	Tippecanoe
Karn, John W.	South Bend	St. Joseph
Karnafel, Eugene T.	Logansport	Cass
Karol, Herbert J.	Fort Wayne	Allen

Name	City	County
Karsell, William A.	Indianapolis	Marion
Kasting, Gerald	Bedford	Lawrence
Katterjohn, James C.	Indianapolis	Marion
Kauffman, Harley M. (S)	Evansville	Vanderburgh
Kaufman, Julian R.	Fort Wayne	Allen
Kay, John B.	Indianapolis	Marion
Kay, Oran E. (S)	Spencer	Owen-Monroe
Keating, John U.	Indianapolis	Marion
Kebel, Arthur P.	Indianapolis	Marion
Keck, Carleton A.	Fort Wayne	Allen
Keeling, Forrest E. (S)	Portland	Jay
Keenan, George B.	Indianapolis	Marion
Keenan, Patrick J.	South Bend	St. Joseph
Keever, Charles H. (S)	Indianapolis	Marion
Keffer, Harry L.	Terre Haute	Vigo
Kellar, Philip E.	Hobart	Lake
Kelley, Jack L.	Lafayette	Tippecanoe
Kelly, Don E.	Folsom, Calif.	Marion
Kelly, George G.	Munster	Lake
Kelly, John B.	Evansville	Vanderburgh
Kelly, Wendell C.	Anderson	Madison
Kelsey, Robert M., Jr.	La Porte	La Porte
Kemp, John T.	Michigan City	La Porte
Kemp, W. Alfred	Bourbon	Marshall
Kempf, Gerald F. (S)	Kettering, Ohio	Parke-Vermillion
Kendall, Forest M.	Nappanee	Elkhart
Kendall, William R.	Indianapolis	Marion
Kendrick, Frank J.	Gary	Lake
Kendrick, William M.	Mooresville	Morgan
Kennedy, Hunter F.	Indianapolis	Marion
Kennedy, Joseph T.	Indianapolis	Marion
Kennedy, Myron S.	Goshen	Elkhart
Kennedy, Walter U. (S)	New Castle	Henry
Kenney, David B.	Indianapolis	Marion
Kenney, Francis D.	Munster	Lake
Kent, Richard N.	Fort Wayne	Allen
Kenyon, C. Emil (S)	Cambridge City	Wayne-Union
Keough, Thomas F.	Warsaw	Kosciusko
Kephart, S. Bruce	Bluffton	Wells
Kepler, Robert W.	La Porte	La Porte
Keplinger, James E.	W. Lafayette	Tippecanoe
Kepner, Robert S.	Los Angeles, Calif.	Madison
Kerlin, Joseph C.	Danville	Hendricks
Kern, Clarence G.	Lebanon	Boone
Kerner, Donald J.	Indianapolis	Marion
Kerr, Charlotte H.	Michigan City	La Porte
Kerr, Donald M.	Bedford	Lawrence
Kerr, Harry R. (S)	Indianapolis	Marion
Kerr, John E.	Michigan City	La Porte
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L. (S)	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette-Franklin
Kershner, Charles R.	Marion	Grant
Keseric, N. E.	French Lick	Orange
Kesim, Mufit H.	Elkhart	Elkhart
Keskin, Ibrahim	East Chicago	Lake
Kessler, Robert B.	Evansville	Vanderburgh
Ketcham, Jane M. (S)	Indianapolis	Marion
Ketcham, John S. (S)	Rossville	Clinton
Keyes, Robert C.	Fort Wayne	Allen
Khalouf, Herbert C.	Marion	Grant
Khalouf, Shirley T.	Marion	Grant
Khaton, Odessa M.	Chicago, Ill.	Lake
Kidd, James G. (S)	Jefferson, Wis.	Wabash
Kidder, Orva T.	Fort Wayne	Allen
Kiechle, Frederick L.	Evansville	Vanderburgh
Kieffer, William J.	South Bend	St. Joseph
Kiely, John T.	Anderson	Madison
Kilgore, Byron W.	Ft. Wayne	Allen
Kilmer, Warren L.	Portage	Porter
Kim, Joon S.	La Porte	La Porte
Kim, Young D. (S)	Beech Grove	Marion
Kim, Young S.	Whiting	Lake
Kimble, John W.	Indianapolis	Marion
Kimbrough, Robert F.	Fort Wayne	Allen
Kimmel, Louis E., Jr.	Valparaiso	Porter
Kincaid, Raymond K.	Tipton	Tipton
Kincaid, Robert S.	Evansville	Vanderburgh
Kindell, Hurschell D.	New Richmond	Montgomery
KinKade, Paul T.	New Castle	Henry
King, Charles R.	Anderson	Madison
King, Harold	Indianapolis	Marion
King, Jay M.	Logansport	Cass
King, Joseph W.	Anderson	Madison
King, Robert D.	Indianapolis	Marion
King, Robert W.	Cedar Lake	Lake
Kingma, Roy E.	DeMotte	Porter
Kingsbury, John K. (S)	Indianapolis	Marion
Kinneman, Robert E.	Greenfield	Hancock
Kintner, Burton E.	Elkhart	Elkhart
Kinzer, LeRoy D.	Markle	Wells
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirshman, Forrest E.	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, Robert W.	Danville	Hendricks
Kirtley, William R.	Indianapolis	Marion
Kissel, Wesley A.	Indianapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kitt, Walter	Munster	Lake
Kitterman, Harry E.	Indianapolis	Marion
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klassen, Otto D.	Elkhart	Elkhart
Klatch, Ben Z.	Lafayette	Tippecanoe
Klaus, Julius M.	Gary	Lake
Kleifgen, William A.	Fort Wayne	Allen
Kleindorfer, Roscoe L.	Evansville	Vanderburgh
Kleit, Stuart A.	Indianapolis	Marion
Kleopfer, Ronald G.	Fort Wayne	Allen
Klepfer, Jefferson F.	Richmond	Wayne-Union
Klepinger, Harry E.	Lafayette	Tippecanoe
Klooze, Kenneth W.	Fort Wayne	Allen
Klutinoty, George II	Indianapolis	Marion
Kmak, Chester J.	Gary	Lake
Kneidel, John H.	Indianapolis	Marion
Knight, Lewis W.	Fort Wayne	Allen
Knochel, Wayne L.	Rochester	Fulton
Knode, Kenneth T. (S)	South Bend	St. Joseph
Knote, John A.	Fort Wayne	Allen
Knotts, Halleck S.	Columbus	Bartholomew Brown
Knotts, Slater	Seymour	Jackson-Jennings
Ko, Richard C. B.	Gaston	Delaware-Blackford
Kobak, Alfred J., Jr.	Valparaiso	Porter
Kobrin, Meyer W.	Gary	Lake
Koch, Edwin F., Jr.	Muncie	Delaware-Blackford
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koehler, Elmer G.	Elkhart	Elkhart
Koenig, Robert L.	Valparaiso	Porter
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Gerald J.	Decatur	Adams
Kohne, Robert W.	Lafayette	Tippecanoe
Kolanko, Leon A.	Hammond	Lake
Kolbas, Eugene	Gary	Lake
Kolettis, John G.	Gary	Lake
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M., Jr.	Indianapolis	Marion
Koons, Karl M. (S)	Indianapolis	Marion
Koontz, William A.	Gas City	Grant
Kopanko, Bernard F.	East Chicago	Lake

Name	City	County
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, William R.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Koss, K. William	Muncie	Delaware-Blackford
Kotas, Walter S.	East Chicago	Lake
Kott, Alexander	Munster	Lake
Kourany, Edgar	Mooresville	Morgan
Kourany, Oscar	Mooresville	Morgan
Krabill, Willard S.	Goshen	Elkhart
Kraft, Bennett	Indianapolis	Marion
Kraning, Kenneth K.	Kewanna	Fulton
Krause, Frederick	Elkhart	Elkhart
Kreitl, Dorothy R.	Richmond	Wayne-Union
Kremers, George A.	Kokomo	Howard
Kresler, Leon E.	Kentland	Newton
Kress, James W.	Muncie	Delaware-Blackford
Krieble, William W.	Terre Haute	Vigo
Kriel, William B.	Indianapolis	Marion
Krsek, Archie J.	Hobart	Lake
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Krueger, Thomas P.	Evansville	Vanderburgh
Kruse, Walter E. (S)	Fort Wayne	Allen
Kubik, Francis J.	Michigan City	LaPorte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuhn, Arthur J.	Munster	Lake
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Hedwig S. (S)	Munster	Lake
Kuhn, Robert W.	Wilkinson	Hancock
Kuipers, Fred M.	Lafayette	Tippecanoe
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, Joseph (S)	Terre Haute	Vigo
Kunkler, William C. (S)	Terre Haute	Vigo
Kuntz, Herman W.	Indianapolis	Marion
Kurlander, Gerald J.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, William A.	Tipton	Tipton
Kwitny, Isadore J.	Indianapolis	Marion

L

LaBier, Clarence R., Jr.	Terre Haute	Vigo
Lackey, John T.	Hines, Ill.	Marion
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaDuron, Jules F. (S)	Muncie	Delaware-Blackford
LaFollette, Donald R.	New Albany	Floyd
LaFollette, Forrest R.	Hammond	Lake
LaFollette, James W.	Great Lakes, Ill.	Marion
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Laker, Gene C.	Fort Wayne	Allen
Laker, Richard J.	Fort Wayne	Allen
Lamb, Emmett B.	Indianapolis	Marion
Lamb, J. Leonard	South Bend	St. Joseph
Lamb. Russell W.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion
Lambert, Dennis M.	Indianapolis	Marion
Lamey, Paul T.	Anderson	Madison
Lamkin, E. Henry, Jr.	Indianapolis	Marion
Lampe, Elfred H.	Fort Wayne	Allen
Lancet, Robert O.	Terre Haute	Vigo
Land, Richard N.	Anderson	Madison
Landis, Charles B.	Lafayette	Tippecanoe
Landon, David J.	Union City	Randolph
Lands, Robert M.	Portage	Porter
Landwehr, Alfons	Indianapolis	Marion
Lane, C. Elaine	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Erich K.	Shreveport, La.	Marion
Lang, Jay W.	Indianapolis	Marion
Langohr, John L.	Columbia City	Whitley
Langsam, Charles L.	Evansville	Vanderburgh
Lanman, John U.	Munster	Lake
Lanning, R. Adrian	Noblesville	Hamilton
Lansford, Kenneth G.	La Porte	La Porte
Lardizabal, Jose M.	Bloomfield	Greene
Largaespada, Manuel	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larrabee, James F.	Munster	Lake
Larzelere, Henry B.	Marion	Grant
Larson, Goyt O.	La Porte	La Porte
LaSalle, Richard M.	Wabash	Wabash
LaSalle, Robert M., Jr.	Wabash	Wabash
LaSalle, Robert M., Sr.	Wabash	Wabash
Lashmet, Michael H.	Indianapolis	Marion
Lasich, Anthony R.	Indianapolis	Marion
Lasquety, L.Z.	Logansport	Cass
Laubscher, Clarence	Evansville	Vanderburgh
Laudeman, Walter A.	Elwood	Madison
Lautz, Herbert A.	Munster	Lake
Lavengood, Russell W. (S)	Marion	Grant
Lawler, George F. (S)	Long Beach, Miss.	Marion
Lawler, John F.	Evansville	Vanderburgh
Lawrence, Gene C.	Sacramento, Calif.	Marion
Lawrence, James M.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh
Lawson, Allan J.	Indianapolis	Marion
Lawson, Lawrence J.	Muncie	Delaware-Blackford
Laycock, Richard M.	Fort Wayne	Allen
Leahey, Jerome M.	Gary	Lake
Leahy, Howard J.	Pendleton	Madison
Leak, Robert H.	Boswell	Benton
Leasure, J. Kent (S)	Indianapolis	Marion
Leatherman, Harter L. (S)	Indianapolis	Marion
Lebioda, Henry S.	Gary	Lake
Lee, Glen Ward	Richmond	Wayne-Union
Lee, James	Terre Haute	Vigo
Lee, John M. (S)	Rushville	Rush
Lee, John W.	Fort Wayne	Allen
Lee, Robert Y.	Valparaiso	Porter
Leffel, James M.	Indianapolis	Marion
Lehman, David P.	Kokomo	Howard
Lehman, Evan L.	Indianapolis	Marion
Lehman, Kenneth M.	Topeka	LaGrange
Lehmberg, Otto F. C.	Columbia City	Whitley
Leibundguth, Henry	Evansville	Vanderburgh
Leich, Charles F.	Evansville	Vanderburgh
Leinbach, Earl R.	Hamlet	Starke
Leipold, Jon D.	Indianapolis	Marion
LeMaster, Theodore R.	Indianapolis	Marion
Leming, Ben L.	Fort Wayne	Allen
Lempke, Lloyd W.	Lafayette	Tippecanoe
Lenk, George G.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone
Lenyo, Ludimere	Terre Haute	Vigo
Leon, Mario	Holland	Dubois
Leonard, Dale F.	Hagerstown	Wayne-Union
Leroy, Alvin G.	Alexandria	Madison
Leser, Ralph U.	Indianapolis	Marion
Lessure, Alfred P.	Evansville	Vanderburgh
Lester, Vern L.	Mishawaka	St. Joseph
Lett, Emory B.	Loogootee	Daviess-Martin
Lett, James C.	Greencastle	Putnam
Levatin, Bernard I.	South Bend	St. Joseph

Name	City	County
Levi, Leon	Indianapolis	Marion
Levin, Eli L. (S)	East Chicago	Lake
Levin, Harvey J.	Hammond	Lake
Lewis, Earl	Indianapolis	Marion
Lewis, George N.	Bloomington	Owen-Monroe
Lewis, James F.	Liberty	Wayne-Union
Lewis, James R.	Richmond	Wayne-Union
Lewis, Lucien A.	Gary	Lake
Lewis, Paul S.	Indianapolis	Marion
Lewis, William R.	Gary	Lake
Ley, Glen D.	Bloomington	Owen-Monroe
Libbert, Edwin L.	Columbus	Bartholomew-Brown
Libunao, Artemio S.	Versailles	Ripley
Lichtenberg, Melvin	Indianapolis	Marion
Liddell, Charles K.	Michigan City	La Porte
Lidikay, Edward C.	Indianapolis	Marion
Liebschutz, Norman H.	Indianapolis	Marion
Life, Homer L.	New Castle	Henry
Lind, Jaap J.	Lafayette	Tippecanoe
Lindauer, David H.	Princeton	Gibson
Lindenborg, Paul G.	Indianapolis	Marion
Lindsay, Hamlin B.	Washington	Daviess-Martin
Lindseth, Richard E.	Indianapolis	Marion
Ling, John F.	Richmond	Wayne-Union
Lingeman, Byron N. (S)	Crawfordsville	Montgomery
Lingeman, Raleigh E.	Indianapolis	Marion
Link, Charles W., Jr.	Greenwood	Johnson
Link, Goethe (S)	Indianapolis	Marion
Link, William C.	Bloomington	Owen-Monroe
Linson, John C.	Seymour	Jackson-Jennings
Lionberger, John R.	South Bend	St. Joseph
Lipschutz, Harold	Gary	Lake
Lipsey, Alfred J.	Gary	Lake
Liss, Emanuel C.	South Bend	St. Joseph
Littlefield, Paul A.	Indianapolis	Marion
Littlefield, Shirley D.	Indianapolis	Marion
Llamas, Dominardo F.	Austin	Scott
Lloyd, Frank P.	Indianapolis	Marion
Lloyd, Joe R.	Noblesville	Hamilton
Lloyd, Robert P.	Fort Wayne	Allen
Lo, Loretta S. Y.	Terre Haute	Vigo
Locke, Robert A.	Indianapolis	Marion
Lockhart, Jack M.	Connersville	Fayette-Franklin
Lockhart, Philip B.	South Bend	St. Joseph
Lodde, Marvin B.	Kokomo	Howard
Loehr, William M.	Indianapolis	Marion
Loewenstein, Werner L.	Terre Haute	Vigo
Loftman, Bert A.	Ft. Lewis, Wash.	Lake
Logan, James Z.	Richmond	Wayne-Union
Logan, Patrick C.	Indianapolis	Marion
Logan, Richard S.	Fort Wayne	Allen
Lohman, Robert M.	Fort Wayne	Allen
Lohmuller, Herbert W.	Bluffton	Wells
Lohoff, Lewis C.	Tell City	Perry
Loh, Hwei-Ya (Chang)	Gary	Lake
Loh, Wei-Ping	Gary	Lake
Long, Keith J.	Munster	Lake
Long, Max R.	Marion	Grant
Long, Paul L.	Anderson	Madison
Longshore, Robert E.	Kokomo	Howard
Longstaff, John P.	Evansville	Vanderburgh
Lonngren, Dudley H.	Marion	Grant
Loomis, Charles H.	Richmond	Wayne-Union
Loomis, Norman S. (S)	Indianapolis	Marion
Loop, Frederick A.	Lafayette	Tippecanoe
Lopez, Alfonso	Portland	Jay
Lopez, Efran R.	Indianapolis	Marion
Lopez, Filemon P.	Dyer	Lake
Lopez, Santiago A.	Gary	Lake
Lord, Glenn C.	Indianapolis	Marion
Lord, Thomas J.	Indianapolis	Marion
Lorenty, Thaddeus B.	Gary	Lake
Lorman, James G.	Fort Wayne	Allen
Lo Sasso, Alvin M.	Indianapolis	Marion
Louden, Robert W.	Indianapolis	Marion
Loudermilk, Jack L.	Fort Wayne	Allen
Loudermilk, Richard G.	Batesville	Ripley
Love, George N.	Indianapolis	Marion
Love, John W.	Madison	Jefferson-Switzerland
Love, V. Logan	Fort Wayne	Grant
Lovell, Martin H. (S)	Gary	Lake
Lovett, Harvey D.	Zionsville	Boone
Loving, Jury B.	New Goshen	Vigo
Lovko, Kenneth R.	Indianapolis	Marion
Lowe, John C.	Indianapolis	Marion
Lozow, David	Indianapolis	Marion
Lucas, Clarence A., Jr.	Indianapolis	Marion
Luce, John W.	Michigan City	LaPorte
Luckey, James E.	Fort Wayne	Allen
Ludwig, Paul E.	Crawfordsville	Montgomery
Luginbill, Howard M.	Indianapolis	Marion
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John (S)	Jasper	Dubois
Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O.	Elkhart	Elkhart
Lunsford, Thomas E.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Luther, William C.	Elkhart	Elkhart
Lutz, Andreas L.	Highland	Lake
Lutz, Georgianna (S)	Gary	Lake
Luzadder, John E.	New Carlisle	St. Joseph
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D.	Evansville	Vanderburgh
Lynch, William A.	Indianapolis	Marion
Lynn, Gene E.	Indianapolis	Marion
Lyon, Florence M.	Portland	Jay
Lyon, William C.	Fort Wayne	Allen
Lyons, L. Mason	Terre Haute	Vigo
Lyons, Robert E.	Bloomington	Owen-Monroe
Lyster, Richard F.	Fort Wayne	Allen
Lytwakiwsky, Anatol	Gary	Lake

M

MacDonell, Eldred H.	South Bend	St. Joseph
MacDougall, John D.	Indianapolis	Marion
MacKenzie, Pierce	Evansville	Vanderburgh
MacLeod, John K.	South Bend	St. Joseph
MacQuigg, David E.	Franklin	Johnson
McAdams, Hugh B.	West Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McAfee, James R.	Lebanon	Boone
McAleese, George B.	Terre Haute	Vigo
McAlpine, Richard J.	Indianapolis	Marion
McAree, Francis E., Jr.	Indianapolis	Marion
McArt, Bruce A.	Elkhart	Elkhart
McAtee, Ott B.	Madison	Jefferson-Switzerland
McBride, James S. (S)	Indianapolis	Marion
McBride, Noel S.	Terre Haute	Vigo
McCalla, Charles X.	Paoli	Orange
McCallister, John W.	Fort Wayne	Allen
McCallister, Larry L.	Muncie	Delaware-Blackford
McCallum, Donald C.	Indianapolis	Marion
McCallum, Robert N.	Indianapolis	Marion
McCammon, Robert E.	Homestead AFB, Fla.	Marion
McCarthy, Daniel F., Jr.	Indianapolis	Marion
McCartney, Donald H.	Indianapolis	Marion
McCarty, Virgil	Princeton	Gibson
McCaslin, Charles W.	Bluffton	Wells
McClain, Edwin S.	Indianapolis	Marion
McClain, Marvin L.	Scottsburg	Scott
McClary, Charles W.	Bloomington	Owen-Monroe
McClintock, James A.	Muncie	Delaware-Blackford

Name	City	County
McClure, Clark	Knox	Starke
McClure, Glen	Sullivan	Sullivan
McClure, Morris E.	Indianapolis	Randolph
McClure, Richard O.	Irving, Texas	Marion
McClure, Stanley E.	Monon	White
McClure, Warren N.	Kokomo	Howard
McConnell, William C.	Sunman	Ripley
McCool, Joseph H.	Evansville	Vanderburgh
McCormick, Charles O., Jr.	Indianapolis	Marion
McCormick, Hubert D. (S)	Vincennes	Knox
McCoy, Roy R.	Fort Wayne	Allen
McCraley, William J.	South Bend	St. Joseph
McCrea, Fred R.	Terre Haute	Vigo
McCullough, Henry G.	Columbus	Bartholomew-Brown
McCullough, James Y.	New Albany	Floyd
McDaniel, Edwin C.	Indianapolis	Marion
McDonald, Frank C.	New Castle	Henry
McDonald, Joseph D.	Evansville	Vanderburgh
McDonald, Virgil G. (S)	Anderson	Madison
McDonald, Walter E.	Gary	Lake
McDougal, Robert A.	Indianapolis	Marion
McDowell, Fletcher W.	Muncie	Delaware-Blackford
McDowell, George A.	Fort Wayne	Allen
McDowell, Mordecai M.	Vincennes	Knox
McEachern, Cecil G.	Fort Wayne	Allen
McElroy, James S.	New Castle	Henry
McElroy, James T.	Indianapolis	Marion
McElroy, Robert S.	Princeton	Gibson
McEwen, James W.	Terre Haute	Vigo
McFadden, James M.	Lafayette	Tippecanoe
McFarland, Corley B.	South Bend	St. Joseph
McGarvey, William K.	Findlay, Ohio	Marion
McGrath, Michael F.	Indianapolis	Marion
McGue, Frank J.	Michigan City	La Porte
McIlroy, Richard J.	Richmond	Wayne-Union
McIndoo, Ralph E. (S)	Kokomo	Howard
McInerney, Gerald T.	Michigan City	LaPorte
McIntire, Clarence R.	Bloomington	Owen-Monroe
McIntosh, Wilbert	Riley	Vigo
McIntyre, James M.	Indianapolis	Marion
McKechnie, Robert K.	Jeffersonville	Clark
McKee, Harry G.	Rushville	Rush
McKee, Roy G.	New Castle	Henry
McKeeman, Donald H.	Fort Wayne	Allen
McKeen, Charles L.	Bloomington	Owen-Monroe
McKeever, Joseph W.	Marion	Grant
McKinley, A. David	Indianapolis	Marion
McKinley, Joseph	Lafayette	Tippecanoe
McKinney, Daniel H.	Omaha, Neb.	Tippecanoe
McKinney, Donald L.	Otterbein	Benton
McKittrick, Jack	Washington	Daviess-Martin
McLaren, Daniel E.	Indianapolis	Marion
McLaughlin, Gordon C.	Terre Haute	Vigo
McLaughlin, James R.	Warren	Huntington
McLelland, Mary E.	Bloomington	Owen-Monroe
McMahan, Virgil C.	Vincennes	Knox
McMath, Samuel B.	Gary	Lake
McMeel, James	South Bend	St. Joseph
McNaughton, Lawrence	Crane	Daviess-Martin
McNeely, Matthew J.	Dillsboro	Dearborn-Ohio
McNutt, Cyrus C.	Indianapolis	Marion
McPherson, Richard C.	Lafayette	Tippecanoe
McPike, Joseph D.	Bedford	Lawrence
McQuade, John A.	South Bend	St. Joseph
McQuiston, Ralph J.	Indianapolis	Marion
McTurnan, Robert W.	Indianapolis	Marion
McVey, Clarence A. (S)	Hammond	Lake
McWilliams, William B. (S)	Liberty	Wayne-Union
Machledt, John H.	Greenwood	Johnson
Macias, Rafael	South Bend	St. Joseph
Mackel, Frederick O.	Fort Wayne	Allen
Mackey, John E.	Indianapolis	Marion
Macri, Paul A.	Mishawaka	St. Joseph
Macy, George W.	Columbus	Bartholomew-Brown
Madlang, Rodolfo M.	Munster	Lake
Madden, Robert J.	Indianapolis	Marion
Mader, John H.	Richmond	Wayne-Union
Madrilejo, Nora G.	Gary	Lake
Madrilejo, Roberto B.	Munster	Lake
Madtson, A. Ricks	Indianapolis	Marion
Magnuson, Charles W.	South Bend	St. Joseph
Mahank, Camiel C.	Mishawaka	St. Joseph
Makovsky, Theodore	Valparaiso	Porter
Malloy, Francis E., Jr.	Indianapolis	Marion
Malone, Leander A.	Terre Haute	Vigo
Malott, Fred R.	Converse	Grant
Malouf, Stephen D. (S)	Bloomington, Ill.	Miami
Mamaril, Blas F.	Logansport	Cass
Manalo, Francisco S.	Gary	Lake
Mandelbaum, Isidore	Indianapolis	Marion
Manders, Karl L.	Indianapolis	Marion
Manhart, Doyle B.	Sheridan	Hamilton
Manifold, Harold M.	Bloomington	Owen-Monroe
Manion, Marlow W.	Indianapolis	Marion
Mankin, William J.	Terre Haute	Vigo
Manley, Floyd	Hammond	Lake
Mann, Mortimer	Indianapolis	Marion
Mann, Richard E.	Fort Wayne	Allen
Manning, George C.	Fort Wayne	Allen
Manning, K. Randolph	Indianapolis	Marion
Mannion, Rodney A.	Michigan City	La Porte
Manship, C. Stanley	Hardinsburg	Washington
Mansueto, Mario D.	Munster	Lake
Manzie, Michael W.	Indianapolis	Marion
Maple, James B. (S)	Sullivan	Sullivan
Marchand, Edwin V. (S)	Haubstadt	Gibson
Marchant, Clarence H.	Bloomington	Owen-Monroe
Marcus, Morris C. (S)	Gary	Lake
Maris, Lee J.	Attica	Fountain-Warren
Mark, George A.	Elkhart	Elkhart
Markle, Joseph G.	Hobart	Lake
Marks, Howard H.	Huntington	Huntington
Marks, John S., Jr.	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Markstone, David H.	Indianapolis	Marion
Maroc, James A.	Munster	Lake
Marquinez, Adoracion	East Chicago	Lake
Marquis, Gordon	South Bend	St. Joseph
Marr, Griffith	Columbus	Bartholomew-Brown
Marsh, Carl M.	Indianapolis	Marion
Marsh, George W.	Lafayette	Tippecanoe
Marshall, Caesar L.	Fort Wayne	Allen
Marshall, Cavins R. (S)	Indianapolis	Marion
Marshall, Millard R.	Gary	Lake
Marshall W. J., Jr.	Munster	Lake
Marske, Robert L.	Michigan City	La Porte
Martin, Allen S.	Shipshewana	LaGrange
Martin, Charles F., Jr.	South Bend	St. Joseph
Martin, Floyd S.	Goshen	Elkhart
Martin, Freeman	Indianapolis	Marion
Martin, Hugh E.	Indianapolis	Marion
Martin, Joe M.	W. Lafayette	Tippecanoe
Martin, Loren H.	Indianapolis	Marion
Martin, Noel J.	Boonville	Warrick
Martin, Paul H.	Elkhart	Elkhart
Martin, Samuel W.	Corydon	Harrison-Crawford
Martino, Robert S.	Gary	Lake
Martinov, William E.	South Bend	St. Joseph
Martirez, N. A.	East Chicago	Lake
Martz, Bill L.	Indianapolis	Marion
Martz, Carl D.	Indianapolis	Marion

Name	City	County
Marvel, Howard R.	Lafayette	Tippecanoe
Marvel, James A.	Evansville	Vanderburgh
Marvel, Robert J.	Greencastle	Putnam
Masbaum, Ned P.	Portsmouth, N. H.	Marion
Maschmeyer, Robert H.	Logansport	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Earl	Gary	Lake
Mason, Everett E.	Evansville	Vanderburgh
Mason, John C.	Munster	Lake
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter S.	Goshen	Elkhart
Masters, John M.	Indianapolis	Marion
Masters, Robert J. (S)	Indianapolis	Marion
Mastrangelo, M. J.	Fort Wayne	Allen
Mather, Charles R.	Lafayette	Tippecanoe
Mather, Glenn B.	Bloomington	Owen-Monroe
Mather, J. Winford	East Gary	Lake
Mather, Robert L.	Lafayette	Tippecanoe
Mathews, James R.	Evansville	Vanderburgh
Mathewson, Russell C.	Muncie	Delaware-Blackford
Matthew, John R.	Westville	La Porte
Matthew, W. Burleigh	Indianapolis	Marion
Matthews, Bernard J.	Indianapolis	Marion
Matthews, William M.	Indianapolis	Marion
Mattox, Dean L.	Howe	LaGrange
Mattox, Don M.	Terre Haute	Vigo
Matzen, Richard N.	Bluffton	Wells
Maurer, J. Frank	Brazil	Clay
Maurer, Robert M.	Brazil	Clay
Mauzy, Merritt C.	South Bend	St. Joseph
Maxam, B. T.	Indianapolis	Marion
Maxson, Roy V.	Kokomo	Howard
Maxwell, Sam B.	Indianapolis	Marion
May, A. J.	New Castle	Henry
May, R. Milton	Laconia	Harrison-Crawford
Mayock, Peter P.	Bluffton	Wells
Mayorga, Alfredo	Gary	Lake
Mead, Frank E.	La Porte	La Porte
Mealey, John, Jr.	Indianapolis	Marion
Medcalf, Norman L. (S)	Lamar	Spencer
Medina, Herbert A.	Hammond	Lake
Megenhardt, Dennis S.	Indianapolis	Marion
Mehne, Richard G.	Brazil	Clay
Meier, Donald W.	Bluffton	Wells
Meiks, Lyman T.	Indianapolis	Marion
Meiser, Robert D.	Huntington	Huntington
Meissel, Robert L.	Terre Haute	Vigo
Meister, Doris (S)	Anderson	Madison
Mejia, Ivan	Fort Wayne	Allen
Melin, John R.	Indianapolis	Marion
Mellinger, Michael O.	LaGrange	LaGrange
Mendelson, Stanley M.	Kokomo	Howard
Mendez, Carlos	Westville	LaPorte
Mensch, James R.	Fort Wayne	Allen
Mentendiek, Maurice H.	Indianapolis	Marion
Mentzer, William G.	Lafayette	Tippecanoe
Mercado, Zenaida	Indianapolis	Marion
Mercer, Samuel R.	Fort Wayne	Allen
Mericle, Earl W.	Indianapolis	Marion
Mernitz, Roland B., Jr.	Wabash	Wabash
Merritt, A. Donald	Indianapolis	Marion
Mershon, Jack B.	Indianapolis	Marion
Mertz, Henry O. (S)	Atlanta, Ga.	Marion
Mertz, John H. O.	Indianapolis	Marion
Messer, Frank W. (S)	Kendallville	Noble
Metcalfe, Grant E.	South Bend	St. Joseph
Meyer, Claude J.	Sellersburg	Clark
Meyer, Hans	Michigan City	La Porte
Meyer, Herman A.	Fort Wayne	Allen
Meyer, Theodore O.	Fort Wayne	Allen
Michael, Isaac E.	Indianapolis	Marion
Michael, Robert L.	Kokomo	Howard
Michaelis, Stephen C.	Fort Wayne	Allen
Middleton, Harvey N. (S)	Indianapolis	Marion
Middleton, Ramona J.	Elkhart	Elkhart
Middleton, Thomas O.	Bloomington	Owen-Monroe
Miethke, Richard P.	Anderson	Madison
Miklozek, John E.	Terre Haute	Vigo
Milan, Joseph F.	Bloomington	Owen-Monroe
Milan, Shijachki D.	East Chicago	Lake
Millan, Felix	Indianapolis	Marion
Miller, Albert J.	Lafayette	Tippecanoe
Miller, Charles L.	Vincennes	Knox
Miller, Dan T. (S)	Fowler	Benton
Miller, Don E.	Fort Wayne	Allen
Miller, Donald C.	Cedar Lake	Lake
Miller, Donald G.	Elkhart	Elkhart
Miller, Edward D.	Birmingham, Ala.	Allen
Miller, Frank H.	Indianapolis	Marion
Miller, Galen R.	Elkhart	Elkhart
Miller, Gerald L.	Markle	Wells
Miller, H. Allison	Marion	Grant
Miller, H. Paul	Fort Wayne	Allen
Miller, Harold E.	Seymour	Jackson-Jennings
Miller, Harold L.	Richmond	Wayne-Union
Miller, Hugh A., Jr.	Elkhart	Elkhart
Miller, James	Wakarusa	Elkhart
Miller, James C.	Greensburg	Decatur
Miller, Jerry A.	Indianapolis	Marion
Miller, Jerry R.	Indianapolis	Marion
Miller, John D.	Indianapolis	Marion
Miller, John M.	Bloomington	Owen-Monroe
Miller, Joseph A.	Oaklandon	Hancock
Miller, Kenneth D.	Woodburn	Allen
Miller, L. Hoyt	Indianapolis	Marion
Miller, LaVerne B.	Evansville	Vanderburgh
Miller, Marshall S.	Evansville	Vanderburgh
Miller, Maurice	Michigan City	La Porte
Miller, Milton J.	Evansville	Vanderburgh
Miller, Orval J.	Fort Wayne	Allen
Miller, Ray D.	Martinsville	Morgan
Miller, Richard C.	Shelbyville	Shelby
Miller, Richard H.	Fort Wayne	Allen
Miller, Robert B.	Fort Wayne	Allen
Miller, Robert J.	Paragon	Morgan
Miller, Roland E.	Lafayette	Tippecanoe
Miller, Roscoe E.	Indianapolis	Marion
Miller, Samuel T. (S)	Elkhart	Elkhart
Miller, Virgil C.	Akron	Fulton
Miller, Wayne S.	Huntington	Huntington
Miller, William A. (S)	Hagerstown	Henry
Miller, William J.	Fort Wayne	Allen
Miller, William J.	Lafayette	Tippecanoe
Millis, Arthur B.	Richmond	Wayne-Union
Millis, Samuel C.	Crawfordsville	Montgomery
Mills, Fred E.	Evansville	Vanderburgh
Mills, John F.	Wabash	Wabash
Milne, Walter S.	Michigan City	La Porte
Milos, Robert J.	Gary	Lake
Min, David	East Chicago	Lake
Minczewski, Richard C.	Gary	Lake
Minick, Linus J.	Churubusco	Whitley
Mininger, Edward P.	Elkhart	Elkhart
Mino, Robert A.	Evansville	Vanderburgh
Mintz, Alfred M.	Munster	Lake
Mirich, Ernest C.	Crown Point	Lake
Mirro, John A.	Gary	Lake
Misch, William	Cedar Lake	Lake
Mishkin, Fred S.	Indianapolis	Marion
Mishkin, Irving	Elkhart	Elkhart
Mishkin, Marvin	Elkhart	Elkhart
Mishler, Joe B.	Pierceton	Whitley
Mitchell, George H.	Indianapolis	Marion
Mitchell, Georgia B.	Gary	Lake
Mitchell, John B.	Evansville	Vanderburgh

Name	City	County
Mitchell, John R.	Terre Haute	Vigo
Mladick, Edward A.	Michigan City	La Porte
Moak, Glenn D.	Indianapolis	Marion
Moats, Carl F.	Fort Wayne	Allen
Moats, George E. (S)	Fort Wayne	Allen
Moayad, Cyrus	Valparaiso	Porter
Mock, Harry E., Jr.	Franklin	Johnson
Mock, L. Farrell	Bluffton	Wells
Modisett, Jackson W.	Madison	Jefferson-Switzerland
Modisett, Marcella S.	Madison	Jefferson-Switzerland
Modjeski, Joseph R.	Griffith	Lake
Moe, John F.	Indianapolis	Marion
Moeller, Victor C.	Fort Wayne	Allen
Moenning, John E.	Greenfield	Hancock
Moheban, Joseph	Shelbyville	Shelby
Mohler, Floyd W.	Columbus	Bartholomew-Brown
Molengraft, Cornelius J.	Gary	Lake
Moleski, Walter L.	APO, San Francisco, Calif.	Lake
Monar, Michael	Rockport	Spencer
Moneyhun, James E.	Anderson	Madison
Monroe, F. Bruce	Crown Point	Lake
Montes, Herminio Y.	Hammond	Lake
Montgomery, Lall G.	Muncie	Delaware-Blackford
Montgomery, Ralph F.	Muncie	Delaware-Blackford
Montgomery, Samuel B. (S)	Cynthiana	Posey
Montgomery, W. Foster	Washington, D.C.	Marion
Moon, Charles E.	Brazil	Clay
Moore, Donald F.	Indianapolis	Marion
Moore, Edwin G.	Gary	Lake
Moore, Harold T.	Indianapolis	Marion
Moore, Jack C.	Muncie	Delaware-Blackford
Moore, John M.	Kokomo	Howard
Moore, Robert G. (S)	Vincennes	Knox
Moore, Thomas S.	Indianapolis	Marion
Moore, William C. (S)	Muncie	Delaware-Blackford
Moore, William G.	La Porte	La Porte
Moores, William B.	Indianapolis	Marion
Moosey, Louis	Union Mills	La Porte
Moran, Thomas E.	Indianapolis	Marion
Moran, William J.	Camp Lejeune, N. Carolina	Marion
Morchan, Samuel	Indianapolis	Marion
Morec, George J.	New Castle	Henry
Morey, Edwin E.	Fort Wayne	Allen
Morford, Guy	Bloomington	Owen-Monroe
Morgan, Margaret E.	Indianapolis	Marion
Morgan, Milton M.	Fort Wayne	Allen
Moriarty, John R.	Indianapolis	Marion
Morrical, Russell J.	Logansport	Cass
Morris, Jean W.	Muncie	Delaware-Blackford
Morris, Robert A.	Anderson	Madison
Morris, Warren V.	Monticello	White
Morris, William H.	Munster	Lake
Morrison, George G., Jr.	Lawrenceburg	Dearborn-Ohio
Morrison, James T.	Greensburg	Decatur
Morrison, Lewis E.	Indianapolis	Marion
Morrow, Robert J.	Bedford	Lawrence
Mortenson, Leland J. (S)	Fort Wayne	Allen
Morton, Joseph L.	Indianapolis	Marion
Morton, Philip M.	Indianapolis	Marion
Morton, Walter P. (S)	Indianapolis	Marion
Moser, Arthur L.	Warsaw	Kosciusko
Moser, Elmer B. (S)	Windfall	Tipton
Moser, Rollin H. (S)	Land O'Lakes, Wis.	Marion
Moses, George E. (S)	Worthington	Greene
Moses, Robert E.	Worthington	Greene
Moss, Bobby L.	Indianapolis	Marion
Moss, Harlan B.	Indianapolis	Marion
Moss, Herschel C.	Indianapolis	Marion
Moss, Mavor J.	Muncie	Delaware-Blackford
Mothersill, Mark H. (S)	Indianapolis	Marion
Mott, Cassell A. (S)	South Bend	St. Joseph
Mott, William H.	Gary	Lake
Moulton, Lillian G. (S)	Evansville	Vanderburgh
Mount, James L.	Bedford	Lawrence
Mount, Mathias S.	Bloomfield	Greene
Mount, William M.	Lafayette	Tippecanoe
Mountain, Francis B.	Connersville	Fayette-Franklin
Mouser, Robert W.	Indianapolis	Marion
Mudd, Joseph P.	Clarksville	Clark
Mudrony-Szoke, Jeno B.	Bluffton	Wells
Muelchi, Adeline F. (S)	Evansville	Vanderburgh
Mullen, James B.	Indianapolis	Marion
Mueller, Edwin C.	La Porte	La Porte
Mueller, Hilbert M.	South Bend	St. Joseph
Mueller, Lawrence W.	Fort Wayne	Allen
Mukhtar, Fuad A.	Lebanon	Boone
Muller, Lullus P.	Indianapolis	Marion
Muller, Paul F.	Indianapolis	Marion
Muller, Victor H.	Indianapolis	Marion
Mullican, William S.	Evansville	Vanderburgh
Munoz, Jose C.	Marion	Grant
Murdock, Harvey L. (S)	Fort Wayne	Allen
Murphy, Edward U.	Evansville	Vanderburgh
Murphy, Joseph F.	Lansing, Ill.	Lake
Murphy, Josephine F.	South Bend	St. Joseph
Murray, Ernest C.	Kokomo	Howard
Murray, John S.	Vincennes	Knox
Murray, Raymond H.	Indianapolis	Marion
Murray, William E.	New Castle	Henry
Musselman, Glen G.	Terre Haute	Vigo
Musselman, Lawrence K.	Marion	Grant
Myer, Claude	Sellersburg	Clark
Myers, Charles W. (S)	Indianapolis	Marion
Myers, Philip R.	South Bend	St. Joseph
Myers, Roy V. (S)	West Palm Beach, Fla.	Marion

N

Nagan, Robert F.	Indianapolis	Marion
Nason, Robert A.	Garrett	De Kalb
Nasser, William K.	Indianapolis	Marion
Nation, Robert D.	Indianapolis	Marion
Navin, Hugh K.	Fortville	Hancock
Navarre, Vincent J.	Munster	Lake
Nay, Ernest O. (S)	Terre Haute	Vigo
Nay, Richard M.	Indianapolis	Marion
Nazon, Yvon J.	Gary	Lake
Neal, Leonard W.	Munster	Lake
Neale, Alfred E.	Anderson	Madison
Neathamer, Thomas A.	Scottsburg	Scott
Nedelkoff, Bogdan	New Albany	Floyd
Need, David J.	Indianapolis	Marion
Need, Louis T.	Indianapolis	Marion
Need, Richard L.	Indianapolis	Marion
Neher, John L.	South Bend	St. Joseph
Neidballa, Edward G.	Bristol	Elkhart
Neifert, Noel L.	Tell City	Perry
Nelson, Carl A.	West Lebanon	Fountain-Warren
Nelson, F. Dale	South Bend	St. Joseph
Nelson, Harold E.	Muncie	Delaware-Blackford
Nelson, Raymond E.	South Bend	St. Joseph
Nelson, Robert	South Bend	St. Joseph
Nelson, Walfred A.	Gary	Lake
Nesbit, Leonard L. (S)	Anderson	Madison
Nester, Henry G.	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo

Name	City	County
Neukamp, Frank H.	Connersville	Fayette-Franklin
Neumann, Kenneth O.	Lafayette	Tippecanoe
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newman, Alvin E. (S)	Ft. Lauderdale, Fla.	Vanderburgh
Newman, Daniel M.	Indianapolis	Marion
Newnam, Philip E.	Muncie	Delaware-Blackford
Newnum, Raymond L.	Evansville	Vanderburgh
Newsome, C. K.	Evansville	Vanderburgh
Newton, Roger E.	Evansville	Vanderburgh
Niccum, Warren L.	Columbia City	Whitley
Nicholas, Dennis J.	Indianapolis	Marion
Nichols, Anne Sackett	Greencastle	Putnam
Nichols, Harold G.	South Bend	St. Joseph
Nichols, Robert J.	Vincennes	Knox
Nicholson, Raymond W.	Evansville	Vanderburgh
Nicosia, John B.	East Chicago	Lake
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nigh, Rufus M.	Fairland	Shelby
Nill, John H.	Fort Wayne	Allen
Nixon, Byron (S)	Farmland	Randolph
Noblitt, James S. (S)	Rockville	Parke-Vermillion
Noe, Joseph T.	East Chicago	Lake
Noe, William R.	Bedford	Lawrence
Nohl, John M.	Indianapolis	Marion
Nolan, Gerald R.	Fort Wayne	Allen
Nolan, Robert B.	Zionsville	Marion
Nolin, Richard T.	Indianapolis	Marion
Nolting, Henry F. (S)	Indianapolis	Marion
Nonte, Leo R.	Evansville	Vanderburgh
Noonan, Leo C.	Valparaiso	Porter
Norman, William H.	Indianapolis	Marion
Norris, Marvin G.	Rushville	Rush
Norris, Max S.	Indianapolis	Marion
Norton, Horace O.	Washington	Daviess-Martin
Nourse, Myron H.	Indianapolis	Marion
Novak, Clarence G.	Michigan City	LaPorte
Noveroske, Richard J.	Princeton	Gibson
Novy, Charles A.	Garrett	De Kalb
Nugen, Harold	Auburn	De Kalb
Nugent, Edwin J.	Indianapolis	Marion
Nunez, Gilbert T.	Highland	Lake
Nurnberger, John I.	Indianapolis	Marion
Nutter, Wyndham H.	Rushville	Rush
Nuval, Augusto J.	Terre Haute	Vigo

O

Oak, David D., Jr.	Hanna	La Porte
Oak, David D., Sr. (S)	LaCrosse	La Porte
Oatman, Jack G.	Fort Wayne	Allen
Oberlander, Seymour	Gary	Lake
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, Francis E.	Rensselaer	Jasper
O'Brien, Raymond J.	Michigan City	La Porte
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Oca, Clemente F.	Jeffersonville	Clark
Ochsner, Harold C.	Indianapolis	Marion
Ockermann, Kenneth R.	Rensselaer	Jasper
O'Connell, Noreen M.	Indianapolis	Marion
O'Donovan, Cornelius J.	Elkhart	Elkhart
Odrcic, Kazimir	South Bend	St. Joseph
Offutt, Andrew C.	Indianapolis	Marion
Ogle, Robert W.	Greenwood	Johnson
Olcott, Charles W.	Aurora	Dearborn-Ohio
Olivo, Marciano T.	Gary	Lake
Olson, Donald T.	South Bend	St. Joseph
Olson, Kenneth L.	South Bend	St. Joseph
Olson, Leslie D.	Gary	Lake
Olvey, Ottis N.	Indianapolis	Marion
O'Malley, Patrick F.	South Bend	St. Joseph
Omstead, Milton	Petersburg	Pike
O'Neill, Martin J.	Valparaiso	Porter
Onderak, Edward P.	Valparaiso	Porter
Ong, Tiong G.	Gary	Lake
Onorato, Joseph J.	Lafayette	Tippecanoe
Onyett, Harold R.	Greenwood	Marion
Oren, William F.	South Bend	St. Joseph
Ornelas, Joseph P.	Gary	Lake
O'Rourke, Carroll	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Ortiz, Ramon	Fort Wayne	Allen
Osborne, John V.	Muncie	Delaware-Blackford
Oster, Jack H.	Westville	La Porte
Ostheimer, George	Martinsville	Morgan
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Mitchell	Lawrence
Otten, Claude F.	Indianapolis	Marion
Overly, Ross A.	Indianapolis	Marion
Overley, Toner M., Jr.	Indianapolis	Marion
Overpeck, George H. (S)	Alexandria	Madison
Overshiner, Lyman (S)	Columbus	Bartholomew-Brown
Owen, John E.	Indianapolis	Marion
Owen, Thomas F.	Alexandria	Madison
Owens, Tracy C.	Indianapolis	Marion
Owens, Walter L.	Bloomington	Owen-Monroe
Owsley, Guy A.	Hartford City	Delaware-Blackford
Owsley, William	Ft. Worth, Texas	Delaware-Blackford
Ozsezen, Bulent A.	Evansville	Vanderburgh

P

Pace, Jerome V. (S)	Indianapolis	Parke-Vermillion
Paff, William A.	Elkhart	Elkhart
Paine, George E.	Elkhart	Elkhart
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Pairitz, Frank D.	South Bend	St. Joseph
Paje, Alfredo Q.	Greensburg	Decatur
Palmer, Barron M. F.	Hammond	Lake
Palmer, Harley P.	Franklin	Johnson
Palmer, Robert M.	Indianapolis	Marion
Palmer, Robert W.	Indianapolis	Marion
Palmer, W. Allen	Knox	Starke
Pan, Charles C. M.	Fort Wayne	Allen
Panares, Solomon V.	Hammond	Lake
Pancner, Ronald J.	Fort Wayne	Allen
Pancost, Vernon K.	Elkhart	Elkhart
Pangan, Jesus F.	Valparaiso	Porter
Pangan, Zanita A.	Valparaiso	Porter
Panos, Constantine G.	Bluffton	Wells
Pantzer, John G., Jr.	Indianapolis	Marion
Papadopoulos, Aristides P.	Elkhart	Elkhart
Pappas, Eddie T.	Gary	Lake
Paraiso, Antonio Q.	Richmond	Wayne-Union
Paras, Jose L.	Batesville	Ripley
Pareja, Frank S.	Greenfield	Hancock
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Richmond	Wayne-Union
Parke, William C.	Warsaw	Kosciusko
Parker, Carey B. (S)	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery
Parker, E. Camille	Logansport	Cass
Parker, Francis W., Jr	Logansport	Cass
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C. (S)	Hobart	Lake

Name	City	County
Parker, John C.	Goodland	Newton
Parker, John F.	Indianapolis	Marion
Parker, Portia	Indianapolis	Marion
Parks, George O.	Hartford City	Delaware-Blackford
Parks, Herbert E.	Indianapolis	Marion
Parmenter, Harry B.	Vincennes	Knox
Parr, Robert L.	Indianapolis	Marion
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	Elkhart	Elkhart
Parsons, Robert L.	South Bend	St. Joseph
Pascuzzi, Chris A.	South Bend	St. Joseph
Pastor, Julius W.	Evansville	Vanderburgh
Patterson, Jack W.	Fort Wayne	Allen
Patterson, Richard G.	Lafayette	Tippecanoe
Patterson, William K.	Anderson	Madison
Pattison, John D.	Marion	Grant
Paul, Eudell G.	Munster	Lake
Paul, Leonard G.	Michigan City	La Porte
Paulissen, George T.	Indianapolis	Marion
Pauszek, Robert B.	Indianapolis	Marion
Pauszek, Thomas B. (S)	South Bend	St. Joseph
Pavilionis, J.	Logansport	Cass
Pavlick, Theodore J.	Evansville	Vanderburgh
Payne, Arthur C. (S)	East Chicago	Lake
Paynter, Morris B.	Southport	Marion
Paz, Juan A.	Indianapolis	Marion
Paz, Luis	New Castle	Shelby
Peacock, Norman F.	Crawfordsville	Montgomery
Peacock, Robert C.	Muncie	Delaware-Blackford
Pearce, Roy V.	Terre Haute	Vigo
Pearcy, Marcene	Marion	Grant
Peare, Reeve B.	Huntington	Huntington
Pearson, Huey L.	Fort Wayne	Allen
Pearson, John S.	Indianapolis	Marion
Pearson, Lyman R. (S)	Clearwater, Fla.	Marion
Pearson, William E.	Wabash	Wabash
Peck, Edward A.	Hammond	Lake
Peck, Franklin B., Jr.	Indianapolis	Marion
Peck, Franklin B., Sr. (S)	Indianapolis	Marion
Peck, James F.	Princeton	Gibson
Peiffer, Geraldine M.	Hammond	Lake
Peirce, James D.	Indianapolis	Marion
Pell, Donald M.	Indianapolis	Marion
Pemberton, Jack J.	Evansville	Vanderburgh
Penn, Robert A.	East Gary	Lake
Perdomo, Octavio J.	New Albany	Floyd
Perez, Cesar R.	Michigan City	La Porte
Perez, Helio C.	Indianapolis	Marion
Perez, Hilda A.	Michigan City	La Porte
Perkins, Powell L.	Kokomo	Howard
Perkins, Thornton D.	Lebanon	Boone
Perrin, Kermit F.	Fort Wayne	Allen
Perry, Frederic G.	Fort Wayne	Allen
Person, Theodore C.	Veedersburg	Fountain-Warren
Peters, Elmer E.	Brookville	Fayette-Franklin
Peterson, Deward D.	Terre Haute	Vigo
Peterson, Joel A. (S)	Monticello	Tippecanoe
Peterson, Ronald L.	Plymouth	Marshall
Petitjean, Harold G.	Haubstadt	Gibson
Petranoff, Theodore V. (S)	Indianapolis	Marion
Petrass, Andrew (S)	South Bend	St. Joseph
Petrich, Peter R.	Attica	Fountain-Warren
Petry, T. Neal	Delphi	Carroll
Pettis, Arthur G.	Gary	Lake
Petty, Charles S.	Indianapolis	Marion
Petway, Allen P.	Madison	Jefferson-Switzerland
Peyton, Frank W.	Lafayette	Tippecanoe
Pfaff, Dudley A. (S)	Indianapolis	Marion
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Pfuetze, Max E.	Logansport	Cass
Phares, Robert W.	Kokomo	Howard
Phelps, Stephen R.	South Bend	St. Joseph
Philbert, Richard N.	Muncie	Delaware-Blackford
Philbrook, Seth S.	La Porte	La Porte
Phillips, David L.	Indianapolis	Marion
Phillips, Donald M.	Gary	Lake
Phillips, John F.	Bluffton	Wells
Phillips, John H.	Michigan City	La Porte
Phipps, Elwood B.	Logansport	Cass
Phipps, Leland K. (S)	Union City	Randolph
Pickerill, James M.	Lafayette	Tippecanoe
Pickett, Merle E.	Fort Wayne	Allen
Pickett, Robert D.	Indianapolis	Marion
Pierce, Emmett C., Jr.	Greenfield	Marion
Pierce, Gene S.	New Albany	Floyd
Pierce, Raymond O.	Indianapolis	Marion
Pierce, William J.	Bruceville	Daviess-Martin
Pierson, Howard	Gary	Lake
Pierson, Pearl H.	Silver Lake	Kosciusko
Pierson, Robert H.	Crawfordsville	Montgomery
Pierson, Thomas A.	New Palestine	Hancock
Pietz, David G.	Bluffton	Wells
Pike, Warren H.	Hobart	Lake
Pilcher, Jack E.	Indianapolis	Marion
Pile, Stafford W., Jr.	Indianapolis	Marion
Pilecki, Peter J.	Michigan City	La Porte
Pilot, Jean	Hammond	Lake
Pippenger, Wayne G.	Muncie	Delaware-Blackford
Pirkle, Hubert B. (S)	Rockville	Parke-Vermillion
Pitkin, McKendree C. (S)	Martinsville	Morgan
Pittman, John N.	Indianapolis	Marion
Pitts, Neal C.	Bluffton	Wells
Pizzo, Anthony	Bloomington	Owen-Monroe
Plain, George B.	South Bend	St. Joseph
Plain, George Leroy	South Bend	St. Joseph
Plank, Charles R.	Michigan City	La Porte
Plasterer, Edward D.	Richmond	Wayne-Union
Platis, James M.	Gary	Lake
Pletcher, William D.	Elkhart	Elkhart
Ploetner, Edward J.	Jasper	Dubois
Ploughe, Ralph R.	Elwood	Madison
Poehler, Fred C.	La Fontaine	Wabash
Polhemus, Warren C.	Anderson	Madison
Polite, Nicholas L.	Hammond	Lake
Polydefkis, Dimitri	Munster	Lake
Poncher, John R.	Valparaiso	Porter
Pontius, Edwin E.	Indianapolis	Marion
Poolitsan, George C.	Bloomington	Owen-Monroe
Popp, Milton F.	Fort Wayne	Allen
Popplewell, Arvine G.	Indianapolis	Marion
Poracky, Bernard F.	Crown Point	Lake
Porro, Francis W.	Evansville	Vanderburgh
Porter, Carl M.	Jasonville	Greene
Porter, Edward A. (S)	Westport	Decatur
Porter, George S.	Richmond	Wayne-Union
Porter, Jack	Lebanon	Boone
Porter, Robert A.	Westport	Decatur
Portney, Fred R.	Munster	Lake
Powell, J. Paxton	Marion	Grant
Powell, M. Jack	Fort Wayne	Allen
Powell, Richard C.	Indianapolis	Marion
Powell, Tom D.	Chandler, Ariz.	Marion
Prather, Philip E.	Kokomo	Howard
Pratt, George B. III	Indianapolis	Marion
Pratt, Ralph M., Jr.	Madison	Jefferson-Switzerland
Predd, Adolph C.	La Porte	La Porte

Name	City	County
Premuda, Franklin F.	Hammond	Lake
Prentiss, Nelson H. (S)	Oteen, N. C.	Allen
Present, Julian D.	Evansville	Vanderburgh
Pribble, Robert H.	Indianapolis	Marion
Price, Ambrose M.	Anderson	Madison
Price, Douglas W.	Nappanee	Elkhart
Price, Francis W.	Indianapolis	Marion
Price, James O.	Indianapolis	Marion
Price, Robert W.	Elkhart	Elkhart
Price, Shirley G.	Evansville	Vanderburgh
Priddy, Marvin E.	Fort Wayne	Allen
Proudfit, Charles H.	South Bend	St. Joseph
Province, William D.	Franklin	Johnson
Pruitt, Jacob E.	Gary	Lake
Pryor, Richard C.	Indianapolis	Marion
Pugh, Willis L.	Evansville	Vanderburgh
Pullman, George R.	Warsaw	Kosciusko
Pulskamp, Bertrand H.	Wolcottville	Noble
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E. (S)	Albany	Delaware-Blackford
Pyle, Harold D.	South Bend	St. Joseph

Q

Quakenbush, John	Kokomo	Howard
Quiambao, Hector S.	Ridgeville	Randolph
Quick, William J.	Muncie	Delaware-Blackford
Quigley, Joseph B.	Indianapolis	Marion
Quilty, Thomas J.	Goshen	Elkhart

R

Rabasa, Rafael	Mishawaka	St. Joseph
Rabb, Frank M.	Indianapolis	Marion
Rabelo, John S.	Beverly Shores	Porter
Raber, Robert M.	Indianapolis	Marion
Radcliff, Forest F., Jr.	Evansville	Vanderburgh
Rader, George S.	Indianapolis	Marion
Radigan, Leo R.	Gary	Lake
Radpour, Shokri	Kokomo	Howard
Rafalski, Thomas A.	Indianapolis	Marion
Ragan, William D.	Indianapolis	Marion
Ralston, Marc A.	Lafayette	Tippecanoe
Ramage, Walter F.	Indianapolis	Marion
Ramey, John W. (S)	Kokomo	Howard
Ramirez, Efren A.	Indianapolis	Marion
Ramker, Daniel T.	Hammond	Lake
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B.	Indianapolis	Marion
Ramsey, George F.	Lafayette	Tippecanoe
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Ranck, Benjamin A.	Columbus	Bartholomew-Brown
Randall, Thomas A.	Lafayette	Tippecanoe
Raney, Ben B.	Linton	Greene
Rang, A. A. (S)	Washington	Daviess-Martin
Rang, Robert H.	Washington	Daviess-Martin
Rank, William B.	Fort Wayne	Allen
Ransburg, Robert C.	Fort Wayne	Allen
Rapp, George F.	Indianapolis	Marion
Rasch, George C., Jr.	Munster	Lake
Rasmussen, Ruth F.	South Bend	St. Joseph
Ratcliff, Frank W.	Lafayette	Tippecanoe
Ratcliffe, Albert W.	Evansville	Vanderburgh
Ratts, Larry D.	Bloomington	Owen-Monroe
Rau, Charles A.	Columbus	Bartholomew-Brown
Rauh, Robert A.	Wabash	Wabash
Rausch, Norman W.	Angola	Steuben
Rawlins, Carolyn M.	Munster	Lake
Rawls, George H.	Indianapolis	Marion
Ray, Carl S.	Indianapolis	Marion
Raymond, James R.	Lafayette	Tippecanoe
Raymundo, Vivencio F.	Attica	Fountain-Warren
Rea, Ralph L.	Greenfield	Hancock
Rea, Thomas J.	Edwardsburg, Mich.	St. Joseph
Read, John E.	Chesterton	Porter
Receveur, Robert	New Albany	Floyd
Records, Arthur W. (S)	Franklin	Johnson
Records, John M.	Franklin	Johnson
Reed, Edsel S.	Jeffersonville	Clark
Reed, John D.	Fort Wayne	Allen
Reed, John J.	Hobart	Lake
Reed, Nelle C. (S)	Michigan City	La Porte
Reed, Philip B.	St. Petersburg, Fla.	Marion
Reed, Robert C.	Terre Haute	Vigo
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	South Bend	Marshall
Reed, Roger R.	Anderson	Madison
Reed, Ronald R.	Whiting	Lake
Reed, Thomas E.	Indianapolis	Marion
Reed, William C. (S)	Nashville	Owen-Monroe
Reeder, Henry H. (S)	Jeffersonville	Clark
Rees, Russel C.	Indianapolis	Marion
Reese, Jay S.	Milton, Fla.	Morgan
Reeve, Bryce L.	Whiting	Lake
Regan, George L.	Sellersburg	Clark
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion
Reid, Donald B.	Columbia City	Whitley
Reid, James D.	Marion	Grant
Reid, Robert M.	Columbus	Bartholomew-Brown
Reid, Robert W. (S)	Union City	Randolph
Reitman, Paul H.	East Chicago	Lake
Reitz, Lawrence A.	Indianapolis	Marion
Remich, Antone C.	Munster	Lake
Renbarger, Lester L.	Marion	Grant
Rendel, Donald T.	Munster	Lake
Rendel, Harold E.	Peru	Miami
Reno, Edward C.	Plymouth	Marshall
Repay, Walter A.	Munster	Lake
Reppert, Roland L.	Decatur	Adams
Ress, Gene E.	Tell City	Perry
Reszel, Paul A.	Fort Wayne	Allen
Reuter, John W.	Bedford	Lawrence
Reyes, Diego C.	Peru	Miami
Reynolds, James S.	Gary	Lake
Reynolds, Paul	Franklin	Johnson
Reynolds, Ralph E.	Middletown	Madison
Reynolds, Richard J.	Terre Haute	Vigo
Rhamy, Arthur P.	Marion	Grant
Rhamy, Donald E.	Marion	Grant
Rhee, Sang K.	Fort Wayne	Allen
Rheinheimer, Floyd L.	Milford	Elkhart
Rhind, Alexander W. (S)	Hammond	Lake
Rhodes, Alfred K.	Lawrenceburg	Dearborn-Ohio
Rhorer, John G.	Marion	Grant
Rhynearson, Hal R.	Fortville	Hancock
Ricchetti, Warren F.	West Lafayette	Tippecanoe
Rice, Frederic A., Jr.	Indianapolis	Marion
Rice, Katherine K.	South Bend	St. Joseph
Rice, Raymond D.	Indianapolis	Marion
Rice, Raymond M.	Indianapolis	Marion
Rice, Ronald B.	Indianapolis	Marion
Rich, Norval S.	Decatur	Adams
Rich, Richard B.	Indianapolis	Marion
Richard, Norman F.	Shelbyville	Shelby
Richards, Alan D.	Fort Wayne	Allen
Richards, Dean	South Bend	St. Joseph
Richards, Edgar E.	Russellville	Montgomery

Name	City	County
Richardson, Joseph D.	Rochester	Fulton
Richardson, Joseph H.	Fort Wayne	Allen
Richart, James V.	Terre Haute	Vigo
Richmond, Harold W.	Columbus	Bartholomew-Brown
Richter, Arthur B.	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Richter, Samuel	Gary	Lake
Ricketts, Joseph W. (S).	Orman Beach, Fla.	Marion
Ridgway, Alton H.	Lapel	Madison
Ridlon, Albert	Madison	Jefferson-Switzerland
Ridolfo, Anthony S.	Indianapolis	Marion
Rieger, I. Taylor	Bloomington	Owen-Monroe
Rieser, Aloys M., Jr.	Munster	Lake
Rietman, H. Jerome	Evansville	Vanderburgh
Rifner, Eugene S.	Van Buren	Grant
Rigaux, Armand J.	South Bend	St. Joseph
Rigg, John F. (S)	N. Palm Beach, Fla.	Marion
Riggs, Floyd C. (S)	Terre Haute	Vigo
Riggs, Wendell A.	Lafayette	Tippecanoe
Riley, Henry S.	Madison	Jefferson-Switzerland
Riley, Paul D.	Beech Grove	Marion
Rimel, James F.	Plymouth	Marshall
Rinehart, James J.	Kokomo	Howard
Riner, Jack K.	Indianapolis	Marion
Ringer, William A.	Williamsport	Fountain-Warren
Rinne, John I. (S)	Lapel	Madison
Riordan, John F.	Gary	Lake
Ripley, John W.	Seymour	Jackson-Jennings
Rissing, Walter J.	Fort Wayne	Allen
Ritchie, William D.	Evansville	Vanderburgh
Ritchey, James O.	Indianapolis	Marion
Ritteman, George W.	Franklin	Johnson
Ritter, Wayne L.	Indianapolis	Marion
Rittmeyer, Jack L.	Muncie	Delaware-Blackford
Ritz, Albert S.	Evansville	Vanderburgh
Rivers, Glynn A.	Muncie	Delaware-Blackford
Rivers, Thomas A.	Rochester, Minn.	Delaware-Blackford
Robb, John A.	Indianapolis	Marion
Robbins, Lewis C.	Indianapolis	Marion
Roberts, Billy J.	South Bend	St. Joseph
Roberts, Thomas K.	Michigan City	La Porte
Roberts, Warren C.	Indianapolis	Marion
Robertson, Addis N. (S)	New Albany	Floyd
Robertson, James A.	Evansville	Vanderburgh
Robertson, James S.	Plymouth	Marshall
Robertson, Ray B. (S)	Indianapolis	Marion
Robertson, Robert E.	Sellersburg	Clark
Robertson, William C.	Chesterton	Porter
Robertson, William S.	Spiceland	Henry
Robinson, Earle U., Jr.	Indianapolis	Marion
Robinson, Frank C. (S)	Newport Beach, Calif.	Marion
Robinson, Nan	New Albany	Floyd
Robinson, Robert D.	Bloomington	Owen-Monroe
Roby, Alma L.	Jeffersonville	Clark
Roch, L. Marshall	Muncie	Delaware-Blackford
Rochlin, Isidore	Indianapolis	Marion
Rockey, Noah A. (S)	Ft. Lauderdale, Fla.	Allen
Roesch, Ryland P.	Indianapolis	Marion
Roeske, Nancy A.	Indianapolis	Marion
Rogers, Donald B.	Madison	Jefferson-Switzerland
Rogers, Donald L.	Indianapolis	Marion
Rogers, Evered E.	Auburn	De Kalb
Rogers, Otto F., Jr.	Bloomington	Owen-Monroe
Rogers, R. Shirrell	Terre Haute	Vigo
Rogers, Thomas P. (S)	La Jolla, Calif.	Marion
Roggenkamp, Milton W.	W. Lafayette	Tippecanoe
Rohn, Robert J.	Indianapolis	Marion
Rohrer, Bryce B.	Walkerton	St. Joseph
Rohrer, James R.	Elnora	Daviess-Martin
Roig, Jose H.	Gary	Lake
Roller, Charles W. (S)	Indianapolis	Marion
Roller, Mac C.	Franklin	Johnson
Rollins, Thomas K.	Bloomington	Owen-Monroe
Romberger, Floyd T., Jr.	Indianapolis	Marion
Romero, Plinio	East Chicago	Lake
Rommel, Clarence H.	W. Lafayette	Tippecanoe
Roof, Roger S.	Greencastle	Putnam
Roose, Lisle W.	Nappanee	Elkhart
Ropp, Harold E.	New Harmony	Posey
Rosenak, Bernard D.	Indianapolis	Marion
Rosenbaum, Irving, Jr.	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison
Rosenberg, Gabriel J.	Indianapolis	Marion
Rosenblatt, Bernard B.	Evansville	Vanderburgh
Rosenbloom, Philip J.	Gary	Lake
Rosene, Harold A., Jr.	Terre Haute	Vigo
Rosenheimer, George M. (S)	South Bend	St. Joseph
Rosenthal, Carl	Hammond	Lake
Rosenwasser, Jacob	Mishawaka	St. Joseph
Roser, Arthur J.	Fort Wayne	Allen
Rosero, M. George	Kewanna	Marshall
Rosevear, Henry J.	Munster	Lake
Ross, Alexander T.	Indianapolis	Marion
Ross, Ben R. (S)	Bloomington	Owen-Monroe
Ross, David E., Jr.	Gary	Lake
Ross, Glenn E.	Washington	Daviess-Martin
Ross, Guy E.	Anderson	Madison
Ross, James B.	Bloomington	Owen-Monroe
Rossiter, Dudley L. (S)	Fort Wayne	Allen
Roth, Bertram S.	Indianapolis	Marion
Roth, James R.	Columbia City	Whitley
Roth, Leo	Gary	Lake
Roth, Melvin I.	Gary	Lake
Rothberg, Maurice	Fort Wayne	Allen
Rothrock, Philip W.	Lafayette	Tippecanoe
Rotman, Harry G.	Jasonville	Greene
Rotman, Sam I.	Jasonville	Greene
Rouen, Robert L.	Elkhart	Elkhart
Rourke, Robert F.	Terre Haute	Vigo
Rousseau, John W.	Fort Wayne	Allen
Row, D. Hamilton	Indianapolis	Marion
Row, George S.	Osgood	Ripley
Rowe, George A.	Indianapolis	Marion
Rowe, Howard H.	Rochester	Fulton
Royster, George M. (S)	Evansville	Vanderburgh
Royster, Robert A.	Evansville	Vanderburgh
Rubens, Eli	South Bend	St. Joseph
Rubin, Milton M.	Terre Haute	Vigo
Rubin, Simon S.	Gary	Lake
Rubright, Robert L.	Munster	Lake
Rucker, Warren R.	Madison	Jefferson-Switzerland
Ruddell, Karl R. (S)	Indianapolis	Marion
Ruddell, Keith R.	Indianapolis	Marion
Rudesill, Cecil L. (S)	Indianapolis	Marion
Rudesill, Robert L.	Indianapolis	Marion
Rudicel, Max	Kokomo	Howard
Rudolph, Carl J.	South Bend	St. Joseph
Rudolph, Kenneth J.	Evansville	Vanderburgh
Rudolph, Rosser A.	Muncie	Jay
Rudolph, Stephen J., Jr.	Grand Forks AFB, N. Dakota	Marion
Rudser, Donald H.	Whiting	Lake
Rudwell, George H.	Indianapolis	Marion
Rudy, Donald B.	Rhodesia, S. Africa	Wells

Name	City	County
Ruff, Jerard G.	Bloomington	Owen-Monroe
Ruiz, Carlos M.	Boonville	Warrick
Runge, Paul W.	Richmond	Wayne-Union
Ruoff, William F.	New Albany	Floyd
Rupe, Lloyd O.	Elkhart	Elkhart
Rupel, Dennis F.	Elkhart	Elkhart
Rusche, Henry J.	Evansville	Vanderburgh
Rusche, Thomas J.	Evansville	Vanderburgh
Ruschli, Edward B. (S)	Lafayette	Tippecanoe
Rusher, Merrill W.	Bluffton	Wells
Rushmore, Charles H.	Indianapolis	Marion
Rusk, Hubert M.	Wallace	Fountain-Warren
Russell, Donald E.	Indianapolis	Marion
Russell, Henry T.	W. Lafayette	Tippecanoe
Russell, John R.	Indianapolis	Marion
Russell, Richard H.	Evansville	Vanderburgh
Russo, Andrew E.	Crown Point	Lake
Rust, Byron K.	Big Pine Key, Fla.	Marion
Rust, Roland B.	Indianapolis	Marion
Ruth, Martin L.	Indianapolis	Marion
Rutherford, Charles E.	Lafayette	Tippecanoe
Ryan, C. David	Columbus	Bartholomew-Brown
Ryan, Glen V.	Indianapolis	Marion
Ryan, Hubert J.	Gary	Lake
Ryan, William J.	Columbus	Bartholomew-Brown

S

Saavedra, Bernardo	Gary	Lake
Sabens, James A.	Indianapolis	Marion
Sablay, Nonito M.	Gary	Lake
Saed, Amir M.	Indianapolis	Marion
Safirstein, Moises	Fort Wayne	Allen
Sage, Charles V., Jr.	Richmond	Wayne-Union
Sage, Russell A., Jr.	Indianapolis	Marion
Sage, Russell A. (S)	Indianapolis	Marion
Sahlmann, Hans (S)	Fort Wayne	Allen
Saint, William K.	New Castle	Henry
Sala, Joseph J.	Gary	Lake
Sala, Walter R.	Gary	Lake
Salb, John P.	Jasper	Dubois
Salb, Leo A. (S)	Jasper	Dubois
Salon, Harry W.	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen
Salon, Nathan L. (S)	Fort Wayne	Allen
Salsburg, Herbert E.	Hamlet	La Porte
Sanchez, Jose D.	La Porte	La Porte
Sanders, Bertram W.	Connersville	Fayette-Franklin
Sanders, Fred	Indianapolis	Marion
Sanders, Harry M.	Indianapolis	Marion
Sanders, Jesse A. (S)	Auburn	De Kalb
Sanderson, Robert B.	South Bend	St. Joseph
Sandlin, Donald L.	Columbus	Bartholomew-Brown
Sandock, Louis F.	South Bend	St. Joseph
Sandoz, Harry H. (S)	South Bend	St. Joseph
Santare, Vincent J.	Munster	Lake
Santelices, Vivente B.	Fort Wayne	Allen
Santiago, Iluminada	Highland	Lake
Santschi, Don R.	East Chicago	Lake
Saperstein, Morris	Indianapolis	Marion
Sappenfield, Ralph S.	Indianapolis	Marion
Saucelo, Bart M.	South Bend	St. Joseph
Sayers, Frank E. (S)	Terre Haute	Vigo
Scales, Alfred B.	Huntingburg	Dubois
Scales, Allen D.	Huntingburg	Dubois
Scamahorn, Malcolm O.	Pittsboro	Hendricks
Scea, Wallace A.	Elwood	Madison
Schaab, Eric	Fort Wayne	Allen
Schaaf, Alvin D.	Jamestown	Boone
Schaefer, Joseph C.	Shreveport, La.	Wells
Schafer, William C.	Washington	Daviess-Martin
Schaffer, Edward V.	Indianapolis	Marion
Schaffer, James J.	Bloomington	Owen-Monroe
Schantz, Richard	Remington	Jasper
Schaphorst, Richard A.	Mishawaka	St. Joseph
Scharbrough, Wm. D.	Ewing	Jackson-Jennings
Schauwecker, Cleon M.	Greencastle	Putnam
Schechter, John S.	Indianapolis	Marion
Scheer, Alexander L.	Elkhart	Elkhart
Scheeres, Jacob W.	Lafayette	Tippecanoe
Scheeringa, Ronald H.	Fort Wayne	Allen
Scheier, Emil W. (S)	Indianapolis	Marion
Scheimann, Lois	Valparaiso	Porter
Schell, H. Richard	Bloomington	Owen-Monroe
Schenck, Ralph E.	Portland	Jay
Scherb, Burton E.	Terre Haute	Vigo
Scherschel, John P.	Bedford	Lawrence
Scherschel, Thomas R.	Kokomo	Howard
Scheurich, Virgil	Oxford	Benton
Schiefer, Hildegard	Indianapolis	Marion
Schiller, Herbert A.	South Bend	St. Joseph
Schilling, Richard J.	Bloomington	Owen-Monroe
Schimmelpfennig, Robert W.	Evansville	Vanderburgh
Schirmer, Robert H.	Evansville	Vanderburgh
Schlademan, Karl R.	Fort Wayne	Allen
Schlaegel, Theo. F., Jr.	Indianapolis	Marion
Schlegel, Donald M.	Indianapolis	Marion
Schleinkofer, Robert M.	Fort Wayne	Allen
Schlesinger, Daniel J.	Munster	Lake
Schloss, Robert P.	Fort Wayne	Allen
Schlossberg, Victor E., Jr.	Mishawaka	St. Joseph
Schlosser, Herbert C. (S)	Elkhart	Elkhart
Schmalhausen, Ansel W.	Indianapolis	Marion
Schmidt, Eugene E.	Fort Wayne	Allen
Schmidt, Loren F.	Indianapolis	Marion
Schmiedicke, Paul H.	W. Lafayette	Tippecanoe
Schmitt, Richard K.	Columbus	Bartholomew-Brown
Schmitt, Robert J.	Michigan City	Lake
Schmitt, Robert W.	Richmond	Wayne-Union
Schmoll, Robert J.	Fort Wayne	Allen
Schmoyer, Maurice R.	Indianapolis	Marion
Schneider, Carl J.	Indianapolis	Marion
Schneider, Charles P.	Evansville	Vanderburgh
Schneider, Kenneth D.	Columbus	Bartholomew-Brown
Schneider, Louis A.	Fort Wayne	Allen
Schneider, Paul A.	Indianapolis	Marion
Schnute, Richard B.	Indianapolis	Marion
Schoen, Frederic L.	Fort Wayne	Allen
Schoenhals, Charles E.	Fort Wayne	Allen
Schoolfield, William E.	Orleans	Orange
Schoonveld, Arthur	Brook	Newton
Schreiner, John E.	Bremen	Marshall
Schrepferman, Wayne	Hamilton	Steuben
Schriefer, Victor V.	Evansville	Vanderburgh
Schroeder, Henry R., Jr.	Washington	Daviess-Martin
Schroeder, James E.	Peru	Marion
Schubert, Jerome C.	Fort Wayne	Allen
Schubert, Philip C.	Fort Wayne	Allen
Schuchman, Gabriel	Indianapolis	Marion
Schuchman, Harvey A.	Indianapolis	Marion
Schulhof, Maurice G.	Muncie	Delaware-Blackford
Schultheis, Richard L.	Bloomington	Owen-Monroe
Schulz, Kurt J.	Gary	Lake
Schumacher, Richard R.	Indianapolis	Marion
Schumaker, Robert A.	Terre Haute	Vigo
Schuman, Edith B.	Bloomington	Owen-Monroe
Schuster, Dwight W.	Indianapolis	Marion
Schwartz, Frederick C.	Kokomo	Howard
Schwartz, Jack	Munster	Lake

Name	City	County
Schwartz, Mary M.	Hammond	Lake
Scofield, John B.	Indianapolis	Marion
Scott, Frank M.	South Bend	St. Joseph
Scott, George E.	Indianapolis	Marion
Scott, H. Vaughn	Fort Wayne	Allen
Scott, Irvin H.	Sullivan	Sullivan
Scott, I. Winfield	Indianapolis	Marion
Scott, John R.	Indianapolis	Marion
Scott, John S.	La Porte	La Porte
Scott, Robert O.	Charlottesville	Hancock
Scott, Robert P.	Indianapolis	Marion
Scott, Samuel L.	Indianapolis	Marion
Scott, V. Brown	Shelbyville	Shelby
Scudder, Arthur N.	Brownsburg	Hendricks
Scudder, Gary E.	Lawrenceburg	Dearborn-Ohio
Scudder, James P.	Fort Wayne	Allen
Scully, John T.	Gary	Lake
Scully, William E.	Terre Haute	Vigo
Seagle, William C.	Bloomington	Owen-Monroe
Seal, Perry F.	Brookville	Fayette-Franklin
Seaman, Charles F.	Indianapolis	Marion
Searight, Howard R.	Muncie	Delaware-Blackford
Searight, John L.	Indianapolis	Marion
Sears, Don A.	Odon	Daviess-Martin
Seat, Marshall H.	Washington	Daviess-Martin
Sedam, Herbert L.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll
Seibel, Robert M.	Nashville	Bartholomew-Brown
Seipel, Stanley	Lanesville	Harrison-Crawford
Sekulich, Milo	Kokomo	Howard
Sellers, Francis M.	Mishawaka	St. Joseph
Sellmer, George W.	Indianapolis	Marion
Sennett, Cecil M. (S)	Westville	La Porte
Sennett, William K.	Macy	Miami
Senseny, Eugene F.	Fort Wayne	Allen
Serna, Carlos A.	East Chicago	Lake
Serna, Jesus A.	East Chicago	Lake
Serrano, Jose F.	Munster	Lake
Seward, George W.	North Manchester	Wabash
Sexson, Hiram T.	Indianapolis	Marion
Seybert, Thomas C.	Indianapolis	Marion
Seyler, Anna G. (S)	La Verne, Calif.	Lake
Shafer, Marion R.	Indianapolis	Marion
Shafer, Richard H.	Alexandria	Madison
Shaffer, Kenneth L.	Vincennes	Knox
Shaffer, William R.	Greensburg	Decatur
Shahbahrami, Farrokh	Bloomington	Owen-Monroe
Shallenberger, Henry R.	Modoc	Randolph
Shanafelt, Donald K.	Indianapolis	Marion
Shanklin, Jack L.	Vincennes	Knox
Shanklin, Vernon A. (S)	Terre Haute	Vigo
Shanks, Ray W. (S)	Noblesville	Hamilton
Shannon, Wesley E.	Crawfordsville	Montgomery
Shapiro, Burton J.	Indianapolis	Marion
Shapiro, Joseph	Hammond	Lake
Shapiro, Seymour W.	Gary	Lake
Sharp, Merle C.	South Bend	St. Joseph
Sharp, William L.	Anderson	Madison
Shattuck, John C.	Brazil	Clay
Shaw, Glenn R.	Bluffton	Wells
Shaw, Houston W.	Jeffersonville	Clark
Sheehan, E. Gregg	Evansville	Vanderburgh
Sheehan, Francis G.	Beech Grove	Marion
Sheek, Kenneth I.	Greenwood	Johnson
Sheeley, William F.	Indianapolis	Marion
Sheets, Charles E.	Manilla	Rush
Sheldon, Suel A.	Anderson	Madison
Sheller, Tom G.	Logansport	Cass
Shelley, Edward S.	South Bend	St. Joseph
Shelley, Richard J.	Indianapolis	Marion
Shelton, Clyde F.	New Albany	Floyd
Shepard, Fred F.	College Corner, Ohio	Wayne-Union
Sherer, Kenneth E.	Richmond	Wayne-Union
Sherman, David E.	Lafayette	Tippecanoe
Sherster, Harry	Indianapolis	Marion
Sherwood, Clarence E.	Madison, So. Dakota	Allen
Sherwood, J. Vincent (S)	Largo, Fla.	Allen
Shevick, Alexander	Valparaiso	Lake
Shields, Duncan M.	Chesterton	Porter
Shields, Jack E.	Brownstown	Jackson-Jennings
Shields, Tom S.	Richmond	Wayne-Union
Shina, Hassi	Charlestown	Clark
Shinabery, Lawerence	Fort Wayne	Allen
Shipley, Edward	Indianapolis	Marion
Shively, John L.	Lafayette	Tippecanoe
Shively, Wyant J.	Evansville	Vanderburgh
Shoemaker, Richard L.	Gas City	Grant
Sholty, William M.	Lafayette	Tippecanoe
Short, John A.	Richmond	Wayne-Union
Short, John T. (S)	Fort Wayne	Allen
Shortridge, Donald R.	Bedford	Lawrence
Showalter, John R.	Terre Haute	Vigo
Shriber, William H.	South Bend	St. Joseph
Shriner, Richard L.	South Bend	St. Joseph
Shrock, Ethan E.	Amboy	Grant
Shroyer, Herbert L.	Dunkirk	Jay
Shuck, William A.	Madison	Jefferson-Switzerland
Shuck, William A., Jr.	Marion	Grant
Shugart, Robert R.	Fort Wayne	Allen
Shulruff, Harry I.	East Chicago	Lake
Shultz, Clifford	Butler	De Kalb
Shumacker, Harris B., Jr.	Indianapolis	Marion
Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Sicks, Okla W. (S)	Indianapolis	Marion
Sidel, Alan W.	Fort Wayne	Allen
Sidell, James P.	New Haven	Allen
Siderys, Harry	Indianapolis	Marion
Siebe, Jack C.	Indianapolis	Marion
Siebenmorgen, Paul	Terre Haute	Vigo
Siedlecki, Edward	Richmond	Wayne-Union
Siegel, Lyle P.	Evansville	Vanderburgh
Siekierski, Joseph M.	Griffith	Lake
Siersdorfer, Theodore N. (S)	Indianapolis	Marion
Sigmond, Harvey W.	Indianapolis	Marion
Sigmund, William B.	Columbus	Bartholomew-Brown
Silbert, David B.	Shelbyville	Shelby
Siler, George B.	Whiting	Lake
Silver, Richard A.	Indianapolis	Marion
Silverman, Norman M.	Terre Haute	Vigo
Silvero, Hubert L.	Churubusco	Allen
Silvers, Michael	N. Manchester	Wabash
Silvian, Harry A.	Whiting	Lake
Simmons, Frederick H.	Marion	Grant
Simmons, James E.	Indianapolis	Marion
Sims, J. Lawrence	Indianapolis	Marion
Sims, Larry W.	Evansville	Vanderburgh
Singco, Bienvenido	Greenfield	Hancock
Singer, Elmer C. (S)	Fort Wayne	Allen
Sinn, Charles M.	Evansville	Vanderburgh
Sirlin, Edward M.	Fort Wayne	Allen
Sirugo, Aldo C.	La Porte	La Porte
Sison, Rose D.	Terre Haute	Vigo
Sison, Vicente G.	Terre Haute	Vigo
Sisson, Norvel D.	South Bend	St. Joseph
Sixbey, Maurice D.	Denver	Miami
Skillern, Scott D.	South Bend	St. Joseph
Skomp, Claud E.	Marion	Grant
Skrentny, Thomas T.	Spencer	Owen-Monroe
Slama, George F.	Gary	Lake

Name	City	County
Slama, John T.	Gary	Lake
Slaughter, Howard C.	Evansville	Vanderburgh
Slaughter, John C., Jr.	Evansville	Vanderburgh
Slaughter, Owen L.	Evansville	Vanderburgh
Slichenmyer, Jack E.	Indianapolis	Marion
Slick, Crystal R.	Winchester	Randolph
Sloan, Herbert P.	Dalton, Ga.	Floyd
Sloan, W. Keith	Madison	Jefferson-Switzerland
Slominski, Harry H. (S)	South Bend	St. Joseph
Slomka, Myron B.	Princeton, N.J.	Marion
Slough, O. Thomas	Kendallville	Noble
Sluss, David H. (S)	Indianapolis	Marion
Small, Iver F.	Indianapolis	Marion
Smalley, Raymond	Bloomington	Owen-Monroe
Smith, A. Wilson	Greencastle	Putnam
Smith, Barton T.	Marion	Grant
Smith, C. Curtis	Fort Wayne	Allen
Smith, Charles F.	Kokomo	Howard
Smith, David L. (S)	Indianapolis	Marion
Smith, E. Rogers (S)	Indianapolis	Marion
Smith, Eurett E.	Marion	Grant
Smith, Francis C. (S)	Indianapolis	Marion
Smith, Fred, Jr.	Tell City	Perry
Smith, Gordon L.	Evansville	Vanderburgh
Smith, Herschel S.	Bloomington	Owen-Monroe
Smith, Jerald E.	Munster	Lake
Smith, John A.	LaPorte	LaPorte
Smith, John H.	Greenfield	Hancock
Smith, Lloyd H.	North Manchester	Wabash
Smith, Lowell C.	Lafayette	Tippecanoe
Smith, Mark E.	New Castle	Henry
Smith, Philip L.	Fort Wayne	Allen
Smith, Ralph O.	Vincennes	Knox
Smith, Ray C.	Indianapolis	Marion
Smith, Robert D.	Lowell	Lake
Smith, Roger C.	Fort Wayne	Allen
Smith, Roy Lee (S)	Indianapolis	Marion
Smith, Roy M., Jr.	Evansville	Vanderburgh
Smith, Stephen D.	Knightstown	Rush
Smith, Theodore J.	Whiting	Lake
Smitley, Roger P.	Munster	Lake
Smucker, Ernest E.	Goshen	Elkhart
Smyrniotis, Frank	Wabash	Wabash
Snapp, Richard A.	Columbus	Bartholomew-Brown
Sneary, Max E.	Avilla	Noble
Snider, Byron	Escondido, Calif.	Marion
Snider, Roland	Warsaw	Kosciusko
Snively, William D., Jr.	Evansville	Vanderburgh
Snodgrass, Robert E.	Indianapolis	Marion
Snowhite, Arthur B.	Marion	Grant
Snyder, Jerome A.	Munster	Lake
Snyder, Morris C.	Richmond	Wayne-Union
Snyder, Parker W.	Peru	Miami
Snyderman, Sanford C.	Fort Wayne	Allen
Sobat, William S.	Indianapolis	Marion
Sobol, Z. W.	South Bend	St. Joseph
Sokol, Allen B.	Whiting	Lake
Solis, Roger V.	Hammond	Lake
Solomon, Reuben A. (S)	Indianapolis	Marion
Somers, Emmanuel	Olympia Fields, Ill.	Lake
Somerville, J. W.	Clinton	Parke-Vermillion
Sonne, Irvin H., Jr.	New Albany	Floyd
Soper, Hunter A.	Indianapolis	Marion
Sorg, David A.	Bluffton	Wells
Sorrells, George W.	Bedford	Lawrence
Souder, Bonnell M. (S)	Auburn	De Kalb
Souter, Martha C.	Indianapolis	Marion
South, Dale R., Jr.	Elkhart	Elkhart
Sovine, Joe W.	Indianapolis	Marion
Spahr, Donald E.	Portland	Jay
Spahr, John F., Jr.	Indianapolis	Marion
Spain, W. Thomas	Evansville	Vanderburgh
Spalding, David L.	Mishawaka	St. Joseph
Spalding, Joseph J.	Indianapolis	Marion
Spalding, Wendell L.	Mishawaka	St. Joseph
Spangler, Jesse S.	Kokomo	Howard
Sparks, Alan L.	Indianapolis	Marion
Sparks, Paul W.	Winchester	Randolph
Spears, John K.	Paoli	Orange
Spears, John M.	Indianapolis	Marion
Speas, Robert C.	Terre Haute	Vigo
Speck, Carlson R.	Muncie	Delaware-Blackford
Speckman, Glenn H.	Indianapolis	Marion
Speer, Thomas A.	Chicago, Ill.	Lake
Spellman, Frank W.	Gary	Lake
Spellmeyer, John C.	Richmond	Wayne-Union
Spencer, Beaufort A.	Bloomington	Owen-Monroe
Spencer, Frederic	Vincennes	Knox
Spencer, C. Herbert	Fort Wayne	Allen
Spenner, Raymond W. (S)	Cassopolis, Mich.	St. Joseph
Speybroeck, Robert C.	South Bend	St. Joseph
Spindler, Richard G.	Pensacola, Fla.	Vanderburgh
Spindler, Robert D.	Shelbyville	Shelby
Spivack, Mary	Gary	Lake
Spolyar, Louis W.	Indianapolis	Marion
Spray, Page E.	Elkhart	Elkhart
Sprecher, Herman C.	Evansville	Vanderburgh
Sprecher, James J. J.	La Porte	La Porte
Springstun, George H. (S)	Oaktown	Knox
Springstun, Walter R.	Evansville	Vanderburgh
Spurlock, Fae H.	W. Lafayette	Tippecanoe
Sputh, Carl B., Jr.	Indianapolis	Marion
Sroka, Stanley J.	Highland	Lake
Stadler, Harold E.	Indianapolis	Marion
Stafford, William C.	Plainfield	Hendricks
Stahl, Edward T.	Lafayette	Tippecanoe
Stallings, Hugh A.	Evansville	Vanderburgh
Stallman, Carl F.	Kendallville	Noble
Stalter, Gaylord W.	North Webster	Whitley
Stamper, Joseph H.	Anderson	Madison
Stamper, Robert J.	Anderson	Madison
Stangle, William J.	Bloomington	Owen-Monroe
Stanley, John R.	Muncie	Delaware-Blackford
Stanley, Robert G.	Fort Wayne	Allen
Stansbury, William E.	Indianapolis	Marion
Stark, William A.	Michigan City	La Porte
Starks, William O.	Anderson	Madison
Stasick, Murray	Hammond	Lake
Stauffer, George E.	Mooreland	Henry
Stauffer, Richard C.	Fort Wayne	Allen
Staunton, Henry A.	South Bend	St. Joseph
Stayton, Chester A., Jr.	Indianapolis	Marion
Steckbeck, Robert L.	Bluffton	Wells
Stecy, Peter	Whiting	Lake
Steele, Dick J.	Greencastle	Putnam
Steele, Everett B.	Crown Point	Lake
Steele, Hugh H.	Lafayette	Tippecanoe
Steele, Lowell R.	Bloomington	Owen-Monroe
Steele, Paul W.	Evansville	Vanderburgh
Steen, Lowell H.	Hammond	Lake
Steffen, Julius T. (S)	Wabash	Wabash
Steffy, Ralph M.	Portland	Jay
Steigmeyer, David J.	Fort Wayne	Allen
Stein, Richard H.	Vincennes	Knox
Steinem, Joseph L.	Connersville	Fayette-Franklin
Steinmetz, Edward F.	Indianapolis	Marion
Stephens, Donald E.	Indianapolis	Marion
Stephens, James P.	Crawfordsville	Montgomery

Name	City	County
Stephens, Kuhrman H.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren
Stepleton, John D.	Richmond	Wayne-Union
Stern, Mona K.	Gary	Lake
Stern, Samuel L.	Hammond	Lake
Sterne, John H.	Evansville	Vanderburgh
Steury, Ernest M.	Berne	Marion
Steussy, Calvin N.	New Castle	Henry
Stevens, Adam C.	Kendallville	Wells
Stevens, Edwin W.	Munster	Lake
Stevens, Sydney L.	Indianapolis	Marion
Stevenson, Jerry L.	Anderson	Madison
Steward, Paul W.	Cedar Lake	Lake
Stewart, J. Frank W.	Vincennes	Knox
Stewart, L. Ray	Evansville	Vanderburgh
Stieglitz, Jean A.	East Chicago	Lake
Stier, Paul L.	Fort Wayne	Allen
Stilwell, William R.	Richmond	Wayne-Union
Stine, Marshall E.	Bremen	Marshall
Stinson, Dean K.	Rochester	Fulton
Stinson, William M.	Anderson	Madison
Stiver, Daniel D.	South Bend	St. Joseph
Stoelting, J. Lewis	Terre Haute	Vigo
Stoelting, Vergil K.	Indianapolis	Marion
Stogdill, William J.	South Bend	St. Joseph
Stogsdill, Willis W.	Franklin	Johnson
Stoller, Harry J.	Plymouth	Marshall
Stoller, Leon J.	Nashville, Tenn.	Marion
Stoltz, Robert M.	Valparaiso	Porter
Stolz, Thomas J.	W. Lafayette	Benton
Stone, Alvin T.	Indianapolis	Marion
Stone, David F.	Indianapolis	Marion
Stone, Robert C.	Ligonier	Noble
Stoner, Harold E.	Bloomington	Owen-Monroe
Stookey, Richard D.	Hobart	Lake
Stoops, Jean T.	Wabash	Wabash
Storer, William R.	Indianapolis	Marion
Storey, D. Edmund	Indianapolis	Marion
Storey, Joseph L.	Indianapolis	Marion
Stork, Harvey K. (S)	Huntingburg	Dubois
Storms, Roy B. (S)	Indianapolis	Marion
Stouder, Albert E.	Kempton	Tipton
Stouder, Stephen R.	Indianapolis	Marion
Stout, Francis E.	Muncie	Delaware-Blackford
Stout, Harry T.	Frankfort	Clinton
Strang, William C.	Indianapolis	Marion
Stratigos, Joseph S.	South Bend	St. Joseph
Strayer, Joseph W.	Lafayette	Tippecanoe
Streck, Francis A.	Lawrenceburg	Dearborn-Ohio
Strecker, William L.	Terre Haute	Vigo
Streepey, Jefferson I.	New Albany	Floyd
Streeter, Ralph T.	Indianapolis	Marion
Stribling, James L.	Columbus	Bartholomew-Brown
Stricker, Paul J.	New Castle	Henry
Strehler, Don A.	Bluffton	Wells
Strickland, James W.	Indianapolis	Marion
Strickland, Neil R.	Indianapolis	Marion
Stringer, Drennon D.	Mishawaka	St. Joseph
Strom, Jack	East Chicago	Lake
Strueh, Paul E.	Evansville	Vanderburgh
Stubbins, William M.	Elkhart	Elkhart
Stucky, Elsworth K.	Indianapolis	Marion
Stucky, Jerry L.	Fort Wayne	Allen
Studebaker, Lloyd R.	LaGrange	LaGrange
Stultz, Quentin F.	Ligonier	Noble
Stump, Loyd K.	Indianapolis	Marion
Stump, Thomas A.	Indianapolis	Marion
Stumpf, Edwin E.	New Haven	Allen
Stuntz, Edgar C.	Lafayette	Tippecanoe
Sturdevant, Frank M.	Portage	Porter
Sturgis, Donald G.	Sellersburg	Clark
Suelzer, John G.	Indianapolis	Marion
Suess, Robert E.	Indianapolis	Marion
Sugarman, Benjamin E.	French Lick	Orange
Sulit, Severino T.	Hartford City	Delaware-Blackford
Sullivan, James J.	Indianapolis	Marion
Sullivan, John M.	Terre Haute	Vigo
Sullivan, Robert E.	Fort Wayne	Allen
Summerlin, Jack D.	Indianapolis	Marion
Sun, Chen T.	Hebron	Porter
Surian, Michael A.	Bloomington	Owen-Monroe
Surratt, Mary Norris	Indianapolis	Marion
Sutton, William E.	Indianapolis	Marion
Suzuki, Tsutomu T.	Covington	Fountain-Warren
Swaim, J. Franklin	Rockville	Parke-Vermillion
Swan, John R.	Indianapolis	Marion
Swan, Robert E.	Evansville	Vanderburgh
Swank, Lucretia R.	Elkhart	Elkhart
Swearingen, Alfred G.	Fort Wayne	Allen
Sweeney, Robert M.	South Bend	St. Joseph
Sweet, Howard E.	Richmond	Wayne-Union
Swihart, Danny D.	Elkhart	Elkhart
Swihart, Homer R.	Elkhart	Elkhart
Swihart, John J.	Argos	Marshall
Symmes, Alfred T.	Indianapolis	Marion
Szumilas, Peter P.	Anderson	Madison
Szynal, John S.	Indianapolis	Marion

T

Tabaka, Francis B.	La Porte	La Porte
Talbert, Pierre C.	Bluffton	Wells
Talbott, Dan E.	Indianapolis	Marion
Tanner, Henry S.	Indianapolis	Marion
Tanrikulu, Oran	Hammond	Lake
Taraba, Ralph W.	Bloomington	Owen-Monroe
Tate, Elizabeth	Dunkirk	Jay
Tate, James	Kokomo	Howard
Taube, Jack I.	Indianapolis	Marion
Tavel, Morton E.	Indianapolis	Marion
Taylor, Clifford C.	Indianapolis	Marion
Taylor, Donald R.	Muncie	Delaware-Blackford
Taylor, Everett C.	Upland	Grant
Taylor, Frederic W.	Indianapolis	Marion
Taylor, James A.	Anderson	Madison
Taylor, John R.	Palestine, Ill.	Sullivan
Taylor, M. Reed, Jr.	Howe	LaGrange
Taylor, Robert G.	Fort Wayne	Allen
Taylor, Willis D.	Indianapolis	Marion
Teaboldt, George A., Jr.	Logansport	Cass
Teague, Frank W.	Indianapolis	Marion
Teal, Dorothy D. (S)	Columbus	Bartholomew-Brown
Teegarden, Joseph A., Jr.	East Chicago	Lake
Teixler, Victor A.	Indianapolis	Marion
Templeton, Ames R.	Mishawaka	St. Joseph
Templeton, Ian S.	Indianapolis	Jackson-Jennings
Templer, Jerry W.	St. Ann, Mo.	Marion
Templin, David B.	Lowell	Lake
Tennant, David L.	Fort Wayne	Allen
Tepfer, Milton	Beech Grove	Marion
Teplinsky, Louis L.	East Chicago	Lake
TerBush, Edward L.	Logansport	Cass
Terrill, Richard W.	Fort Wayne	Allen
Terry, Lloyd S.	Danville	Hendricks
Terry, Robert H.	Boonville	Warrick
Test, Charles E.	Indianapolis	Marion
Teter, George V.	Indianapolis	Marion

Name	City	County
Teters, Melvin S. (S)	Middlebury	Elkhart
Tether, Joseph E.	Indianapolis	Marion
Tetrick, Lain	Portage	Porter
Tharp, Donald W.	Muncie	Delaware-Blackford
Tharp, John D.	Muncie	Delaware-Blackford
Tharpe, Ray G.	Indianapolis	Marion
Thatcher, Hugh K., Jr.	Indianapolis	Marion
Thayer, Benet W.	North Vernon	Jackson-Jennings
Theobald, Sterling	Jersey Shore, Pa.	Lake
Thoman, Rex L.	Indianapolis	Marion
Thomas, Andrew C.	Hobart	Lake
Thomas, Charles R.	Indianapolis	Marion
Thomas, Daniel D.	Gary	Lake
Thomas, E. Paul	Indianapolis	Marion
Thomas, Everett W.	Warsaw	Kosciusko
Thomas, Fred A.	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake
Thomas, Lowell I.	Indianapolis	Marion
Thomas, Michael H.	Indianapolis	Marion
Thomas, Morris E.	Indianapolis	Marion
Thompson, Alfred A. (S)	Tyner	Marshall
Thompson, B. Jay	Marion	Grant
Thompson, Claude N.	Waynetown	Montgomery
Thompson, Frank M.	Columbia City	Whitley
Thompson, John M.	South Bend	St. Joseph
Thompson, John V.	Indianapolis	Marion
Thompson, Joseph F.	Indianapolis	Marion
Thompson, Lewis W.	Indianapolis	Marion
Thompson, Paul D.	Indianapolis	Marion
Thompson, Robert A.	South Bend	St. Joseph
Thompson, Samuel R.	Marion	Grant
Thompson, Walter T.	Jeffersonville	Clark
Thompson, Wayne H.	Indianapolis	Marion
Thompson, Wm. R.	Winamac	Pulaski
Thornton, Harold C.	Indianapolis	Marion
Thornton, Maurice J. (S)	South Bend	St. Joseph
Throop, Frank B.	Indianapolis	Marion
Thurston, Floyd E.	Greenwood	Johnson
Ticsay, Bienvenido V.	Michigan City	LaPorte
Tierney, William J.	Anderson	Madison
Tignor, Sterling P.	Kokomo	Howard
Tilden, Margaret H.	Evansville	Vanderburgh
Tiley, George A.	Greenwood	Johnson
Tilka, Edward C.	Hammond	Lake
Tindall, George T.	Indianapolis	Marion
Tindall, William R.	Shelbyville	Shelby
Tinsley, Frank W.	Indianapolis	Marion
Tinsley, Walter B. (S)	Indianapolis	Marion
Tinsley, Walter B., Jr.	Indianapolis	Marion
Tipton, William R.	Greencastle	Putnam
Tirman, Wallace S.	South Bend	St. Joseph
Tischer, E. Paul	Richland Center, Wis.	Marion
Tisserand, John B., Jr.	Evansville	Vanderburgh
Todd, David D. (S)	LaJolla, Calif.	Elkhart
Tofaute, John L.	Kokomo	Howard
Tomak, Milton E.	Linton	Greene
Tomlin, Hugh M.	Muncie	Delaware-Blackford
Tomusk, August N.	Fort Wayne	Allen
Tondra, John M.	Indianapolis	Marion
Topolgus, James N.	Bloomington	Owen-Monroe
Topping, Malachi C.	Terre Haute	Vigo
Torrella, Jose A.	Indianapolis	Marion
Torres, Jose	Jeffersonville	Clark
Toumey, Fred L.	Indianapolis	Marion
Toussaint, Linnie F.	Chicago, Ill.	Lake
Tower, James H., Jr.	Shelbyville	Shelby
Tower, Thomas K.	Campbellsburg	Washington
Towles, Jeff H.	Fort Wayne	Allen
Townley, Normand T.	Indianapolis	Marion
Trachtenberg, Lee	Munster	Lake
Tranter, William F.	Ft. Myers, Fla.	Tipton
Treon, James F. (S)	Aurora	Dearborn-Ohio
Trepagnier, Francis B.	East Chicago	Lake
Trier, Herbert P.	Fort Wayne	Allen
Trimble, John G.	Kokomo	Howard
Troeger, Thomas A.	South Bend	St. Joseph
Trout, Carl J.	Lafayette	Tippecanoe
Trout, David J.	Lafayette	Tippecanoe
Troy, Jack M.	Hammond	Lake
Troyer, Dana O.	Goshen	Elkhart
Troyer, Marlin L.	South Bend	St. Joseph
Trudgen, Spencer F.	Indianapolis	Marion
Trusler, H. Marshall	Indianapolis	Marion
Trusler, Harold M. (S)	Temple, Texas	Marion
Tubbs, George R. (S)	Lafayette	Tippecanoe
Tuchman, Joseph H.	Indianapolis	Marion
Tucker, Warren S.	Indianapolis	Marion
Tufekcioglu, Erdogan	Valparaiso	Porter
Tuholski, James M.	Evansville	Vanderburgh
Tunnell, Harry D. III	Fort Wayne	Allen
Turgi, Robert W.	Gary	Lake
Turley, Verne L. (S)	Fowler	Benton
Turner, Anna Goss	Madison	Jefferson-Switzerland
Turner, Harold B. (S)	Bloomfield	Greene
Turner, Isabel B.	Evansville	Vanderburgh
Turner, John P.	Goshen	Elkhart
Turner, Maurice A.	Martinsville	Morgan
Tutunji, Nermin D.	South Bend	St. Joseph
Tweedall, Daniel C.	Evansville	Vanderburgh
Tyler, Edward A.	Indianapolis	Marion
Tyler, Frank T. (S)	New Albany	Floyd
Tyner, Harlan H.	Indianapolis	Marion
Tyrrell, Joseph J.	Calumet City, Ill.	Lake
Tyrrell, Thomas C.	Calumet City, Ill.	Lake

U

Ullom, Ralph B.	Indianapolis	Marion
Ulrey, Robert P.	Evansville	Vanderburgh
Underwood, George M.	Lafayette	Tippecanoe
Ungemach, Willo F.	Fort Wayne	Allen
Urbanski, Walter P.	Highland	Lake
Urruti, Arnoldo H.	South Bend	St. Joseph

V

Vagner, S. Bernard	South Bend	St. Joseph
Valderrama, Hugo	Munster	Lake
Valencia, Monico	East Gary	Lake
Valenzuela, Roberto D.	Gary	Lake
Valenzuela, Sofia S.	Gary	Lake
Valle, Santiago	Evansville	Vanderburgh
Van Bokkelen, Robert W.	Mooresville	Morgan
Van Buskirk, Edmund L.	Lafayette	Tippecanoe
Vance, William C.	Terre Haute	Vigo
Van Denbark, Howard M.	Kokomo	Howard
Van Den Bosch, Wallace R.	Lafayette	Tippecanoe
Vandertoll, Donald	Munster	Lake
Vandivier, James M.	Indianapolis	Marion
Vandivier, Robert M.	Indianapolis	Marion
Van Dorn, Myron J.	Indianapolis	Marion
Van Fleet, Josephine	Indianapolis	Marion
Van Fleit, William E.	South Bend	St. Joseph
Van Kirk, John R.	W. Lafayette	Tippecanoe
Van Meter, C. Powell	Indianapolis	Marion
Van Ness, William C.	Summitville	Madison
Van Tassel, Charles J.	Indianapolis	Marion
Van Vactor, Helen D.	Indianapolis	Marion
Van Wienen, John	Martinsville	Morgan
Vaughn, Walter R.	Vincennes	Knox

Name	City	County
Veach, Lester W. (S)	Bainbridge	Putnam
Veach, Richard L.	Bainbridge	Putnam
Veach, William L.	Terre Haute	Vigo
Vellios, Frank	Cleveland, Ohio	Marion
Venables, Albert J.	Evansville	Vanderburgh
Vergara, Abelardo	Highland	Lake
Vermilya, Robert W.	Lafayette	Tippecanoe
Viehe, Robert W. (S)	Evansville	Vanderburgh
Viera, Thomas J.	Coatesville	Putnam
Vietzke, Paul C. F.	Valparaiso	Porter
Vincent, William A.	Evansville	Vanderburgh
Viney, Charles L.	Logansport	Cass
Vingis, Bronie A.	Greenfield	Hancock
Viray, Victoriano G.	Crawfordsville	Montgomery
Visher, John W. (S)	Evansville	Vanderburgh
Vitacca, Rocco J.	Munster	Lake
Vivian, Donald E.	New Castle	Henry
Vlaskamp, Elaine	Muncie	Delaware-Blackford
Vogel, John L.	Columbia City	Whitley
Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Vogel, L. John	Mount Vernon	Posey
Voges, Edward C.	Terre Haute	Vigo
Volan, George J.	Gary	Lake
Vollrath, Victor J.	Indianapolis	Marion
von Asch, George	La Porte	La Porte
von der Lieth, Wm. C.	Vincennes	Knox
Von Der Haar, Gerard	Indianapolis	Marion
VonderHaar, Thomas E.	Evansville	Vanderburgh
Voorhees, Robert J.	Fort Wayne	Allen
Voorhies, McKinley	Gary	Lake
Vore, Hugh A. (S)	Warsaw	Lake
Vore, Louring W.	Plymouth	Marshall
Vore, Robert E.	Indianapolis	Marion
Vormohr, Joseph F.	Portland	Jay
Voskuhl, William L.	Charlestown	Clark
Voss, Gert	Muncie	Delaware-Blackford
Voyles, Harry E. (S)	New Albany	Floyd

W

Wachob, Tom W., Jr.	Kokomo	Howard
Wack, James E.	South Bend	St. Joseph
Wade, Reynolds W.	New Haven	Allen
Wagner, Anabel R.	Lafayette	Tippecanoe
Wagner, Arthur L.	Jasper	Dubois
Wagner, David G.	Goshen	Elkhart
Wagner, Lindley H.	Lafayette	Tippecanoe
Wagner, Richard	Huntington	Huntington
Wagner, Virginia M.	Indianapolis	Marion
Wagoner, B. D.	Union City	Randolph
Wagoner, Don J.	Burlington	Carroll
Wagoner, George W.	Delphi	Carroll
Wagoner, John R.	Anderson	Madison
Wagoner, Marilyn L.	Burlington	Carroll
Waife, S. O.	Indianapolis	Marion
Wainscott, Clinton S., Jr.	Indianapolis	Marion
Wait, Jerome H.	Columbia City	Whitley
Wait, Raymond B.	Evansville	Vanderburgh
Waits, Chester L.	Lafayette	Tippecanoe
Waitt, Paul	Noblesville	Hamilton
Waldo, Guy H.	Bedford	Lawrence
Walerko, Frank M.	St. Paul, Minn.	St. Joseph
Walker, Adolph P.	East Chicago	Lake
Walker, Edwin M., Jr.	South Bend	St. Joseph
Walker, Floyd B.	Fort Wayne	Allen
Walker, Jack M.	Muncie	Delaware-Blackford
Walker, Robert M.	Rhodesia, Africa	Marion
Walker, Thomas M.	Brownsburg	Hendricks
Wallace, Collins R.	Fort Wayne	Allen
Wallace, Elmer L.	New Albany	Floyd
Wallace, Hawthorne C. (S)	Crawfordsville	Montgomery
Walter, Paul A. F. III	Evansville	Vanderburgh
Walter, Robert F.	Evansville	Vanderburgh
Walters, Charles E.	Mishawaka	St. Joseph
Walters, Jack L.	Franklin	Johnson
Walters, William H.	Michigan City	La Porte
Walther, Joseph E.	Indianapolis	Marion
Walton, F. Richard	Rochester	Fulton
Walton, R. Lee	Marion	Grant
Walton, William M.	Indianapolis	Marion
Wambo, John M.	Orange, Calif.	Wayne-Union
Wang, Tieh C.	East Chicago	Lake
Warbinton, Fred P.	Plainfield	Hendricks
Ward, Gerald F.	Fort Wayne	Allen
Ward, James W.	South Bend	St. Joseph
Ward, Robert A.	Tell City	Perry
Ward, Wesley C.	Indianapolis	Marion
Ware, John R.	Russiaville	Howard
Warfield, Chester H.	Fort Wayne	Allen
Warman, Alvah P. (S)	Indianapolis	Marion
Warn, William J.	Milan	Ripley
Warneke, Charles H.	Indianapolis	Marion
Warner, Charles L.	Evansville	Vanderburgh
Warren, Carroll B.	Marion	Grant
Warren, Robert J.	Richmond	Wayne-Union
Warrick, Francis B.	Richmond	Wayne-Union
Warrick, Homer L.	Osceola	St. Joseph
Warriner, James B.	Indianapolis	Marion
Warvel, John H., Jr.	Indianapolis	Marion
Washington, Wilbert	Indianapolis	Marion
Wass, Robert W.	Bloomington	Owen-Monroe
Watterson, Gerald T.	Connersville	Fayette-Franklin
Way, James A.	Bloomington	Owen-Monroe
Waymire, William M.	Franklin	Johnson
Weaver, Dorothy E.	Indianapolis	Marion
Webb, Donald W.	Indianapolis	Marion
Webb, Harry D.	Anderson	Madison
Webb, Lawrence C.	Dana	Parke-Vermillion
Weber, Edgar H.	Evansville	Vanderburgh
Weber, John R.	Fort Wayne	Allen
Weber, Joseph G. S.	Terre Haute	Vigo
Webster, Paul L.	Lafayette	Tippecanoe
Webster, Robert K.	Brazil	Clay
Weddle, Chas. O.	Lebanon	Boone
Weeks, Patrick H. (S)	Michigan City	La Porte
Weems, Mallory P.	Jeffersonville	Clark
Weida, Jerry M.	Lafayette	Tippecanoe
Weigand, Clayton G.	Indianapolis	Marion
Weinbaum, Jack G.	Terre Haute	Vigo
Weinberg, Benjamin A.	Whiting	Lake
Weinberg, Samuel	Marion	Grant
Weinberger, Myron H.	Palo Alto, Calif.	Marion
Weinland, George C.	Columbus	Bartholomew-Brown
Weinstock, Adolph	Rolling Prairie	La Porte
Weirich, Charles I.	Butler	De Kalb
Weisenberger, Brockton L.	Columbus	Bartholomew-Brown
Weiskopf, Henry S.	Gary	Lake
Weisner, Richard M.	Eaton	Delaware-Blackford
Weiss, Albert E.	Michigan City	La Porte
Weiss, Eugene	South Bend	St. Joseph
Weiss, Louis L.	Anderson	Madison
Weissman, Charles G.	Hammond	Lake
Weitemier, Raymond A.	Richmond	Wayne-Union
Weitzel, Roland E.	Princeton	Gibson
Welborn, Mell B.	Evansville	Vanderburgh
Welch, Norbert M.	Vincennes	Knox
Weldy, Bryce P.	Hartford City	Delaware-Blackford

Name	City	County
Weller, Ralph D.	Rossville	Clinton
Weller, Wendell A.	Lafayette	Tippecanoe
Wells, William R.	Princeton	Gibson
Wenger, James E.	Nappanee	Elkhart
Weninger, Donald L.	Indianapolis	Marion
Wenzler, Paul J.	Bloomington	Owen-Monroe
Werry, Leslie E. (S)	Hartford City	Delaware-Blackford
Wertenberger, Morris D.	Richmond	Wayne-Union
Wesemann, Merrill M.	Franklin	Johnson
West, Joseph L.	Indianapolis	Marion
West, Roger F.	Terre Haute	Vigo
Westerman, Richard L.	Zionsville	Vanderburgh
Westfall, B. Kemper	Indianapolis	Marion
Westfall, George S.	Goshen	Elkhart
Westhaysen, Peter V.	Munster	Lake
Wharton, Russell O. (S)	Gary	Lake
Wheeler, Barth E.	Huntington	Huntington
Wheeler, Byron C.	Terre Haute	Vigo
Wheeler, David E.	Indianapolis	Marion
Whitaker, Jack D.	Anderson	Madison
Whitcomb, Roger F.	Shelbyville	Shelby
White, Donald G.	South Bend	St. Joseph
White, Donald J.	Indianapolis	Marion
White, Douglas H.	Indianapolis	Marion
White, Gene A.	Indianapolis	Marion
White, Gilbert H., Jr.	Hammond	Lake
White, Harvey E.	Farmland	Randolph
White, John B., Jr.	Indianapolis	Marion
White, John P., Jr.	Bloomington	Owen-Monroe
Whitlock, Coleman M., Jr.	Elkhart	Elkhart
Whitlock, Merle E.	Mishawaka	St. Joseph
Wiatt, Leonard H.	Knightstown	Henry
Wick, Alfred A.	Fort Wayne	Allen
Wickstrom, Otto W., Jr.	Columbus	Bartholomew-Brown
Wickstrom, Otto W.	Columbus	Bartholomew-Brown
Widdifield, G. E.	Indianapolis	Marion
Wierzalis, Edward F.	Fort Wayne	Allen
Wiethoff, Clifford A.	Seymour	Jackson-Jennings
Wigh, Russell	Columbus	Bartholomew-Brown
Wigutow, Marcus	Gary	Lake
Wiland, Olin K.	Richmond	Wayne-Union
Wilbrandt, Hans R.	Indianapolis	Marion
Wilder, Gordon B. (S)	Anderson	Madison
Wilhelm, Agatha M.	South Bend	St. Joseph
Wilhelm, Guido P.	New Castle	Henry
Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Wilhelmus, Kenneth	Evansville	Vanderburgh
Wilkens, Irvin W.	Indianapolis	Marion
Willan, Horace R. (S)	Martinsville	Morgan
Willard, Richard	Bluffton	Wells
Willardo, Albert T.	Hammond	Lake
Williams, Alexander S.	Gary	Lake
Williams, Berniece M.	Fort Wayne	Allen
Williams, Carl N.	Gary	Lake
Williams, Earl K.	Logansport	Clinton
Williams, Edwin D.	Gary	Lake
Williams, Everett W.	Columbus	Bartholomew-Brown
Williams, Fielding P.	Huntingburg	Dubois
Williams, Francis M.	Anderson	Madison
Williams, Fred R.	Gary	Lake
Williams, Harold W.	Indianapolis	Marion
Williams, Howard S.	Indianapolis	Marion
Williams, Hugh L.	Indianapolis	Marion
Williams, Jack O.	Evansville	Vanderburgh
Williams, Paul A.	Rensselaer	Jasper
Williams, Paul D.	Indianapolis	Marion
Williams, Robert D.	Anderson	Madison
Williams, Robert H.	Anderson	Madison
Willis, Charles F.	Evansville	Vanderburgh
Willis, Robert L., Jr.	Fort Wayne	Allen
Willison, George W.	Evansville	Vanderburgh
Willner, Alan	Clarksville	Clark
Wills, Max	Auburn	De Kalb
Wilson, David	Evansville	Vanderburgh
Wilson, Douglas J.	Mishawaka	St. Joseph
Wilson, Fred L.	Terre Haute	Vigo
Wilson, Fred M.	Indianapolis	Marion
Wilson, James M.	South Bend	St. Joseph
Wilson, John	Columbia City	Whitley
Wilson, John D.	Evansville	Vanderburgh
Wilson, Ned A.	Marion	Grant
Wilson, Norman J.	Crown Point	Lake
Wilson, Norman K.	Kokomo	Howard
Wilson, Oliver R.	Morgantown	Morgan
Wilson, Orley E.	Elkhart	Elkhart
Wilson, Paul H.	Logansport	Cass
Wilson, Ralph	Evansville	Vanderburgh
Wilson, Roland B.	Fort Wayne	Allen
Wilson, Wymond B.	Mentone	Kosciusko
Wimmer, Robert N. (S)	Michigan City	Lake
Win, Tun	Terre Haute	Vigo
Wince, Leland L.	Muncie	Delaware-Blackford
Wind, Joseph L.	South Bend	St. Joseph
Winklepleck, A. M.	Connersville	Fayette-Franklin
Winter, William P.	Martinsville	Morgan
Winters, Peter L.	Philadelphia, Pa.	Marion
Wirey, Harold R.	Indianapolis	Marion
Wise, Charles L.	Camden	Carroll
Wise, William R.	Indianapolis	Marion
Wiseman, V. Earle (S)	Greencastle	Putnam
Wishard, Wm. N., Jr.	Indianapolis	Marion
Witt, William R.	Jeffersonville	Clark
Wixted, John F.	South Bend	St. Joseph
Wixted, Julia L.	South Bend	St. Joseph
Woerner, Thomas E.	Indianapolis	Marion
Wohlfeld, Julius B.	Bedford	Lawrence
Wojcik, Ladislas D.	Marion	Grant
Wolf, Harry C.	Indianapolis	Marion
Wolf, William E.	La Porte	La Porte
Wolfe, Morton F.	New Albany	Floyd
Wolfe, Nelson A.	New Albany	Floyd
Wolfram, Don J.	Indianapolis	Marion
Wolverton, George M.	Clarksville	Clark
Woner, John W.	Linton	Greene
Wong, Norman F.	Lafayette	Tippecanoe
Wong, Samuel N.	Hammond	Lake
Wood, Donald E.	Indianapolis	Marion
Wood, Opal L.	Brazil	Clay
Woodall, Robert L.	Washington	Vanderburgh
Woodard, Abram S., Jr.	Indianapolis	Marion
Woodbury, Clarence R.	Anderson	Madison
Wooden, Thomas F.	Munster	Lake
Woods, Arba L. (S)	Evansville	Posey
Woodward, Ben E.	Evansville	Vanderburgh
Woodward, William M.	Gary	Lake
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Work, Bruce A., Jr.	Ann Arbor, Mich.	Clinton
Work, Bruce A.	Frankfort	Clinton
Worley, Henry L.	New Albany	Floyd
Worley, Joseph P.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Wray, James B.	Indianapolis	Marion
Wrege, Malcolm L.	Indianapolis	Marion
Wright, Cecil S. (S)	Anderson	Madison
Wright, James J.	Indianapolis	Marion
Wright, J. Wm., Jr.	Indianapolis	Marion
Wright, Wm. C. (S)	Fort Wayne	Allen
Wu, Stewart	Valparaiso	Porter
Wunsch, Charles M.	Indianapolis	Marion
Wurster, Herbert C.	Mishawaka	St. Joseph

Name	City	County
Wyatt, James L., III	Fort Wayne	Allen
Wylie, Robert R.	Hobart	Lake
Wynegar, David E.	Richmond	Wayne-Union
Wyttenbach, John E.	Indianapolis	Marion

Y

Yacko, Michael L.	Indianapolis	Marion
Yale, Charles A.	Fairmount	Grant
Yanson, Mannfredo R. S.	Oxnard, Calif.	Lake
Yarling, John L.	Muncie	Delaware-Blackford
Yast, Charles J.	Gary	Lake
Yates, Donald L.	Terre Haute	Vigo
Yegerlehner, Roscoe S.	W. Lafayette	Tippecanoe
Yingling, Robert J.	Indianapolis	Marion
Yocum, Paul S., Sr.	Coral Gables, Fla.	Steuben
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Carl J.	Middlebury	Elkhart
Yoder, Dewey D. (S)	Pierceton	Whitley
Yoder, Johnathan G.	Middlebury	Elkhart
Yoder, Richard P.	Bluffton	Wells
Young, C. Curtis, Jr.	Evansville	Vanderburgh
Young, Don J.	Indianapolis	Marion
Young, George M.	Gary	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, John E.	Indianapolis	Marion
Young, John M.	Indianapolis	Marion
Young, John T.	Indianapolis	Marion
Young, Joseph W.	Greenwood	Johnson
Young, Ralph H.	Goshen	Elkhart
Young, Robert G.	Marion	Grant
Young, Robert L.	Gary	Lake
Youngs, Paul E.	New Albany	Floyd
Yunker, Philip E.	Howe	LaGrange

Z

Zahrt, Frank H.	LaPorte	LaPorte
Zalac, Donald A.	Michigan City	La Porte
Zallen, Stanley G.	Hammond	Lake
Zaring, Byron K.	Columbus	Bartholomew-Brown
Zehr, Noah (S)	Fort Wayne	Allen
Zeier, Francis G.	Evansville	Vanderburgh
Zeiger, Irvin L.	South Bend	St. Joseph
Zeitler, Philip S.	Elkhart	Elkhart
Zell, Evertson H.	Indianapolis	Marion
Zeman, Ruth E.	Indianapolis	Marion
Zerfas, Charles P. A.	Beech Grove	Marion
Zerfas, Phyllis K.	Indianapolis	Marion
Zimmer, Henry J.	Mishawaka	St. Joseph
Zimmerman, Harold	Evansville	Vanderburgh
Zimmerman, Wm. H.	Syracuse	Elkhart
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziperman, H. Haskell	Canal Zone	Marion
Ziss, Robert C.	Evansville	Vanderburgh
Zivich, John M.	East Chicago	Lake
Zore, Joseph J.	Richmond	Wayne-Union
Zucker, Edward	Gary	Lake
Zunker, Heinz O. H.	Evansville	Vanderburgh
Zweig, Elmer S.	Fort Wayne	Allen
Zwerner, Paul F.	Terre Haute	Vigo
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Evansville	Vanderburgh
Zydlo, Stanley M.	Wabash	Wabash

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the county medical society in which they hold membership.

(Paid-up members of the Indiana State Medical Association as of May 1, 1969.)

ADAMS COUNTY

Graber, Martin J. 101 N. 17th Ave., Beech Grove (46107)

Berne

(*Zip Code* 46711)

Beaver, Norman E. 165 W. Water St.
Boze, Robert L. 265 W. Water St.
Dester, Herbert E. (S).....424 Compromise St.

Decatur

(*Zip Code* 46733)

Burk, James M.....115 N. Third St.
Carroll, John C.....226 S. Second St.
Doan, John E. 222 S. Second St.
Freeby, C. William.....227 S. Second St.
Girod, Arthur H.....203 N. 12th St.
Kohne, Gerald J.....134 S. Third St.
Parrish, Richard K.....238 S. Second St.
Reppert, Roland L.....222 S. Second St.
Rich, Norval S.....415 W. Madison
Zwick, Harold F.....227 S. Second St.

ALLEN COUNTY

Silvero, Hubert L.
225 N. Main St., Churubusco (46723)

Fort Wayne

(*Zip Code* 468 *plus zone number*).

A

Acker, Herbert K.....3610 Brooklyn Ave. (07)
Adams, E. Wade.....3124 E. State Blvd. (05)
Ahlbrand, Roland C.....4233 E. State St. (05)
Aiken, Arthur F.....3010 E. State Blvd. (05)
Aiken, Nevin E.....3010 E. State Blvd. (05)
Aldred, Allen W.....3024 Fairfield Ave. (07)
Anderson, Ernest....4349 S. Anthony Blvd. (06)
Anderson, Garland D.....5110 N. Clinton (05)
Andrew, Jerald L....5717 S. Anthony Blvd. (06)
Arata, James A.....2802 E. State Blvd. (05)
Arata, Justin E.....3124 E. State Blvd. (05)
Ashman, William C...2902 S. Fairfield Ave. (07)
Aust, Charles H.....Lutheran Hospital (07)

B

Bahr, Robert E.....3217 Lake Ave. (05)
Bailey, Paul P. (S).206 Medical Center Bldg. (02)
Ball, John R....Three Rivers East, Suite 108 (02)
Ball, Margaret Jane....4112 S. Harrison St. (07)
Baltes, Joseph H.....821 Broadway (02)
Barch, John W.....1301 S. Harrison St. (02)
Bash, Wallace E.....2902 Fairfield Ave. (07)
Baumgartner, Jeraldine.515½ W. Wayne St. (02)
Beams, Ralph H...715 Medical Center Bldg. (02)
Beierlein, Karl M.....3124 E. State Blvd. (05)
Beights, Raymond S.....3310 E. State Blvd. (05)
Bergendahl, Emil H.
102 Medical Center Bldg. (02)
Berghoff, James R.....3702 Rupp Dr. (05)
Beutler, Theodore V.....527 W. Berry St. (02)
Billingsley, John S.....2902 Fairfield Ave. (07)
Bixler, James A.....3124 E. State Blvd. (05)
Blichert, Peter A.
Three Rivers North, Suite 108 (02)
Bollheimer, Don A...623 Medical Center Bldg. (02)
Bossard, John W...111 Medical Center Bldg. (02)
Bower, Richard E.....3610 Brooklyn Ave. (07)
Bowers, Gah T.....3000 Circumurban Blvd. (05)
Bowers, George W.....2902 Fairfield Ave. (07)
Bowers, Jesse W. (S).....418 Gettle Bldg. (02)
Brandt, William E.....618 W. Berry St. (02)
Braunlin, Earl A.....5010 Riviera Ct. (05)
Braunlin, Robert J.....5110 N. Clinton (05)
Bridges, William L..520 Medical Center Bldg. (02)
Bromley, Luman W.....2730 E. State Blvd. (05)
Brosius, Robert H. W.....1603 Wells St. (08)
Brown, Frederic W.....2609 Fairfield Ave. (07)
Brown, Garland R.....5522 Hamilton Rd. (09)
Brucker, Perry A.
Three Rivers East, Suite 107 (02)
Bryan, Franklin A...700 Indiana Bank Bldg. (02)
Buckner, George D.....1003 Fulton St. (02)

C

Carlo, Ernest R. (S).....5205 Indiana Ave. (07)
Chambers, Alan R.
Three Rivers East, Suite 103 (02)
Chan, John T.....2330 Beacon St. (05)
Chase, James A.....1635 Broadway (04)
Clark, William R.....3622 S. Calhoun St. (07)
Clark, William R., Jr.....710 W. Wayne St. (04)
Close, Frederick W.....3024 Fairfield Ave. (07)
Cochran, Harry A., Jr...1301 S. Harrison St. (02)
Conley, John E. (S).....620 W. Berry St. (02)
Connelly, Jerry H.....3217 Lake Ave. (05)
Connelly, Richard D.....3217 Lake Ave. (05)
Cooney, Charles J.....527 W. Berry St. (02)
Cottrell, Robert F.
Indiana Bank Bldg., Suite 725 (02)
Craig, Richard M.....2902 Fairfield Ave. (07)
Cuff, Steve C. 700 W. Berry St. (02)
Culp, John E.....2902 Fairfield Ave. (07)

D

Datzman, Richard C.
520 Medical Center Bldg. (02)
Dauscher, Dean D....5717 S. Anthony Blvd. (06)
Davidoff, Manuel A.....3610 Brooklyn Ave. (07)
Donesa, Antonio B.....534 W. Berry St. (02)
Dunstone, H. Carter
Three Rivers East, Suite 105 (02)

E

Elston, Lynn W. (S)....7716 S. Hanna St. (06)
Elston, Ralph W. (S).....2305 Randall Rd. (04)

F

Farquhar, John S., Jr...3610 Brooklyn Ave. (07)
Ferguson, Arthur N. (S)..2902 Fairfield Ave. (07)
Fiacable, Joseph P...227 E. Washington Blvd. (02)
Fichman, Abraham M.....323 W. Berry St. (02)
Flaherty, Robert A.....2902 Fairfield Ave. (07)
Foy, Thomas D.....1104 W. State Blvd. (08)
Franke, Gordon R.....3010 E. State Blvd. (05)
Frankhouser, C. M. A., Jr.
519 Medical Center Bldg. (02)
Fullam, Richard G.
Indiana Bank Bldg., Suite 725 (02)

G

Garton, Harry W. (S)
3603 W. Hamilton Rd., R. R. 6 (04)
Gastineau, David C.
520 Medical Center Bldg. (02)
Gentile, Jonathan Paul.....5110 N. Clinton (05)
Gerding, William J.....5110 N. Clinton (05)
Giffin, Charles S...102 Medical Center Bldg. (02)
Gladstone, Naf H.....335 W. Berry St. (02)
Glassley, Stephen H.....3010 E. State Blvd. (05)

Glock, Maurice E...229 Medical Center Bldg. (02)
Glock, Steven R.....3124 E. State Blvd. (05)
Glock, Wayne R.....2609 Fairfield Ave. (07)
Goebel, Carl W.....327 W. Creighton Ave. (07)
Gould, John C.....2424 Fairfield Ave. (07)
Graham, George M.....1301 S. Harrison St. (02)
Graham, James C.....1834 S. Lafayette (03)
Green, Robert F.....614 W. Berry St. (02)
Greenlee, Robert L...227 E. Washington St. (02)
Griest, Walter D.....3024 Fairfield Ave. (04)
Griffith, Harold R..520 Medical Center Bldg. (02)
Gumbert, Jack L.....5010 Riviera Ct. (05)

H

Hackett, Walter G...6028 U. Huntington Rd. (04)
Haffner, Herman G.....202 E. Jefferson St. (02)
Halaby, Fouad A.....700 W. Berry St. (02)
Haley, Alvin J.....3217 Lake Ave. (05)
Hall, William R.
Indiana Bank Bldg., Suite 725 (02)
Haller, Richard C.....3124 E. State Blvd. (05)
Hamilton, Emory D.
Indiana Bank Bldg., Suite 725 (02)
Hamilton, George M.....3124 E. State Blvd. (05)
Hasewinkle, August M...2828 E. State Blvd. (05)
Hastings, Warren C.....2120 Carew St. (05)
Hattendorf, Anton P.
716 Medical Center Bldg. (02)
Havens, Russell E..228 Medical Center Bldg. (02)
Helmer, Fredric A.
Three Rivers East, Suite 107 (02)
Herendeen, Thomas L....3124 E. State Blvd. (05)
Hershberger, Philip G..2609 Fairfield Ave. (07)
Hickman, Donald M.....3217 Lake Ave. (05)
Hillery, Robert L.....5110 N. Clinton (05)
Hipskind, Richard E....123 W. Rudisill Blvd. (07)
Hoffman, Arthur F.
Three Rivers North, Suite 105 (02)
Holsinger, Robert E.....347 W. Berry St. (02)
Hoover, Joseph R.....3610 Brooklyn Ave. (07)
Howe, Fordyce L.....1525 Oxford St. (06)
Hull, DeWayne L.
Three Rivers East, Suite 107 (02)

I

Irmscher, George W...1417 N. Anthony Blvd. (05)
Irmscher, Jane M.....2024 Florida Dr. (05)
Isenogle, Kenneth F.....3124 E. State Blvd. (05)

J

Jackson, John F.....5315 Cloverbrook Dr. (06)
Johnston, Richard M.....2330 Beacon St. (05)
Jontz, Joe G.....3124 E. State Blvd. (05)
Jontz, Richard L...520 Medical Center Bldg. (02)
Juergens, Richard B.....1724 Prairie Lane (08)
Jurgensen, Walter T.....3610 Brooklyn Ave. (07)

K

Karol, Herbert J.
Three Rivers East, Suite 103 (02)
Kaufman, Julian R.....3124 E. State Blvd. (05)
Keck, Carleton A.....2902 Fairfield Ave. (07)
Kent, Richard N...327 Medical Center Bldg. (02)
Keyes, Robert C.....131 E. Tillman Rd. (06)
Kidder, Orva T.....Irene Byron Hospital (08)
Kilgore, Byron
Three Rivers East, Suite 106 (02)
Kimbrough, Robert F...2730 E. State Blvd. (05)
Kleifgen, William A.....446 W. Pontiac St. (07)
Kleopfer, Ronald G.....3124 E. State Blvd. (05)
Klooze, Kenneth W.....3610 Brooklyn Ave. (07)
Knight, Lewis W.....3124 E. State Blvd. (05)
Knote, John A.....520 Medical Center Bldg. (02)
Krueger, John E.....5717 S. Anthony Blvd. (06)
Kruse, Walter E. (S).....410 McKinnie (06)

L

Ladig, Donald S.....337 E. Berry St. (02)
Laker, Gene C.....2407 Fairoak Dr. (07)
Laker, Richard J.....2407 Fairoak Dr. (07)
Lampe, Elfred H.....2902 Fairfield Ave. (07)
Laycock, Richard M.....6642 St. Joe Rd. (05)
Lee, John W.....3124 E. State Blvd. (05)
Leming, Ben L.....2902 Fairfield Ave. (07)
Lenk, George G.....1805 E. Washington St. (04)
Lloyd, Robert P.....723 Fulton St. (02)
Logan, Richard S.....3124 E. State Blvd. (05)
Lohman, Robert M.....4017 S. Wayne St. (06)
Lorman, James G...520 Medical Center Bldg. (02)
Loudermilk, Jack L..520 Medical Center Bldg. (02)
Luckey, James E.
Three Rivers North, Suite 105 (02)
Lyon, William C.....710 W. Wayne St. (04)
Lyster, Richard F.....4103 S. Calhoun St. (07)

M

McCallister, John W.....3124 E. State Blvd. (05)
McCoy, Roy R.....3701 S. Harrison St. (07)
McDowell, George A.
215 Medical Center Bldg. (02)
McEachern, Cecil G.....2424 Fairfield Ave. (07)
McKeeman, Donald H.....633 W. Wayne St. (02)
Mackel, Frederick O.....2609 Fairfield Ave. (07)
Mann, Richard E.....3124 E. State Blvd. (05)
Manning, George C.....534 W. Berry St. (02)
Marshall, Caesar L.....438 E. Lewis St. (02)
Mastrangelo, Michael J.
Three Rivers East, Suite 104 (02)
Mejia, Ivan.....2827 Westbrook Dr. (05)
Mensch, James R.....2120 Forest Park Blvd. (08)
Mercer, Samuel R...710 Medical Center Bldg. (02)
Meyer, Herman A.....1030 W. Wayne St. (04)
Meyer, Theodore O..622 Medical Center Bldg. (02)
Michaelis, Stephen C.....3610 Brooklyn Ave. (07)
Miller, Don E.....2902 Fairfield Ave. (07)
Miller, H. Paul.....2715 Broadway (07)
Miller, Orval J.....324 W. Berry St. (02)
Miller, Richard H.....511 W. Wayne St. (02)
Miller, Robert B.....3124 E. State Blvd. (05)
Miller, William J.....2902 Fairfield Ave. (07)
Moats, Carl F.....4007 W. Wayne St. (04)
Moats, George E. (S)
617 E. Washington St. (02)
Moeller, Victor C.....2424 Fairfield Ave. (07)
Morey, Edwin E.....2902 Fairfield Ave. (07)
Morgan, Milton M.....1147 S. Lafayette St. (02)
Mortenson, Leland J. (S)
3610 Brooklyn Ave. (07)
Mueller, Lawrence W.
533 W. Washington Blvd. (02)
Murdock, Harvey L. (S)
417 Medical Center Bldg. (02)

N-O

Nill, John H.....5717 S. Anthony Blvd. (06)
Nolan, Gerald R.....5717 S. Anthony Blvd. (06)
Oatman, Jack G.
Indiana Bank Bldg., Suite 710 (02)
O'Brian, John F.....3217 Lake Ave. (05)
O'Rourke, Carroll.....604 W. Berry St. (02)
Ortiz, Ramon.....3408 N. Anthony Blvd. (05)

P

Painter, Donald S...222 Medical Center Bldg. (02)
Pan, Charles C. M.....700 Broadway (02)
Pancner, Ronald J.
502 Medical Center Bldg. (02)
Parker, Carey B. (S)..1105 S. Harrison St. (02)
Parrot, Donald J.....810 W. State Blvd. (08)
Patterson, Jack W.....717 Broadway (02)
Pearson, Huey L.....2314 S. Hanna (03)
Perrin, Kermit F.....2701 S. Anthony Blvd. (06)
Perry, Frederic G.....2902 Fairfield Ave. (07)
Pickett, Merle E.
Indiana Bank Bldg., Suite 725 (02)
Popp, Milton F.....606 Medical Center Bldg. (02)
Powell, M. Jack.....700 Broadway (04)
Priddy, Marvin E.....5110 N. Clinton (05)

Q-R

Rank, William B.
Three Rivers North, Suite 107 (02)
Ransburg, Robert C.
519 Medical Center Bldg. (02)
Reed, John D.....3124 E. State Blvd. (05)
Reszel, Paul A.....3124 E. State Blvd. (05)
Rhee, Sang K.....3319 Cabot Lane (05)
Richards, Alan D.....5717 S. Anthony Blvd. (06)
Richardson, Joseph H...2828 E. State Blvd. (05)
Rissing, Walter J.....229 W. Berry St. (02)
Roser, Arthur J.....801 E. State Blvd. (05)
Rossiter, Dudley L. (S).3629 S. Harrison St. (07)
Rothberg, Maurice.....625 W. Berry St. (02)
Rousseau, John W.....3124 E. State Blvd. (05)

S

Safirstein, Moises.....2330 Beacon St. (05)
Sahlmann, Hans (S)....3418 S. Hanna St. (06)
Salon, Harry W.....535 W. Berry St. (02)
Salon, Joel W.....604 W. Wayne St. (02)
Salon, Nathan L. (S).....604 W. Wayne St. (02)
Santelices, Vivente B.....2330 Beacon St. (05)
Schaab, Eric.....131 E. Tillman Rd. (06)
Scheeringa, Ronald H....2902 Fairfield Ave. (07)
Schlademan, Karl R.
519 Medical Center Bldg. (02)
Schleinkofer, Robert M..2828 E. State Blvd. (05)
Schloss, Robert P.....5717 S. Anthony Blvd. (06)
Schmidt, Eugene E.
Indiana Bank Bldg., Suite 725 (02)
Schmoll, Robert J.....521 W. Wayne St. (02)
Schneider, Louis A.....700 Broadway (02)
Schoen, Frederic L...5717 S. Anthony Blvd. (06)
Schoenhals, Charles E.....5431 Vance Ave. (05)
Schubert, Jerome C.....5110 N. Clinton St. (05)
Schubert, Philip C.....6203 Plantation Lane (05)
Scott, H. Vaughn.....801 E. State Blvd. (05)
Scudder, James P.....3124 E. State Blvd. (05)
Senseny, Eugene F.....2902 Fairfield Ave. (07)
Shinabery, Lawerence
Three Rivers North, Suite 212 (02)
Short, John T. (S).....2908 Shawnee Dr. (07)
Shugart, Robert R.....2609 Fairfield Ave. (07)
Sidel, Alan W.....5110 N. Clinton (05)
Singer, Elmer C. (S)
310 Medical Center Bldg. (02)
Sirlin, Edward M.....2615 Trier Rd. (05)
Smith, C. Curtis.....5110 N. Clinton (05)
Smith, Philip L.....2902 Fairfield Ave. (07)
Smith, Roger C.....3124 E. State Blvd. (05)
Snyderman, Sanford C.
102 Medical Center Bldg. (02)
Spencer, C. Herbert
Three Rivers North, Suite 105 (02)
Stanley, Robert G.....3610 Brooklyn Ave. (07)
Stauffer, Richard C.....2730 E. State Blvd. (05)
Steigmeyer, David J.....3124 E. State Blvd. (05)
Stier, Paul L.....721 Broadway (02)
Stucky, Jerry L.....5110 N. Clinton (05)
Sullivan, Robert E.
Three Rivers North, Suite 106 (02)
Swearingen, Alfred G....2802 E. State Blvd. (05)

T

Taylor, Robert G.....2902 Fairfield Ave. (07)
Tennant, David L.....1417 N. Anthony Blvd. (05)
Terrill, Richard W.....446 W. Pontiac St. (07)
Tomusk, August N.
Three Rivers East, Suite 104 (02)
Towles, Jeff H.....2709 S. Hanna St. (06)
Trier, Herbert P...612 Medical Center Bldg. (02)
Tunnell, Harry D. III....332 E. Pontiac St. (03)

U

Ungemach, Willo F.....3009 Fairfield Ave. (07)

V-W

Vogel, Lloyd A.
Three Rivers North, Suite 105 (02)
Voorhees, Robert J.
Three Rivers North, Suite 106 (02)
Walker, Floyd B.....3505 S. Monroe (06)
Wallace, Collins R.
Indiana Bank Bldg., Suite 725 (02)
Ward, Gerald F.....3124 E. State Blvd. (05)
Warfield, Chester H...7024 Forest Wood Dr. (05)
Weber, John R.....710 W. Wayne St. (04)
Wick, Alfred A.....2120 Carew (05)
Wierzalis, Edward F.....2017 Sherman St. (08)
Williams, Berniece M.....801 E. State Blvd. (05)
Willis, Robert L., Jr.....2902 Fairfield Ave. (07)
Wilson, Roland B.....1207 S. Lafayette (02)
Wright, William C. (S)
621 Medical Center Bldg. (02)
Wyatt, James L., III....2201 S. Calhoun St. (04)

X-Y-Z

Zehr, Noah (S).....301 W. Creighton (07)
Zweig, Elmer Sam.....344 W. Berry St. (02)

Harshman, Louis P. (S)
Wesley Manor, 1555 N. Main St., Frankfort (46041)
Harvey, Harry C. (S)..Methodist Home, Franklin (46131)
Emme, Richard W.....Harlan (46743)
Harless, O. Fred.....104 Summit, Monroeville (46773)

New Haven

(*Zip Code* 46774)

Dahling, Clemens W.....Dahling Bldg.
Dahling, Fred W.....Dahling Bldg.
Hoetzer, Eldore M.....502 Henry
Sidell, James P.....1208 Lincoln Highway E.
Stumpf, Edwin E.....716 Broadway
Wade, Reynolds W.....1018 Bell Ave.

Miller, Kenneth D.....Woodburn (46797)

Humphreys, John L.....1300 Queens Rd., Apt. 214, Charlotte, N. Carolina (28207)
Miller, Edward D.
3575 Westbury Rd., Birmingham, Ala. (35223)
Prentiss, Nelson H. (S)
V. A. Hospital, Oteen, N. C. (28805)
Rockey, Noah A. (S).....2539 N.E. 26th Terrace, Ft. Lauderdale, Fla. (33305)
Sherwood, Clarence E.
R. R. #2, Box 97A, Madison, S. Dakota (57042)
Sherwood, J. Vincent (S)
229 Shangri-La, Largo, Fla. (33540)

BARTHOLOMEW-BROWN COUNTIES

Columbus

(*Zip Code* 47201)

Able, Walter.....2760 25th St.
Adler, David L.....Bartholomew County Hospital
Beggs, Lowell F.....832 Washington St.
Brewer, David H.....1835 Park Valley Dr.
Clay, Eleanor.....2739 Central Ave.
Daugherty, Forest D.....2600 Sandcrest Blvd.
Davis, Marvin R.....908 Washington
Dugan, Thomas.....Doctors' Park
Echsner, Herman J.....Doctors' Park
Fisher, Walter S. (S).....422 Ninth St.
Fortner, Ray E.....Doctors' Park
Fuller, Robert G.....Doctors' Park
Gammell, Lindley L.....602 22nd St.
Hart, Robert B.....712 Washington St.

Hauersperger, Alfred D.....2760 25th St.
Hawes, Marvin E.....522 Seventh Ave.
Henry, Alvin L.....Doctors' Park
Holden, Robert W.....2438 Cottage Ave.
Jacobs, E. Robert.....1829 California St.
Knotts, Halleck S.....1813 25th St.
Krueger, Robert B.....2739 Central Ave.
Libbert, Edwin L.....3377 Woodland Pl.
McCullough, Henry G...R. R. #4, Old Indpls. Rd.
Macy, George W.....2760 25th St.
Marr, Griffith.....R. R. #1
Mohler, Floyd W.....2739 Central Ave.
O'Bryan, Richard B.....2739 Central Ave.
Overshiner, Lyman (S).....1817 Seventh St.
Ranck, Benjamin A.....2600 Sandcrest Blvd.
Rau, Charles A.....2600 Sandcrest Blvd.
Reid, Robert M.....2225 Central Ave.
Richmond, Harold W...Cummins Engine Co., Inc.
Ryan, C. David.....2600 Sandcrest Blvd.
Ryan, William J.....Doctors' Park
Sandlin, Donald L.....2530 Sandcrest Blvd.
Schmitt, Richard K.....423 Ninth St.
Schneider, Kenneth D.....2760 25th St.
Sigmund, William B.....2355 Central Ave.
Snapp, Richard A.....2225 Central Ave.
Stribling, James L.....2600 Sandcrest Blvd.
Teal, Dorothy D. (S).....728 Franklin St.
Weinland, George C.....R. R. 5, Harrison Lake
Weisenberger, Brockton L...3305 Woodland Pkwy.
Wickstrom, Otto W., Jr.....2781 National Rd.
Wickstrom, Otto W.....2775 National Rd.
Wigh, Russell.....2400 E. 17th St.
Williams, Everett W.....2225 Central Ave.
Zaring, Bryon K.....2760 25th St.

Seibel, Robert M.....Nashville (47448)

BENTON COUNTY

Leak, Robert H.....Boswell (47921)
Coddens, Avery L.....Earl Park (47942)
Miller, Dan T. (S).....Fowler (47944)
Turley, Verne L. (S).....Fowler (47944)
Altier, William H.
1721 Hemlock Rd., Lafayette (47904)
McKinney, Donald L.....Otterbein (47970)
Schuerich, Virgil.....Oxford (47971)
Byrn, Howard W. (S).....Little Co. of Mary Nursing Home, San Pierre (46374)
Stolz, Thomas J...R. R. 1, West Lafayette (47906)

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Schaaf, Alvin D.....Jamestown (46147)

Lebanon
(*Zip Code* 46052)

Boyer, Don W.....1604 N. Lebanon St.
Coons, John D. (S)....Boone County Bank Bldg.
Coons, Ritchie.....303 W. Washington St.
Garvin, Edward J.....1720 N. Lebanon St.
Honan, Paul R.....1720 N. Lebanon St.
Kern, Clarence G.....1720 N. Lebanon St.
Lenox, Jack.....1202 N. Lebanon St.
McAfee, James R.....1608 N. Lebanon St.
Mukhtar, Fuad A.....1604 N. Lebanon St.
Perkins, Thornton D.....1202 N. Lebanon St.
Porter, Jack.....1122 N. Lebanon St.
Weddle, Charles O.....905 N. Lebanon St.

Bassett, Margaret A.....Thorntown (46071)
Gregg, Edwin E.....Thorntown (46071)
Bailey, Lawrence S.....Zionsville (46077)
Harvey, Ralph J. (S).....Zionsville (46077)
Jackson, Kathryn A.....Zionsville (46077)
Lovett, Harvey D.....Zionsville (46077)

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Wagoner, Don J.....Burlington (46915)
Wagoner, Marilyn L.....Burlington (46915)
Wise, Charles L.....Camden (46917)

Delphi
(*Zip Code* 46923)

Baker, Eldon E.....110 S. Union St.
Petry, T. Neal.....110 S. Union St.
Seese, Robert M.....101 W. North St.
Wagoner, George W.....Front & Union Sts.

Amaya, Carlos E.....Flora (46929)
Adams, Max R.
822 Oak Blvd., Greenfield (46140)

CASS COUNTY

Logansport
(*Zip Code* 46947)

Bailey, Earl W.....212 Fifth St.
Bean, Joseph S.....1101 Michigan Ave.
Burnett, Paul C.....Logansport State Hosp.
Calisto, Ruben A.....115 13th St.
Chu, Johnson C.S.....Logansport State Hosp.
Dian, August J.....Logansport State Hosp.
Eckert, Russell A.....1101 Michigan Ave.
Glendening, Richard L.....420-A High St.
Hall, Bernard R.....422 High St.
Hedde, Eugene L.....211 S. Third St.
Hillis, Lowell J.....718 E. Broadway
Hochhalter, Marian.....2400 Hasty Hyll
Horning, Richard R....Logansport State Hosp.
Howard, Joseph D.....26th & North Sts.
Jones, J. Carl.....422 North St.
Karnafel, Eugene T.....Logansport State Hosp.
King, Jay M.....812 North St.
Lasquety, L. Z.....2230 Royal Center Pike
Mamaril, Blas F.....1001 E. Broadway
Maschmeyer, Robert H....Logansport State Hosp.
Morrical, Russell J.....212 Fifth St.
Parker, E. Camille.....2500 E. Broadway
Parker, Francis W., Jr.....2500 E. Broadway
Pavilionis, J.....26th & North Sts.
Pfuetze, Max E.....408 North St.
Phipps, Elwood B.....Logansport State Hosp.
Sheller, Tom G.....Logansport State Hosp.
Teaboldt, George A., Jr....Logansport State Hosp.
TerBush, Edward L.....216 Ninth St.
Viney, Charles L.....402 North St.
Wilson, Paul H.....422 North St.

Newcomb, William K.....Royal Center (46978)
Cheng, Sylvia F.
Southeastern Medical Center, Walton (46947)

CLARK COUNTY

Charlestown
(*Zip Code* 47111)

Goodman, Eli.....807 High St.
Jones, David H.....935 Water St.

Shina, Hassi.....Charlestown Landing Rd.
Voskuhl, William L.....395 Water St.

Clarksville

(*Zip Code* 47131)

Duque, Fausto.....647 Eastern Blvd.
Jimenez, Pedro.....647 Eastern Blvd.
Mudd, Joseph P.....815 Eastern Blvd.
Willner, Alan.....630 Eastern Blvd.
Wolverton, George M.....647 Eastern Blvd.

Carr, Joseph H.....Henryville (47126)
Greene, William R.....Henryville (47126)

Jeffersonville

(*Zip Code* 47130)

Bizer, Mier A.....1206 N. Spring St.
Brill, Joseph B.....201 E. Market St.
Buehler, George M.....431 Locust St.
Byrd, Ryland P.....210 Sparks Ave.
Carlberg, Dale L.....226 E. Maple St.
Carney, Joel T. (S).....347 Spring St.
Clark, William B., Jr.....435 Spring St.
Corrao, Thomas J.....435 Spring St.
Cosio, Julio.....1206 Spring St.
Ely, Cecil W.....Clark County Hospital
Forsee, Norman E.....211 E. Market St.
Golden, William Y.....437 Spring St.
Green, Frank D., Jr.....201 Kewanna Dr.
Gutman, Gordon.....344 Spring St.
Hargett, Herbert P.....435 Spring St.
Havens, A. Lyle.....432 Wall St.
Havens, Thomas R.....201 E. Market St.
Horlander, Fridolin.....Gateway Plaza
Huoni, John S...1405 Youngstown Shopping Center
Isler, Nathaniel C.....519 Spring St.
Johnson, Jerome M.....1428 Gateway Plaza
McKechnie, Robert K.....432 Wall St.
Oca, Clemente F.....220 Wall St.
Reed, Edsel S.....Clark County Hospital
Reeder, Henry H. (S).....140 N. High St.
Roby, Alma L.....201 E. Market St.
Shaw, Houston W.....435 Spring St.
Thompson, Walter T... 1403 Youngstown Dr.
Torres, Jose.....220 Wall St.
Weems, Mallory P.....414 Wall St.
Witt, William R.....201 E. Market St.

Sellersburg

(*Zip Code* 47172)

Meyer, Claude J.....119 S. Indiana Ave.
Regan, George L.....115 N. Indiana Ave.
Robertson, Robert E.....110 S. New Albany St.
Sturgis, Donald G.....117 S. Indiana Ave.

CLAY COUNTY

Brazil

(*Zip Code* 47834)

Advincula, Luis V.....Clay County Hospital
Conrad, Everett L.....1207 National Ave.
Farid, Rahim S.....111 N. Walnut St.
Froderman, Stanley E.....1207 National Ave.
Garvin, Donald B.....111 N. Walnut St.
Maurer, J. Frank.....111 N. Walnut St.
Maurer, Robert M.....111 N. Walnut St.
Mehne, Richard G.....3½ E. National Rd.
Moon, Charles E.....1207 National Ave.
Shattuck, John C.....1½ E. National Ave.
Webster, Robert K.....28 N. Franklin St.
Wood, Opal L.....111 N. Walnut St.

Bond, Walter C. (S).....Clay City (47841)
Buell, Forrest R.....Clay City (47841)

CLINTON COUNTY

Frankfort

(*Zip Code* 46041)

Applegate, Albert E.....1303 S. Jackson St.
Beardsley, Frank A., Jr.....400 Kentwood Dr.
Carrel, Francis E.....209 S. Columbia St.
Dupler, Lee F.....1258 S. Jackson St.
Dykhuizen, Theodore A.....201 W. Walnut St.
Erdel, Milton W.....2 E. White St.
Flora, Fred W.....1256 S. Jackson St.
Hammersley, George K.....361 E. Clinton St.
Hedgcock, Robert A.....259 E. Clinton St.
Stout, Harry T. 650 Howard Terrace
Work, Bruce A.....1252 S. Jackson

Bush, Charles E.....Kirklin (46050)
Williams, Earl K.
Memorial Hospital, Logansport (46947)
Ketcham, John S. (S).....Rossville (46065)
Weller, Ralph D.....Rossville (46065)

Work, Bruce A., Jr.
2200 Independence Blvd., Ann Arbor, Mich. (48104)

CRAWFORD COUNTY

(See Harrison-Crawford)

DAVIESS-MARTIN COUNTIES

Pierce, William J.....Bruceville (47516)
McNaughton, Lawrence M.
Crane Naval Base, Crane (47522)
Rohrer, James R.....Elnora (47529)

Loogootee

(*Zip Code* 47553)

Chattin, Robert E.....304 N.E. Second St.
Lett, Emory B.....408 E. Main

Sears, Don A.....Odon (47562)

Washington

(*Zip Code* 47501)

Barrett, James W. 1312 Bedford Rd.
Blazey, Arthur G.....7 E. Walnut St.
Chattin, Vance J.....511 E. Main St.
Farmer, Charles R.....200 E. Main St.
Farris, John J.....514 E. Main St.
Lindsay, Hamlin B.....511 E. Main St.
McKittrick, Jack.....Peoples Bank Bldg.
Norton, Horace O.....511 E. Hefron St.
Rang, Arthur A. (S).....211 N.E. Ninth St.
Rang, Robert H.....1312 Bedford Rd.
Ross, Glenn E.....1307 Bedford Rd.
Schafer, William C.....1312 Bedford Rd.
Schroeder, Henry R., Jr.....101 N.E. First St.
Seat, Marshall H.....2 E. Walnut St.

DEARBORN-OHIO COUNTIES

Aurora

(*Zip Code* 47001)

Baker, Leslie M.....501 Fourth St.
Jackson, John K.....223 Mechanic St.
Olcott, Charles W.....203 Main St.
Treon, James F. (S).....505 Fifth St.

McNeely, Matthew J.....Box 35, Dillsboro (47018)

Lawrenceburg

(*Zip Code* 47025)

Bowen, Gerald T.....209 Fourth St.
Conrad, Henry W.....370 Bielby Rd.
Frable, Frank L., Jr.....370 Bielby Rd.
Houston, Fred D.....30 W. High St.
Hunter, Lowell G.....370 Bielby Rd.
Morrison, George G., Jr.....209 Fourth Ave.
Pfeifer, James M.....319 Front St.
Rhodes, Alfred K.....370 Bielby Rd.
Scudder, Gary E.....370 Bielby Rd.
Streck, Francis A.....326 Walnut St.

Fessler, Gordon S.....311 Main St., Rising Sun (47040)

DECATUR COUNTY

Greensburg

(*Zip Code* 47240)

Acher, Robert P.....221 E. Washington St.
Callaghan, Winship C.....232 N. Broadway
Dickson, Dale D.....333 E. First St.
Domingo, Ricardo C.....Bates Bldg.
Ducanes, Arnold D.....215 N. Franklin St.
Miller, James C.....317 N. Franklin St.
Morrison, James T.....207 N. Franklin St.
Paje, Alfredo Q.....Murphy Bldg.
Shaffer, William.....214 N. Franklin St.

Porter, Edward A. (S).....Westport (47283)
Porter, Robert A.....Westport (47283)

DE KALB COUNTY

Auburn

(*Zip Code* 46706)

Covell, Harry M.....127 W. Seventh St.
Edwards, J. Robert.....903 S. Cedar St.
Geisinger, Lewis N. (S).....805 S. Indiana Ave.
Harvey, John C.....405 S. Main St.
Hathaway, C. Bishop.....209 N. Jackson St.
Hines, Archie V. (S).....401 S. Main St.
Hines, John H.....403 Main St.
Hippensteel, Harland V.....208 W. Seventh St.
Nugen, Harold.....223 W. Seventh St.
Rogers, Evered E.....212 W. Sixth St.
Sanders, Jesse A. (S).....1007 S. Main St.
Souder, Bonnell M. (S).....206 W. Seventh St.
Wills, Max.....347 W. Seventh St.

Shultz, Clifford.....Butler (46721)
Weirich, Charles I.....Butler (46721)

Garrett

(*Zip Code* 46738)

Carpenter, Ramesh S.....410 W. Houston
Kantzer, Floyd B. (S).....200 S. Randolph St.
Nason, Robert A.....123 E. King St.
Novy, Charles A.....105 N. Randolph St.

Coleman, Floyd B.....Waterloo (46793)
Graber, Benjamin R.....Waterloo (46793)
Hughes, William B.....Waterloo (46793)

Jinnings, Loren E.
513 S. Pyramid St., Lordsburg, N. Mexico (88045)

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D.....Albany (47320)
Puterbaugh, Karl E. (S).....Albany (47320)
Egger, Ross L.....Daleville (47334)
Hurley, John R.....Daleville (47334)
Weisner, Richard M.....R.R. 1, Eaton (47338)
Ko, Richard C. B.....Gaston (47342)

Hartford City

(*Zip Code* 47348)

Dodds, James U.....227 W. Main St.
Dudgeon, Charles A.....720 N. Spring St.
Jackson, Dean B.....401 W. Washington St.
Owsley, Guy A.....214 N. High St.
Parks, George O.....720 N. Spring St.
Sulit, Severino T.....214 N. High St.
Weldy, Bryce P.....227 W. Franklin St.
Werry, Leslie E. (S).....1223 N. High St.

Burns, Paul E.....119 W. High St., Montpelier (47359)

Ingram, Richard
206 S. Main St., Montpelier (47359)

Muncie

(*Zip Code* 473 *plus zone number*)

Adams, Julia L.....Ball State University (06)
Adams, William B.....2810 Ethel Ave. (04)
Alexander, Jack L.....Norwood Office Ct. (04)
Alvey, Charles R.....808 W. Jackson St. (05)
Ashburn, Clarence M.....2810 Ethel Ave. (04)
Ball, Clay A. (S).....303 W. Adams St. (05)
Ball, Philip.....2600 W. Jackson St. (03)
Benken, Lawrence D.....1111 W. Jackson St. (05)
Bergwall, Warren L.....2923 W. Jackson St. (04)
Bibler, Henry E. (S).....311 W. Adams St. (05)
Boberg, Arthur R.....420 W. Washington St. (05)
Border, John F.....2724 W. North St. (03)
Botkin, Charles L. (S)..508 W. Jackson St. (05)
Botkin, Charles T.....400 White River Blvd. (03)
Botkin, Clyde G.....508 W. Jackson St. (05)
Branam, George E.....38 Warwick Rd. (04)
Brown, Leland G.....412 White River Blvd. (03)
Brown, Thomas M.....212 N. Pauline Ave. (03)
Burwell, Stanley W.....424 W. Jackson St. (05)
Butz, Ralph O.....1525 W. Jackson St. (03)
Clark, Lintner E.....420 W. Washington St. (05)
Clark, Robert M.....2809 Godman Ave. (04)
Cochran, Robert B.....1111 W. Jackson St. (05)
Cooper, John F.....3022 S. Madison (02)
Covalt, Wendell E.....2724 W. North St. (03)
Cullison, John L.....Ball Memorial Hospital (03)
Cure, Elmer T.....217 S. Cherry St. (05)
David, George J.....2200 Janney Ave. (04)
Dietz, David J.....2310 Ethel Ave. (04)
Dunning, Thomas W.....1600 W. McGalliard (04)
Dutchman, William R.....2810 Ethel Ave. (04)
Fiederlein, Frederick J...2809 Godman Ave. (04)
Galliher, Marjorie J...410 White River Blvd. (03)
Geckler, Charles E.
203 Western Reserve Bldg. (05)
Gibson, Robert K.....806 W. Jackson St. (05)
Goodell, Charles L.....2810 Ethel Ave. (04)
Greiber, Marvin F...420 W. Washington St. (05)
Gustafson, Milton H...2606 W. Jackson St. (03)
Hall, Robert S.....1604 W. McGallaird (04)
Hayes, Theodore R.....210 S. High St. (05)
Henderson, Ramon A.....806 W. Jackson St. (05)
High, Ralph L.....420 W. Washington St. (05)
Holmes, John L.....412 White River Blvd. (03)
Hostetter, Irwin S.....115 N. Cherry St. (05)
Imhof, Joseph D.....320 W. Adams St. (05)
Jay, Arthur C.....Ball Memorial Hospital (03)
Kalker, Morton.....2810 Ethel Ave. (04)
Kammer, Grace C.....1005 W. Parkway Dr. (04)
Kirshman, Forrest E.....211 S. High St. (05)
Koch, Edwin F., Jr...Ball Memorial Hospital (03)
Koss, K. William.....1600 W. Jackson St. (03)

Kress, James W.....2809 Godman Ave. (04)
LaDuron, Jules F. (S)....614 S. Liberty St. (05)
Lawson, Lawrence J.....110 N. Cherry St. (05)
McCallister, Larry L.....2518 Rosewood (04)
McClintock, James A.....316 W. Adams St. (05)
McDowell, Fletcher W.....926 W. Main St. (05)
Mathewson, Russell C...Box 157, Benton Rd. (02)
Montgomery, Lall G..Ball Memorial Hospital (03)
Montgomery, Ralph F...2809 Godman Ave. (04)
Moore, Jack C.....212 N. Pauline Ave. (03)
Moore, William C. (S)....110 N. Cherry St. (05)
Morris, Jean W.....247 Johnson Bldg. (05)
Moss, Mavor J.....1010 W. Parkway Dr. (03)
Nelson, Harold E.....424 W. Jackson St. (05)
Newnam, Philip E..420 W. Washington St. (05)
Osborne, John V.....420 W. Washington St. (05)
Peacock, Robert C.....2724 W. North St. (03)
Philbert, Richard N.....2810 Ethel Ave. (04)
Pippenger, Wayne G...Ball State University (06)
Quick, William J.....314 E. Washington St. (05)
Rittmeyer, Jack L.....1309 Ridge Rd. (04)
Rivers, Glynn A.....625 W. Adams St. (05)
Roch. L. Marshall....406 White River Blvd. (03)
Schulhof, Maurice G..420 W. Washington St. (05)
Searight, Howard R.....2923 W. Jackson St. (04)
Speck, Carlson R...Ball Memorial Hospital (03)
Stanley, John R.....1111 W. Jackson St. (05)
Stout, Francis E.....2423 W. Jackson St. (03)
Taylor, Donald R...Ball Memorial Hospital (03)
Tharp, Donald W.....402 W. Jackson St. (05)
Tharp, John D.....2923 W. Jackson St. (05)
Tomlin, Hugh M.....420 W. Washington St. (05)
Vlaskamp, Elaine.....500 W. Charles St. (05)
Voss, Gert.....420 W. Washington St. (05)
Walker, Jack M.....412 White River Blvd. (03)
Wince, Leland L.....806 W. Jackson St. (05)
Yarling, John L.....1711 Riverside Ave. (03)
Young, Gerald S.....924 W. Main St. (05)

Hinchman, Jean F.....Parker (47368)
Hill, Robert E.....Yorktown (47396)

Owsley, William J.
Carswell A.F.B., Fort Worth, Texas (76100)
Rivers, Thomas A.....4021-18 Ave., N.W., Rochester, Minn. (55901)

DUBOIS COUNTY

Barrow, John H.....Dale (47523)
Backer, Henry G. (S).....Ferdinand (47532)
Fajardo, Manuel.....Ferdinand (47532)
Leon, Mario.....Holland (47541)

Huntingburg

(*Zip Code* 47542)

Borges, Victor J.....409 Van Buren
Bretz, John M.....302 Fourth St.
Craig, Harry L.....409 Van Buren
Erhart, Herbert G.....409 Van Buren
Scales, Alfred B.....409 Van Buren
Scales, Allen D.....409 Van Buren
Stork, Harvey K. (S).....509 Fourth St.
Williams, Fielding P.....215 W. Walnut St.

Jasper

(*Zip Code* 47546)

Beaven, John B.....111 Central Bldg.
Bomalaski, M. Donald.....Memorial Hospital
Gootee, Francis H.....501 Clay St.
Gootee, Thomas H.....501 Clay St.
Heck, Martin C.....801 Newton
Held, George A.....716 W. Ninth St.
Klamer, Charles H.....715 MacArthur St.
Lukemeyer, St. John (S).....109 W. 12th St.
Ploetner, Edward J.....111-115 Central Bldg.
Salb, John P.....106 Metzger Bldg.
Salb, Leo A. (S).....301 E. Sixth St.
Wagner, Arthur L.....115 E. Ninth St.

ELKHART COUNTY

Horswell, Richard G.....Bristol (46507)
Neidballa, Edward G.....Bristol (46507)

Elkhart

(*Zip Code* 46514)

Arlook, Theodore D.....912 W. Franklin St.
Atwood, William H.....303 S. Nappanee St.
Bender, Robert L.....411 S. Third St.
Benson, James E.....303 S. Nappanee St.
Billings, Elmer R.....303 S. Nappanee St.
Bloom, George R.....Simpson & Superior Sts.
Boling, Richard C.....1332 W. Indiana Ave.
Bowdoin, George E. (S).....515 S. Second St.
Campbell, Patrick B.....605 Oakland Ave.
Cassim, Rechad M.....303 S. Nappanee St.
Classen, Pete R. C.....4112 S. Main St.
Compton, Walter A.....2225 Greenleaf Blvd.
Conklin, Raymond L. (S)....Ames Company, Inc.
Cormican, Herbert L.....1400 Hudson St.
Dovey, Edward G.....513 Oakland Ave.
Durham, Thomas E.....303 S. Nappanee St.
Echeverria, Rodolfo E.....303 S. Nappanee St.
Elliott, Thomas A.....303 S. Nappanee St.
Fear, Olan D.....303 S. Nappanee St.
Finfrock, James D.....515 S. Second St.
Futterknecht, James O.....303 S. Nappanee St.
Gattman, G. Beach.....303 S. Nappanee St.
Graber, Virgil R.....1400 Hudson St.
Gray, Edwin H.....518 W. Franklin St.
Gray, Mary Case.....518 W. Franklin St.
Hannah, Jack W.....1906 E. Jackson Blvd.
Harrell, Ronald R.....R. R. #5
Heiser, Ervin W.....1400 Hudson St.
Heminway, Norman L...1700 Rainbow Bend Blvd.
Hurley, James W.....303 S. Nappanee St.
Ivy, John H.....303 S. Nappanee St.
Jones, Robert B.....1528 W. Franklin
Kesim, Mufit H.....317 W. Lusher Ave.
Kintner, Burton E.....Simpson & Superior Sts.
Klassen, Otto D.....2600 Oakland Ave.
Koehler, Elmer G.....416 W. Lexington Ave.
Krause, Frederick.....4117 S. Main St.
Lundt, Milo O.....521 S. Second St.
Luther, William C.....Ames Company, Inc.
McArt, Bruce A.....1332 W. Indiana Ave.
Mark, George A.....814 W. Marion St.
Martin, Paul H.....313 N. Second St.
Middleton, Ramona J.....1400 Hudson St.
Miller, Donald G.....1520 Mishawaka Rd.
Miller, Galen R.....403 S. Ninth St.
Miller, Hugh A., Jr.....1127 Myrtle St.
Miller, Samuel T. (S).....506 S. Second St.
Mininger, Edward P.....1400 Hudson St.
Mishkin, Irving.....209 S. Second St.
Mishkin, Marvin.....209 S. Second St.
O'Donovan, Cornelius J.....1127 Myrtle St.
Paff, William A.....115 S. Third St.
Paine, George E.....329 Meisner Ave.
Pancost, Vernon K.....1000 W. Marion St.
Parshall, Dale B.....3528 Gordon Rd.
Papadopoulos, Aristides P.....303 S. Nappanee St.
Pletcher, William D.....303 S. Nappanee St.
Price, Robert W.....2600 Oakland Ave.
Rouen, Robert L.....1209 Harrison St.

Rupe, Lloyd O......211 S. Fifth St.
Rupel, Dennis F......2600 Oakland Ave.
Scheer, Alexander L.....303 S. Nappanee St.
Schlosser, Herbert C. (S).....116 W. Marion St.
South, Dale R., Jr.....Simpson & Superior Sts.
Spray, Page E......320 W. High St.
Stubbins, William M.....1006 W. Franklin St.
Swank, Lucretia R......1600 E. Jackson Blvd.
Swihart, Danny D.....Simpson & Superior Sts.
Swihart, Homer R......1200 W. Marion St.
Whitlock, Coleman M., Jr......Ames Company, Inc.
Wilson, Orley E......217 N. Main St.
Yoder, C. Richard.....603 Oakland Ave.
Zeitler, Philip S.....1332 W. Indiana Ave.

Goshen

(*Zip Code* 46526)

Bender, John M......112 W. High Park Ave.
Bigler, Frederick W......314 S. Fifth St.
Bowser, Philip G......107 S. Fifth St.
Chandler, Leon H......112 E. Lincoln Ave.
Gunderson, Shaun D.....Goshen General Hospital
Haney, Leslie E.....112 S. Fifth St.
Harris, Neil R......307 S. Seventh St.
Kennedy, Myron S.....1908 W. Clinton St.
Krabill, Willard S.....110 W. High Park Ave.
Martin, Floyd S......127 E. Lincoln St.
Massanari, Walter S.....211 Egbert Rd.
Quilty, Thomas J......112 E. Madison St.
Smucker, Ernest E......112 S. Fifth St.
Troyer, Dana O......201 E. Clinton St.
Turner, John P......115 E. Washington St.
Wagner, David G......307 S. Seventh St.
Westfall, George S.....304 E. Lincoln Ave.
Young, Ralph H.....113 E. Madison St.

Gill, Dee D......Leesburg (46538)
Teters, Melvin S. (S).....Middlebury (46540)
Yoder, Carl J......Middlebury (46540)
Yoder, Jonathan G......Middlebury (46540)
Rheinheimer, Floyd L......Milford (46542)

Nappanee

(*Zip Code* 46550)

Graber, Alvin R......357 N. Nappanee St.
Kendall, Forest M.....654 Woodland Ct.
Price, Douglas W......162 E. Market St.
Roose, Lisle W......357 N. Nappanee St.
Wenger, James E......357 N. Nappanee St.

DeFries, John J......New Paris (46553)
Gorham, Charles E......New Paris (46553)
Clark, Jack P......303 S. Hunnington, Syracuse (46567)
Craig, Robert A......P. O. 607, Syracuse (46567)
Fosbrink, Ephraim L.
218 S. Huntington St., Syracuse (46567)
Zimmerman, William H.....R. R. No. 2, Syracuse (46567)
Guttman, John B......Wakarusa (46573)
Miller, James.....Wakarusa (46573)

Todd, David D. (S)
5835 Beaumont Ave., La Jolla, Calif. (92037)

FAYETTE-FRANKLIN COUNTIES

Brookville

(*Zip Code* 47012)

Peters, Elmer E......830 Main St.
Seal, Perry F......901 Main St.

Connersville

(*Zip Code* 47331)

Ellis, George M.....108 E. 10th St.
Gregg, Albert F.....124 E. Sixth St.
Hudson, Arlington M.....321 W. 20th St.
Janes, R. Grant.....1941 Virginia Ave.
Kerrigan, William F.....707 W. Third St.
Lockhart, Jack M.....707 W. Third St.
Mountain, Francis B.....930 Central Ave.
Neukamp, Frank H.....707 W. Third St.
Sanders, Bertram W.....634 Eastern Ave.
Steinem, Joseph L.....812 Grand Ave.
Watterson, Gerald T.....1910 Virginia Ave.
Winklepleck, A. M.....R. R. #6

FLOYD COUNTY

Boha, Rudolf L.....Borden (47106)
Allen, George S.....Georgetown (47122)

New Albany

(*Zip Code* 47150)

Baker, Avey M. (S).....811 E. Spring St.
Baxter, Samuel M. (S).....1201 E. Spring St.
Bickers, Everett E.....3541 Paoli Pike
Bierly, George R.....1919 State St.
Bowman, Leon.....2652 Charlestown Rd.
Brown, Kenneth H.....410 E. Spring St.
Buchman, Marshall H.....1824 State St.
Cannon, Daniel H.....1203 E. Spring St.
Cook, Melvin D.....1919 State St.
Edwards, William F.....604 E. Spring St.
Garner, William H., Jr.....919 E. Spring St.
Garner, William H., Sr. (S).....919 E. Spring St.
Gentile, John P.....101 Adams St.
Hess, Paul P.....Floyd Co. Bank Bldg.
Higgins, John R.....700 E. Spring St.
Johnson, William V.....1919 State St.
Jones, Thomas M.....1919 State St.
LaFollette, Donald R.....1000 E. Spring St.
LaFollette, Robert E.....1000 E. Spring St.
McCullough, James Y.....700 E. Spring St.
Nedelkoff, Bogdan.....R. R. 2, Box 500H
Paris, John M.....1919 State St.
Perdomo, Octavio J.....Silvercrest Hospital
Pierce, Gene S.....1696 Garretson Lane
Receveur, Robert.....2626 Charlestown Rd.
Robertson, Addis N. (S).....820 E. Spring St.
Robinson, Nan.....1726 State St.
Ruoff, William F.....1109 Lafayette Dr.
Shelton, Clyde F.....1726 State St.
Sonne, Irvin H., Jr.....1546 Sunset Dr.
Streepey, Jefferson I.....1919 State St.
Tyler, Frank T. (S).....420 Vincennes St.
Voyles, Harry E. (S).....213 Elsby Bldg.
Wallace, Elmer L.....1919 State St.
Wolfe, Morton F.....1919 State St.
Wolfe, Nelson A.....1919 State St.
Worley, Henry L.....601 E. Spring St.
Youngs, Paul E.....2652 Charlestown Rd.

Sloan, Herbert P.
1910 Tibbs Terrace, Dalton, Ga. (30720)

FOUNTAIN-WARREN COUNTIES

Attica
(*Zip Code* 47918)

Maris, Lee J.....201 Brady St.
Petrich, Peter R.....401 S. Perry St.
Raymundo, Vivencio F.....401 S. Perry St.

Covington
(*Zip Code* 47932)

Hoffman, Max N.....416 Union St.
Stephens, Lowell R.....600 E. Liberty St.
Suzuki, Tsutomu T.....505 Washington St.

Furr, Jack D.....Kingman (47952)
Person, Theodore C.....Veedersburg (47987)
Rusk, Hubert M.....Wallace (47988)
Nelson, Carl A.....West Lebanon (47991)
Ringer, William A.....Williamsport (47993)

FULTON COUNTY

Herrick, Charles L.....Akron (46910)
Miller, Virgil C.....Akron (46910)
Kraning, Kenneth K.....Kewanna (46939)

Rochester
(*Zip Code* 46975)

Herendeen, Elbie V.....120 W. Ninth St.
Knochel, Wayne L.....819 E. Ninth St.
Richardson, Joseph D.....121 W. Eighth St.
Rowe, Howard H.....720 Jefferson St.
Stinson, Dean K.....816 Main St.
Walton, F. Richard.....116 W. Ninth St.

GIBSON COUNTY

Geick, Raymond G.....Fort Branch (47533)
Marchand, Edwin V. (S).....Haubstadt (47539)
Petitjean, Harold G.....Haubstadt (47539)
Dye, William E.....Oakland City (47560)

Princeton
(*Zip Code* 47570)

Folck, John K.....115 N. Prince St.
Graves, Orville M. (S).....116 S. Hart St.
Lindauer, David H.....115 N. Prince St.
McCarty, Virgil.....113 S. Main St.
McElroy, Robert S.....116 S. Main St.
Noveroske, Richard J.....Gibson General Hospital
Peck, James F.....302 N. Prince St.
Weitzel, Roland E.....114 S. Hart St.
Wells, William R.....109 E. State St.

GRANT COUNTY

Shrock, Ethan E.....Amboy (46911)
Malott, Fred R.....Converse (46919)
Yale, Charles A.....Fairmount (46928)
Love, V. Logan..1301 S. Harrison St., Fort Wayne (46802)
Garrison, Leon J.....515 E. Main St., Gas City (46933)
Koontz, William A.....126 E. Main St., Gas City (46933)
Shoemaker, Richard L.
212 E. North C St., Gas City (46933)
Baskett, Russell J.....Jonesboro (46938)

Marion
(*Zip Code* 46952)

Abell, Charles F.....500 Wabash Ave.
Alderfer, Henry H.....208 W. Fourth St.
Ansbacher, Stefan (H).....P.O. Box 867
Ayres, Wendell W.....500 Wabash Ave.
Belcher, Alan D.....Marion General Hosp.
Bloom, Asa W.....724 W. Third St.
Boldy, Mirhan.....131 N. Washington St.
Boyer, Grace M. B.....605 Locust St.
Brown, Robert M....520 Marion Nat'l Bank Bldg.
Caldwell, Richard B.....625 W. Fourth St.
Chaney, Robert D.....2565 Breezewood Dr.
Comeau, William J.....Marion General Hosp.
Cunningham, Robert D.....500 Wabash Ave.
Davis, Joseph B.....131 N. Washington St.
Davis, Merrill S. (S).....131 N. Washington St.
Donaldson, Miles W.....2927 S. Washington St.
Dunbar, Fred E.....1251 Kem Rd.
Fisher, Henry.....1502 S. Washington St.
Fisher, Pierre J., Jr.....500 Wabash Ave.
Fuelling, James L.....131 N. Washington St.
Ganz, Max.....1251 Kem Rd.
Goldsmith, David A.....2711 River Rd.
Grant, M. Arthur.....P. O. Box 1088
Hummel, Russel M.....500 Wabash Ave.
Jarrett, John C.....208 W. Fourth St.
Kershner, Charles R.....500 Wabash Ave.
Khalouf, Herbert C.....131 N. Washington St.
Khalouf, Shirley T.....2036 Kem Rd.
Lahr, Richard E.....1121 W. Third St.
Larzelere, Henry B.....131 N. Washington St.
Lavengood, Russell W. (S).....225 Glass Block
Long, Max R.....803 S. Boots St.
Lonngren, Dudley H.....131 N. Washington St.
McKeever, Joseph W.....131 N. Washington St.
Miller, H. Allison.....320 Glass Block
Munoz, Jose C.....131 N. Washington St.
Musselman, Lawrence K.....500 Wabash Ave.
Pattison, John D.....131 N. Washington St.
Pearcy, Marcene.....500 Wabash Ave.
Powell, J. Paxton.....500 Wabash Ave.
Reid, James D.....500 Wabash Ave.
Renbarger, Lester L.....1531 W. Second
Rhamy, Arthur P.....1230 Euclid Ave.
Rhamy, Donald E.....500 Wabash Ave.
Rhorer, John G.....500 Wabash Ave.
Shuck, William A., Jr.....1251 Kem Rd.
Simmons, Frederick H.....1009 N. Baldwin
Skomp, Claud E.....500 Wabash Ave.
Smith, Barton T.....208 W. Fourth St.
Smith, Eurett E.....Marion General Hosp.
Snowhite, Arthur B.....500 Wabash Ave.
Thompson, B. Jay.....Marion General Hosp.
Thompson, Samuel R.....500 Wabash Ave.
Walton, R. Lee.....131 N. Washington St.
Warren, Carroll B.....511 Glass Block
Weinberg, Samuel.....905 Euclid Ave.
Wilson, Ned A.....317 N. Western Ave.
Wojcik, Ladislas D.....131 N. Washington St.
Young, Robert G.....1207 Northwood Ct.

Beck, Thomas A.....Swayzee (46986)
Goetcheus, Janell A.....Upland (46989)
Taylor, Everett C.....Upland (46989)
Rifner, Eugene S.....Van Buren (46991)

GREENE COUNTY

Bloomfield
(*Zip Code* 47424)

Graf, Jerome A.....227 W. Mechanic St.
Lardizabal, Jose M.....55 N. Franklin St.
Mount, Mathias S.....55 N. Franklin St.
Turner, Harold B. (S).....126 E. Indiana Ave.

Jasonville

(*Zip Code* 47438)

Porter, Carl M.....124 Cook St.
Rotman, Harry G.....111½ E. Main St.
Rotman, Sam I.....P. O. Box 127

Linton

(*Zip Code* 47441)

Bailey, Edwin B.....129 E. Vincennes
Broshears, Kenneth P.....129 E. Vincennes
Raney, Ben B.....129 E. Vincennes
Tomak, Milton E.....289 N. Main St.
Woner, John W.....Linton

Moses, George E. (S).....Worthington (47471)
Moses, Robert E.....Worthington (47471)

HAMILTON COUNTY

Havens, Oscar.....Cicero (46034)
Ayers, Marion E.....7979 Englewood Rd., Indianapolis (46240)

Noblesville

(*Zip Code* 46060)

Ambrose, Jesse C.....298 N. Ninth St.
Blackburn, Howard R.....Riverview Hospital
Carter, Eunice M.....1084 Clinton St.
Harris, Robert F.....297 S. 10th St.
Hash, John S.....450 Lafayette Rd.
Haywood, John G.....110 Lakeview
Lanning, R. Adrian.....10th and North Dr.
Lloyd, Joe R.....107 John St.
Shanks, Ray W. (S).....1507 Logan St.
Waitt, Paul M.....450 Lafayette Rd.

Griffith, James W. (S).....Sheridan (46069)
Manhart, Doyle B.....Sheridan (46069)
Newby, Eugene.....Sheridan (46069)
Connoy, Leo F.....Westfield (46074)

HANCOCK COUNTY

Scott, Robert O.....Charlottesville (46117)
Garrison, James L.....Cumberland (46229)
Navin, Hugh K.....Fortville (46040)
Rhynearson, Hal R.....Fortville (46040)

Greenfield

(*Zip Code* 46140)

Anderson, James T.....120 W. McKenzie Rd.
Beeson, Wilbur P.....120 W. McKenzie Rd.
Endicott, Wayne H.....120 W. McKenzie Rd.
Farrell, John J., Jr.....120 W. McKenzie Rd.
Henn, R. Anthony.....137 Michigan
Hunter, Donn R.....120 W. McKenzie Rd.
Kinneman, Robert E.....120 W. McKenzie Rd.
Kirby, Ted C.....P.O. Box 707
Moenning, John E.....120 W. McKenzie Rd.
Pareja, Frank S.....804 N. State St.
Rea, Ralph L.....120 W. McKenzie Rd.
Singco, Bienvenido O.....744 N. State St.
Smith, John H.....144 Grandison Rd.
Vingis, Bronie A.....746 N. State St.

Cagle, Bob R.....New Palestine (46163)
Pierson, Thomas A.....New Palestine (46163)
Arive, Floro F.....Oaklandon (46236)
Miller, Joseph A.....Oaklandon (46236)
Kuhn, Robert W.....Wilkinson (46186)

HARRISON-CRAWFORD COUNTIES

Corydon

(*Zip Code* 47112)

Blessinger, Louis H.....101 W. Chestnut St.
Brockman, Wilfred J.....439 E. Chestnut
Dillman, Carl E.....Beaver & Oak Sts.
Dukes, David J.....439 E. Chestnut St.
Jordan, Richard A.....Harrison Dr.
Martin, Samuel W.....R.R. 1

May, R. Milton.....Laconia (47135)
Seipel, Stanley.....Lanesville (47136)
Benz, Jesse C. (S).....Marengo (47140)

HENDRICKS COUNTY

Brownsburg

(*Zip Code* 46112)

Baker, Glen.....Box 36
Black, M. James.....702 E. Main St.
Scudder, Arthur N.....24 N. Grant St.
Walker, Thomas M.....702 E. Main St.

Danville

(*Zip Code* 46122)

Cheesman, Donald D.....637 E. Main St.
Heinlein, Carl L.....100 Meadow Dr.
Kerlin, Joseph C.....100 Meadow Dr.
Kirtley, Robert W.....138 W. Marion St.
Koch, Elmer L.....201 E. Columbia St.
Terry, Lloyd S.....138 W. Marion St.

Calhoon, John P.
Avon, Box 300C, R. R. 8, Indianapolis (46231)
Coats, Eli A.
Avon, Box 300C, R. R. 8, Indianapolis (46231)
Ellis, Lyman H.....Lizton (46149)
Gibbs, Joseph W.
Home Lawn Sanitarium, Martinsville (46151)
Scamahorn, Malcolm O.....Pittsboro (46167)

Plainfield

(*Zip Code* 46168)

Aiken, Milo M.....140 N. Center St.
Cohen, Irving.....645 E. Main St.
Haggard, David B.....P. O. Box 191
Stafford, William C.....P.O. Box 97
Warbinton, Fred P.....P. O. Box 337

HENRY COUNTY

Donahue, Francis E.....Dublin (47335)
Miller, William A. (S)
99 S. Washington, Hagerstown (47346)
Wiatt, Leonard H.....Knightstown (46148)
Stauffer, George E.....Mooreland (47360)

New Castle

(*Zip Code* 47362)

Bledsoe, James G.....319 S. 14th St.
Brock, Joseph T.....New Castle State Hosp.

Burnett, Arthur B.....106 N. Main St.
Cain, David R.....1912 Bundy Ave.
Campbell, Sam W.....901 McCormack Dr.
Dye, Cloyd L.....1007 N. 16th St.
Easter, James N.....1912 Bundy Ave.
Fisher, John E.....1135 Woodlawn Dr.
Foster, Ray T.....420 N. Main St.
Grant, Phyllis A.....3007 S. 14th St.
Heilman, William C., Jr.....1007 N. 16th St.
Heilman, William C. (S).....1007 N. 16th St.
Hill, Kenneth G.....530 S. Main St.
Iterman, George E. (S).....1007 N. 16th St.
Kennedy, Walter U. (S).....208 Union Block
KinKade, Paul T.....1015 Broad St.
Life, Homer L.....1015 Broad St.
McDonald, Frank C.....365 Parkside Dr.
McElroy, James S.....1007 N. 16th St.
McKee, Roy G.....319 S. 14th St.
May, A. J.....540-C S. Main St.
Morec, George J.....1007 N. 16th St.
Murray, William E.....New Castle State Hosp.
Saint, William K.....540-B S. Main St.
Smith, Mark E.....1007 N. 16th St.
Steussy, Calvin N.....Henry Co. Hospital
Stricker, Paul J.....319 S. 14th St.
Vivian, Donald E.....Henry County Hospital
Wilhelm, Guido P.....1007 N. 16th St.

Robertson, William S.....Spiceland (47385)

HOWARD COUNTY

Denton, Larkin D.....Greentown (46936)

Kokomo

(*Zip Code* 46901)

Althoff, William R.....Chrysler Corporation
Alward, John H.....321 W. Walnut St.
Artis, Myrle E.....519½ N. Main St.
Ault, Carl H.....502 S. Berkley Rd.
Bowers, Copeland C.....210 W. Mulberry St.
Bowers, Garvey B.....210 W. Mulberry St.
Bowers, John A.....210 W. Mulberry St.
Bradley, Richard V.....3421 S. Lafountain
Brown, Richard J.....404 S. Berkley Rd.
Bruegge, Theodore J.....315 S. Berkley Rd.
Cattell, Lee M.....400 S. Berkley Rd.
Conley, Thomas M.....500 Southway Blvd., East
Craig, Reuben.....514 W. Superior St.
Crawford, Theodore R.....2114 W. Sycamore St.
Das, Amal K.....401 E. Reynolds Dr.
Doss, Jerome F.....3520 S. Lafountain
Earl, Max M.....502 S. Berkley Rd.
Elleman, John H.....416 W. Mulberry St.
Ericson, Homer S.....107 S. Dixon Rd.
Fields, Donald L.....3520 S. Lafountain
Frazier, John L.....3421 S. Lafountain
Fretz, Richard C.....2008 W. Sycamore St.
Golper, Marvin N.....1907 W. Sycamore St.
Good, Richard P.....400 S. Berkley Rd.
Grothouse, Carl B.....400 S. Berkley Rd.
Guin, Jere D.....400 S. Berkley Rd.
Halfast, Richard W.....400 S. Berkley Rd.
Harshman, James A.....St. Joseph Hospital
Harvey, Emerson C., Jr...Delco Radio Division
Higgins, Jack W.....400 S. Berkley Rd.
Hoyt, John M.....3501 Hawthorne Ln.
Hutto, William H.....215 W. Superior St.
Jewell, George M....610 Armstrong-Landon Bldg.
Kremers, George A.....400 S. Berkley Rd.
Lehman, David P.....4200 Millerwood Lane
Lodde, Marvin B.....1600 Pontiac Dr.
Longshore, Robert E.....2016 W. Sycamore St.
McClure, Warren N.....319 S. Berkley Rd.
McIndoo, Ralph E. (S).....313 W. Taylor St.
Maxson, Roy V.....Howard Community Hosp.
Mendelson, Stanley M.....401 E. Reynolds Dr.
Michael, Robert L.....321 W. Walnut St.
Moore, John M.....3520 S. Lafountain
Murray, Ernest C.....408 W. Mulberry St.
Paris, Durward W...614 Armstrong-Landon Bldg.
Perkins, Powell L.....317 S. Berkley Rd.
Phares, Robert W.....1907 W. Sycamore St.
Prather, Philip E.....909 S. Courtland
Quakenbush, John.....3421 S. Lafountain
Radpour, Shokri.....2004 W. Sycamore
Ramey, John W. (S).....121½ W. Mulberry St.
Rinehart, James J.....401 E. Reynolds Dr.
Rudicel, Max.....1907 W. Sycamore St.
Scherschel, Thomas R.....317 S. Berkley Rd.
Schwartz, Frederick C.....2016 W. Sycamore
Sekulich, Milo.....St. Joseph Hospital
Smith, Charles F.....Howard Community Hosp.
Spangler, Jesse S.....215 E. Taylor St.
Tate, James.....3520 S. Lafountain
Tignor, Sterling P.....401 E. Reynolds Dr.
Tofaute, John L.....402 S. Berkley Rd.
Trimble, John G.....116 S. Buckeye St.
Van Denbark, Howard M.....3520 S. Lafountain
Wachob, Tom W., Jr.....3520 S. Lafountain
Wilson, Norman K.....3421 S. Lafountain

Ware, John R.....Russiaville (46979)

HUNTINGTON COUNTY

(*Zip Code* 46750)

Huntington

Brubaker, Harold S.....42 W. Park Dr.
Casey, Stanley M. (S).....408 E. Market St.
Clunie, William A.....323 W. Park Dr.
Cope, Stanton E.....1022 N. Jefferson St.
Doermann, Paul E.....1775 N. Jefferson St.
Erehart, Mark G. (S)..Maple Grove Rd., R. R. 8
Eviston, John B. (S).....34 E. Washington St.
Gill, D. Richard.....1751 N. Jefferson St.
James, Thomas, Jr.....202 U. B. Publishing Bldg.
Johnston, Robert G. (S).....339 E. Market St.
Marks, Howard H.....248 W. Park Dr.
Meiser, Robert D.....612 N. Jefferson St.
Miller, Wayne S.....R. R. 8
Peare, Reeve B.....1751 N. Jefferson St.
Wagner, Richard.....1355 Guilford
Wheeler, Barth E.....818 W. Park Dr.

Cooper, B. Trent.....Roanoke (46783)
Bennett, J. B.....Warren (46792)
McLaughlin, James R.....Warren (46792)

JACKSON-JENNINGS COUNTIES

Gillespie, Garland R.....Brownstown (47220)
Shields, Jack E.....Brownstown (47220)
Adair, William K. (S)
115 Armstrong, Crothersville (47229)
Bard, Frank B...305 E. Howard St., Crothersville (47229)
Scharbrough, William D.....Ewing (47233)
Templeton, Ian S.
7825 N. Sherman Dr., Indianapolis (46240)

North Vernon

(*Zip Code* 47265)

Berkshire, Shaffer B.....241 Norris Ave.
Calli, Louis J.....408 S. State St.
Johnson, William A.....245 Norris Ave.
Thayer, Benet W.....20 Jackson St.

Seymour

(*Zip Code* 47274)

Baxter, Harry R.....326 N. Walnut St.
Black, Joe M.....502 W. Second St.
Blaisdell, William F.....207 N. Pine St.
Bobb, Kenneth E.....410 S. Chestnut St.
Bosch, Ralph.....930 South Dr.
Day, William D. C.....515 W. Sixth St.
Graessle, Harold P. (S).....304 W. Second St.
Knotts, Slater.....650 Greenway Ct.
Linson, John C.....324 W. Second St.
Miller, Harold E.....303 S. Walnut St.
Ripley, John W.....321 Bruce St.
Wiethoff, Clifford A.....214 N. Walnut St.

JASPER COUNTY

Schantz, Richard.....Remington (47977)

Rensselaer

(*Zip Code* 47978)

Beaver, Ernest R.....111 Thompson St.
Farrell, George E.....Jasper County Hosp.
Greene, Robert W.....116 N. Cullen
O'Brien, Francis E. McKinley and Washington Sts.
Ockermann, Kenneth R.....119 W. Harrison St.
Williams, Paul A.....P.O. Box 317

JAY COUNTY

Dunkirk

(*Zip Code* 47336)

Entner, Charles L.....226 S. Meridian St.
Shroyer, Herbert L.....1321 S. Main St.
Tate, Elizabeth..... 317 S. Main St.

Andrews, C. Franklin.....R. R. 1, Geneva (46740)
Donnally, George.....R. R. 1, Geneva (46740)
Rudolph, Rosser A.
1 Wiltshire Rd., Muncie (47304)

Portland

(*Zip Code* 47371)

Cripe, William H. 302 N. Meridian St.
Fitzpatrick, James S.....603 W. Arch St.
Gillum, Eugene M.....522 W. Arch St.
Keeling, Forrest E. (S).....504 W. Arch St.
Lopez, Alfonso.....16 Weiler Bldg.
Lyon, Florence M.....402 E. Walnut St.
Schenck, Ralph E.....603 W. Arch St.
Spahr, Donald E.....615 W. Race St.
Steffy, Ralph M.....504 W. Arch St.
Vormohr, Joseph F.....604 W. Arch St.

JEFFERSON-SWITZERLAND COUNTIES

Madison

(*Zip Code* 47250)

Alcorn, Merritt O.....R. R. 2
Bascom, Karleen A.....Madison State Hospital
Bryan, Paul E.....Madison State Hospital
Burcham, James B.....Madison State Hospital
Childs, Wallace E.....112 Presbyterian Ave.
Coronel, Emmanuel R...King's Daughters' Hospital
Dagley, Hubert R.....Madison State Hospital
Fong, Theodore C. C.....Madison State Hospital
Graves, Noel S.....722 W. Main St.
Hare, Francis W., Jr.....722 W. Main St.
Harnden, Hurlbut L.....426 E. Main St.
Harris, George F.....445 Clifty Dr.
Heaton, Elton.....King's Daughters' Hospital
Jackson, Howard C.....104 E. Third St.
Johnson, Robert D.....722 W. Main St.
Love, John W.....Madison State Hospital
McAtee, Ott B.....Madison State Hospital
Modisett, Jackson W.....722 W. Main St.
Modisett, Marcella S.....722 W. Main St.
Petway, Allen P.....Jefferson Proving Ground
Pratt, Ralph M., Jr.....323 Poplar St.
Ridlon, Albert.....Madison State Hospital
Riley, Henry S.....722 W. Main St.
Rogers, Donald B.....Madison State Hospital
Rucker, Warren R.....Fairmont Dr.
Shuck, William A.....Odd Fellows Bldg.
Sloan, W. Keith.....426 E. Main St.
Turner, Anna Goss.....602 E. Second St.
Zink, Robert O.....722 W. Main St.

Haney, William K.....3227 Ann St., Lansing, Ill. (60438)

JOHNSON COUNTY

Deogracias, Francisco D.
R. R. 1, Edinburg (46124)

Franklin

(*Zip Code* 46131)

Andrews, Hugh K.....1035 W. Jefferson St.
Bullers, Robert C.....395 S. Home Ave.
Chappel, Alfred T.....100 N. Main St.
Deppe, Charles F.....301 E. Jefferson St.
Ferrara, Joseph F.....1107 N. Main St.
Foster, Robert H. K.....301 E. Jefferson St.
Hibbs, William G.....Masonic Home
Jones, Charles A.....251 E. Jefferson St.
MacQuigg, David E.....Masonic Home
Mock, Harry E., Jr.....901 N. Main St.
Palmer, Harley P.....Johnson County Mem. Hosp.
Province, William D.....100 N. Main St.
Records, Arthur W. (S).....216 Jefferson St.
Records, John M.....216 Jefferson St.
Reynolds, Paul.....1035 W. Jefferson St.
Ritteman, George W..Johnson Co. Memorial Hosp.
Roller, Mac C.....1551 N. Main St.
Stogsdill, Willis W.....R. R. 4
Walters, Jack L.....1551 N. Main St.
Waymire, William M.....101 N. Walnut St.
Wesemann, Merrill M.....251 E. Jefferson St.

Greenwood

(*Zip Code* 46142)

Barnes, Helen Beall.....360 S. Madison Ave.
Brown, George E.....374 S. Madison Ave.
Link, Charles W., Jr.....365 E. Main St.
Machledt, John H.....243 S. Madison Ave.
Ogle, Robert W.....360 S. Madison Ave.
Sheek, Kenneth I.....360 S. Madison Ave.
Thurston, Floyd E...700 Woodale Terrace, Apt. 2
Tiley, George A.....41 N. Madison Ave.
Young, Joseph W.....365 E. Main St

Bullington, George E.....Whiteland (46184)

KNOX COUNTY

Byrne, Robert J.....207 N. Main St., Bicknell (47512)

Springstun, George H. (S).....Oaktown (47561)

Vincennes

(*Zip Code* 47591)

Anderson, John B.....30 N. Third St.
Anderson, Richard M.....30 N. Third St.
Arbogast, Paul B.....915 Main St.
Barrett, Thomas L.....307 S. Fifth St.
Bartlett, Donald T.....307 S. Fifth St.
Beckes, Ellsworth W.....220 N. Fifth St.
Black, Boyd K.....Good Samaritan Hospital

Cantwell, Edgar R.....202 Broadway St.
Chattin, Herbert O......729 Main St.
Coffel, Melvin H......214 Buntin St.
Combs, Daniel J.....1325 McDowell Rd.
Curtner, Myron L. (S).....222 N. Sixth St.
Dayson, Louie O.....218 Security Bank Bldg.
Ewing, Nathaniel D......719 Nicholas
Floyd, Malcolm S.....Good Samaritan Hospital
Haswell, John.....607 Dubois St.
Hendrix, Charles E......603 Busseron St.
Humphreys, Joe E......1516 N. Second St.
Jacqmain, Ralph J.....609 Dubois St.
McCormick, Hubert D. (S).....327 Busseron St.
McDowell, Mordecai M.....611 Dubois St.
McMahan, Virgil C.....609 Dubois St.
Miller, Charles L.....301 American Bank Bldg.
Moore, Robert G. (S).....21 N. Third St.
Murray, John S.....317 Security Bank Bldg.
Nichols, Robert J.....605 Busseron St.
Parmenter, Harry B.....301 American Bank Bldg.
Shaffer, Kenneth L.....302 Main St.
Shanklin, Jack L.....702 Vigo St.
Smith, Ralph O.....603 Busseron St.
Spencer, Frederic.....902 Perry St.
Stein, Richard H.....301 American Bank Bldg.
Stewart, J. Frank W.....Hillcrest Hospital
Vaughn, Walter R.....615 Dubois St.
von der Lieth, William C.....14 N. Third St.
Welch, Norbert M.....615 Dubois St.

KOSCIUSKO COUNTY

Wilson, Wymond B.....Mentone (46539)
Pierson, Pearl H.....Silver Lake (46982)

Warsaw
(*Zip Code* 46580)

Arford, John E.....827 S. Union St.
Baum, John R. (S).....212 S. Indiana
Cron, William J.....827 S. Union St.
DuBois, Charles C. (S).....800 E. Center St.
Hashemi, Hossein.....602 S. Buffalo
Haymond, George.....600 E. Winona Ave.
Keough, Thomas F.....600 E. Winona Ave.
Moser, Arthur L.....600 E. Winona Ave.
Parke, William C.....600 E. Winona Ave.
Pullman, George R.....Murphy Medical Center
Snider, Roland.....600 E. Winona Ave.
Thomas, Everett W.....711 E. Main St.

Hogle, Frank D.
Beatty Memorial Hospital, Westville (46391)

LAGRANGE COUNTY

Mattox, Dean L.....Howe (46746)
Taylor, M. Reed, Jr.....Howe (46746)
Yunker, Philip E.....Howe (46746)

LaGrange
(*Zip Code* 46761)

Flannigan, Harley F.....213 W. Lafayette
Mellinger, Michael O.....Medical Bldg.
Studebaker, Lloyd R.....300 N. Townline Rd.

Martin, Allen S.....Shipshewana (46565)
Lehman, Kenneth M.....Topeka (46571)

LAKE COUNTY

Cedar Lake
(*Zip Code* 46303)

Babcoke, Gary A.....R. R. 2, Box 337
King, Robert W......**R. R. 1, Box 6**
Miller, Donald C.....R. R. 2, Box 337
Misch, William.....R. R. 2, Box 337
Steward, Paul W.....R. R. 2, Box 337

Crown Point
(*Zip Code* 46307)

Alvarez, Paul.....7745 Carolina Pl.
Beckman, Arthur.....12110 Grant St.
Birdzell, John P.....124 N. Main St.
Carpenter, Bennie F.....123 N. Court St.
Carroll, Mary E.....124 N. Main St.
Doherty, Raymond J.....47 W. 68th Place
DuSold, Donald D.....R. R. 1, Box 122
Fadul, Armand.....47 W. 68th Pl.
Gutierrez, Peter E.....12110 Grant
Horst, William N.....123 N. Court St.
Mirich, Ernest C.....960 W. 66th Ave.
Monroe, F. Bruce.....40 West 73rd St.
Poracky, Bernard F.....5598 Van Buren St.
Russo, Andrew E.....12110 Grant
Steele, Everett B.....318 S. East St.
Wilson, Norman J.....James Parramore Hospital

Lopez, Filemon P.....212 Joliet St., Dyer (46311)

East Chicago
(*Zip Code* 46312)

Barron, Elmer A.....3414 Michigan Ave.
Benchik, Frank A.....4712 Magoun Ave.
Beruben, Miguel F.....3717 Main St.
Boys, Fay F.....4712 Magoun Ave.
Braun, Benjamin D. St. Catherine's Hospital
Broomes, Edward L. C.....2402 Broadway
Bryant, Edward G.....2220 Broadway
Campagna, Ettor A.....3406 Guthrie St.
Dainko, Alfred J.....915 W. Chicago Ave.
Dimailig, Gregorio H.....1802 Columbus Dr.
Dunning, Preston M.....3210 Watling
Feinberg, Irwin.....1802 E. Columbus Dr.
Fleischer, Jacob C.....4035 Elm St.
Given, Gilbert Z.....3803 Main St.
Govorchin, Alexander.....4614 Baring
Grosso, William G.....1919 E. Columbus Dr.
Hammer, Michael.....4035 Elm St.
Harper, James W.....3847 Euclid
Hayes, Jesse D.....4804 Alexander
Hernandez, I. C.....1802 Columbus Dr.
Jacobo, Miguel J.....1419 Carroll St.
Keskin, Ibrahim.....1820 Columbus Dr.
Kopanko, Bernard F.....915 W. Chicago Ave.
Kotas, Walter S.....3210 Watling St.
Levin, Eli L. (S).....4105 Grand Blvd.
Marks, Ora L.....815 W. Chicago Ave.
Marquinez, Adoracion A.....2102 Lituanica Ave.
Martirez, Napoleon A.....4710 Indianapolis Blvd.
Milan, Shijachki D.....622 W. Chicago Ave.
Min, David.....815 W. Chicago Ave.
Nicosia, John B.....1802 E. Columbus Dr.
Noe, Joseph T.....3210 Watling St.
Payne, Arthur C. (S).....2020 Broadway
Reitman, Paul H.....4321 Fir St.
Romero, Plinio.....3807 Main St.
Santschi, Don R.....4321 Fir St.
Serna, Carlos A.....1802 E. Columbus Dr.
Serna, Jesus A.....3619 Main St.
Shulruff, Harry I.....3701 Main St.
Stieglitz, Jean Ann.....4321 Fir St.
Strom, Jack.....1820 E. Columbus Dr.
Teegarden, Joseph A., Jr.....1919 E. Columbus Dr.
Teplinsky, Louis L.....1802 E. Columbus Dr.
Trepagnier, Francis B.....2108 Broadway
Walker, Adolph P.....1820 E. Columbus Dr.
Wang, Tieh C.....4321 Fir St.
Zivich, John M.....3701 Main St.

Gary

(*Zip Code* 464 *plus zone number*).

Abramson, Allan L.....3290 Grant St. (08)
Agana, Adriano A.....5000 W. Ridge Rd. (08)
Alfano, Paul A.....2717 Wabash (04)
Almquist, Carl O. (S).....550 Lincoln (02)
Ambrozaitis, Kazys.....1600 W. Sixth Ave. (02)
Amico, Pasquale J.....6111 Harrison St. (08)
Balter, Eugene.....1600 W. Sixth Ave. (02)
Barros, Paul.....6111 Harrison St. (08)
Barton, Reginald R.....427 S. Lake (03)
Bastug, Erol.....2444 W. 64th Pl. (10)
Bergal, Milton B.....504 Broadway (02)
Bernard, Marvin R.....4431 Broadway (09)
Bills, R. James.....504 Broadway (02)
Bills, Robert N. (S).....504 Broadway (02)
Boone, Clarence W.....2200 Grant St. (04)
Bornstein, Herschel.....3233 Broadway (09)
Brandman, Harry.....504 Broadway (02)
Brincko, John.....504 Broadway (02)
Brown, Leo R.....3290 Grant St. (08)
Cabrera, Pelayo B.....540 Tyler St. (02)
Cahue, Antonio R.....3290 Grant St. (08)
Carberry, George A.....3656 Grant St. (08)
Carbone, Joseph A.....6111 Harrison St. (08)
Carey, J. Albert.....2964 W. 11th Ave. (04)
Carmody, Raymond F.....5284 Broadway (08)
Chip, Jerald N.....6111 Harrison St. (08)
Choslovsky, Sydney.....1600 W. Sixth Ave. (02)
Chube, David D.....1649 Broadway (07)
Cohen, Hyman.....1600 W. Sixth Ave. (02)
Cooper, Leo K.....504 Broadway (02)
Corrao, Gaetano.....2471 Colfax (06)
Daniel, Robert A.....738 Broadway (02)
Darling, Dorothy R.....807 Fayette (03)
Davidson, Charles O.....2200 Grant (04)
De Bois, Elon.....2200 Grant St. (04)
DeMelo, Luiz P.....6111 Harrison St. (08)
Dierolf, Edward J.....504 Broadway (02)
Disney, Charles T.....504 Broadway (02)
Donchess, Joseph C.....578 Broadway (02)
Doneff, Ronald H...5490 Broadway Plaza (08)
Doumanian, Heratch O.....540 Tyler St. (02)
Duncan, John S. (S).....2165 W. 11th Ave. (04)
English, Hubert M. (S)....673 Broadway (02)
Espy, Theodore R.....1901 Broadway (07)
Fadell, Matthew J.....6111 Harrison St. (08)
Gallinatti, John J.....554 S. Lake (03)
Gehring, Thomas A.....6111 Harrison St. (08)
Gilles, Pierre.....2200 Grant St. (04)
Glover, William J.....6111 Harrison St. (08)
Goldberg, Harold B.....3656 Grant (08)
Golding, Robert F.....540 Tyler St. (02)
Goldstone, Adolph.....3229 Broadway (09)
Goldstone, Arthur.....4676 Jefferson Pl. (08)
Goldstone, Joseph.....3229 Broadway (09)
Goldstone, Robert J.....3229 Broadway (09)
Goldstone, Sidney R.....535 W. 35th Ave. (08)
Goodwin, Thomas..3820 Central, East Gary (05)
Grant, Benjamin F.....1706 Broadway (07)
Gregoline, Amadeo F.....700 Arthur (04)
Gregoline, Eugene.....4655 Broadway (09)
Hadey, James H.....6111 Harr St. (10)
Haith, John W.....1960 W. 11th St. (04)
Halley, Robert.....4655 Broadway (09)
Han, Daniel.....1600 W. Sixth Ave. (02)
Hedrick, James T.....2200 Grant St. (04)
Hodurski, Zigfield.....4319 Broadway (09)
Hoit, Leonard.....504 Broadway (02)
Holliday, Alfonso.....2200 Grant St. (04)
Irish, Wilbur J.....358 Johnson St. (02)
Jahns, Albin A.....2318 W. Fifth St. (04)
Johnson, Arnold L.....2200 Grant St. (04)
Johnson, Lonnie B. (S).....123 W. 21st St. (07)
Johnson, William H.....6111 Harrison St. (08)
Kaltenthaler, Albert....1600 W. Sixth Ave. (02)
Kamen, Jack M.....540 Tyler St. (02)
Kendrick, Frank J.....504 Broadway (02)
Klaus, Julius M.....4645 Broadway (09)
Kmak, Chester J.....6111 Harrison (08)
Kobrin, Meyer W.....3229 Broadway (09)
Kolbas, Eugene.....6111 Harrison St. (08)
Kolettis, John G.....6111 Harrison St. (08)
Kopcha, Joseph E.....504 Broadway (02)
Korn, Jerome M.....3290 Grant St. (08)
Leahey, Jerome M.....554 S. Lake St. (03)
Lebioda, Henry S.....5490 Broadway Plaza (08)
Lewis, Lucien A.....2200 Grant St. (04)
Lewis, William R.....4395 W. Fifth St. (06)
Lipschutz, Harold.....3290 Grant (08)
Lipsey, Alfred J.....3290 Grant (08)
Loh, Hwei-Ya (Chang).252 Morningside Ave. (08)
Loh, Wei-Ping.....1600 W. Sixth Ave. (02)
Lopez, Santiago A.....4655 Broadway (09)
Lorenty, Thaddeus B.....504 Broadway (02)
Lovell, Martin H. (S).....124 W. 25th Ave. (02)
Lutz, Georgianna (S).....504 Broadway (02)
Lytwakiwsky, Anatol.....6101 Miller Ave. (03)
McDonald, Walter E.....2200 Grant St. (04)
McMath, Samuel B.....1505 Taft St. (04)
Madrilejo, Nora G.....504 Broadway (02)
Manalo, Francisco S.....538 Lincoln (02)
Marcus, Morris C. (S).....3229 Broadway (09)
Marshall, Millard R.....1215 Vermillion St. (03)
Martino, Robert S.....5587 Broadway (09)
Mason, Earl.....540 Tyler St. (02)
Mather, J. Winford
2250 Ripley St., East Gary (05)
Mayorga, Alfredo.....3807 Washington (08)
Milos, Robert J.....504 Broadway (02)
Minczewski, Richard C.
5490 Broadway Plaza (08)
Mirro, John A.....6111 Harrison St. (08)
Mitchell, Georgia B.....1706 Broadway (07)
Molengraft, Cornelius J.....504 Broadway (02)
Moore, Edwin G.....26 E. 15th Ave. (07)
Mott, William H.....2200 Grant St. (04)
Nazon, Yvon J.....1649 Broadway (07)
Nelson, Walfred A.....559 S. Lake St. (03)
Oberlander, Seymour.....3290 Grant St. (08)
Olivo, Marciano T.....1600 W. Sixth Ave. (02)
Olson, Leslie D.....2318 W. Fifth Ave. (04)
Ong, Tiong G.....6101 Miller Ave. (03)
Ornelas, Joseph P.....6111 Harrison St. (08)
Pappas, Eddie T.....2717 Wabash Ave. (04)
Parratt, Louis W.....708 Broadway (02)
Penn, Robert A.
3820 Central Ave., East Gary (05)
Pettis, Arthur G.....1600 W. Sixth Ave. (02)
Phillips, Donald M.....5370 Connecticut (09)
Pierson, Howard.....6111 Harrison St. (08)
Platis, James M.....504 Broadway (02)
Pruitt, Jacob E.....6111 Harrison St. (08)
Radigan, Leo R.....6111 Harrison St. (08)
Reynolds, James S.....504 Broadway (02)
Richter, Samuel.....504 Broadway (02)
Riordan, John F.....1600 W. Sixth Ave. (02)
Roig, Jose H.....6111 Harrison St. (08)
Rosenbloom, Philip J.....571 Lincoln St. (02)
Ross, David E., Jr.....633 E. 21st Ave. (07)
Roth, Leo.....3229 Broadway (09)
Roth, Melvin I.....3229 Broadway (09)
Rubin, Simon S.....504 Broadway (02)
Ryan, Hubert J.....5490 Broadway Plaza (08)
Saavedra, Bernardo.....4431 Broadway (09)
Sablay, Nonito M.....718 Arthur St. (04)
Sala, Joseph J.....2705 Wabash (04)
Sala, Walter R.....2705 Wabash (04)
Schulz, Kurt J. 4645 Broadway (09)
Scully, John T.....6111 Harr St. (10)
Shapiro, Seymour W.....6111 Harrison St. (08)
Slama, George F.....6111 Harrison St. (08)
Slama, John T.....6111 Harrison St. (08)
Spellman, Frank W.....401 S. Lake (03)

Spivack, Mary.....504 Broadway (02)
Stern, Mona K.....7535 E. Harold St. (03)
Thomas, Daniel D.....3290 Grant St. (08)
Thomas, Gerald J.....3290 Grant St. (08)
Turgi, Robert W.....6111 Harrison St. (08)
Valencia, Monico
2606 Central Ave., East Gary (05)
Valenzuela, Roberto D.....765 Broadway (02)
Valenzuela, Sofia S.....765 Broadway (02)
Volan, George J.....2620 W. Fifth Ave. (04)
Voorhies, McKinley.....1606 Broadway (07)
Weiskopf, Henry S.....504 Broadway (02)
Wharton, Russell O. (S)....6559 Ash Place (03)
Wigutow, Marcus.....475 Broadway (02)
Williams, Alexander S.....436 W. 25th Ave. (07)
Williams, Carl N.....1902 W. 11th Ave. (04)
Williams, Edwin D.....436 W. 25th St. (07)
Williams, Fred R.....1119 Grant St. (04)
Woodward, William M.....Gary Steel Works (02)
Yast, Charles J.....6111 Harrison St. (08)
Yocum, Paul S., Jr.....504 Broadway (02)
Yocum, William S.....9 W. Sixth Ave. (02)
Young, George M.....3656 Grant St. (08)
Young, Robert L.....504 Broadway (02)
Zucker, Edward.....504 Broadway (02)

Griffith

(*Zip Code* 46319)

Cespedes, Carlos A.....401 N. Broad St.
Lundeberg, Ralph A.....1212 N. Broad St.
Modjeski, Joseph R.....1707 N. Arbogast, Apt. 1F
Purcell, Richard J.....433 N. Greenwood
Siekierski, Joseph M.....145 N. Griffith

Hammond

(*Zip Code* 463 *plus zone number*).

Balaguer, Carmen V.....20 Kenwood St. (24)
Bethea, Dennis A. (S).....1021 Field St. (20)
Brennan, Bess B.....2450 169th St. (23)
Cotter, Edward R.....2415 169th St. (24)
Dragomer, Andrei S.....2450 169th St. (23)
Eggers, Ernest L. (S).....635 165th St. (24)
Egnatz, Nicholas....7330 Indianapolis Blvd. (24)
Ferry, John L.....2450 169th St. (23)
Fischer, Burnell.....49 Indi-Illi Park (24)
Friedman, Isadore E..7217 Indianapolis Blvd. (24)
Harvey, David M.....429 Conkey St. (24)
Jones, Eli S. (S).....50 Kenwood St. (24)
Kolanko, Leon A.....30 Douglas St. (20)
Koransky, David S.....6850 Hohman Ave. (24)
LaFollette, Forrest R.....2450 169th St. (23)
Levin, Harvey J.....2450 169th St. (23)
McVey, Clarence A. (S)
5231 Hohman Ave. (20)
Manley, Floyd.....6010 Columbia Ave. (20)
Marks, Salvo P.....6860 Hohman Ave. (24)
Mason, Richard L.....132 Rimbach St. (20)
Medina, Herbert A.....2450 169th St. (23)
Montes, Herminio Y.....5217 Hohman Ave. (20)
Palmer, Barron M. F.....6134 Columbia (20)
Panares, Solomon V.....5434 Hohman Ave. (20)
Peck, Edward A.....430 Conkey St. (24)
Peiffer, Geraldine M...St. Margaret Hospital (20)
Pilot, Jean.....5231 Hohman Ave. (20)
Polite, Nicholas L..7127 Indianapolis Blvd. (24)
Premuda, Franklin F....7042 Woodmar Ave. (23)
Ramker, Daniel T.....7040 Kennedy Ave. (23)
Rhind, Alexander W. (S)...422 Conkey St. (24)
Rosenthal, Carl....St. Margaret Hospital (20)
Schwartz, Mary M.....7315 Forest Ave. (24)
Shapiro, Joseph.....2450 169th St. (23)
Solis, Roger V.....430 Conkey St. (24)
Stasick, Murray.....7330 Indianapolis Blvd. (24)
Steen, Lowell H.....2450 169th St. (23)
Stern, Samuel L.....5231 Hohman Ave. (20)
Tanrikulu, Oran.....2450 169th St. (23)
Tilka, Edward C.....7134 Calumet Ave. (24)
Troy, Jack M.....2450 169th St. (23)
Weissman, Charles G.....5246 Hohman Ave. (20)
White, Gilbert H., Jr.....6429 Kennedy Ave. (23)
Willardo, Albert T.....30 Douglas St. (20)
Wong, Samuel N.....30 Douglas St. (20)
Zallen, Stanley G.....6933 Kennedy Ave. (23)

Highland

(*Zip Code* 46322)

Angel, Virgil E.....2933 Jewett
Eugenides, Tatiana.....8136 Kennedy
Florcruz, Arturo R.....3605 43rd St.
Gonzales, Sesinando A.....2513 Highway Ave.
Lutz, Andreas L.....8136 Kennedy Ave.
Nunez, Gilbert T.....8136 Kennedy Ave.
Santiago, Iluminada.....8127 Kennedy
Sroka, Stanley J.....2942 Highway Ave.
Urbanski, Walter P.....2513 Highway Ave.
Vergara, Abelardo F.....3727 44th St.

Hobart

(*Zip Code* 46342)

Carter, John O.....295 S. Wisconsin
Kellar, Philip E.....904 W. Ridge Rd.
Krsek, Archie J.....10 N. Michigan Ave.
Markle, Joseph G.....703 N. Hobart Rd.
Parker, Harry C. (S).....831 Garfield St.
Pike, Warren H.....108 E. Third St.
Reed, John J.....10 N. Michigan Ave.
Stookey, Richard D.....295 S. Wisconsin
Thomas, Andrew C.....250 S. Washington St.
Wylie, Robert R.....904 W. Ridge Rd.

Bakos, Edward R.....Community Mental Health Center, Marion Co. General Hospital, Indianapolis (46202)

Lowell

(*Zip Code* 46356)

Smith, Robert D.....308 E. Commercial
Templin, David B.....308 E. Commercial

Schmitt, Robert J.
100 Gardena St., Michigan City (46360)
Wimmer, Robert N. (S).....101 Superior St., Michigan City (46360)

Munster

(*Zip Code* 46321)

Adler, Fred.....509 Ridge Rd.
Ahn, Kyung J.....1328 Fischer
Allegretti, Michael L.....7905 Calumet Ave.
Alt, Edward M., Jr.....7550 Hohman Ave.
Angulo, Edilberto D.....110 Ridge Rd.
Arbeiter, Herbert I.....7550 Hohman Ave.
Arrowsmith, James L.....513 Ridge Rd.
Beconovich, Robert.....7905 Calumet Ave.
Bombar, Leslie E.....7905 Calumet Ave.
Branco, Arthur M.....7905 Calumet Ave.
Brenner, Howard B.....7905 Calumet Ave.
Brodersen, James D.....7936 Monroe
Chael, Thomas C.....7905 Calumet Ave.
Church, Robert A.....110 Ridge Rd.
Costello, Albert J.....110 Ridge Rd.
de la Cotera, Frederick G.....7905 Calumet Ave.
DePorter, Louis A.....7905 Calumet Ave.
Eggers, Henry W.....110 Ridge Rd.
Espino, Jose C.....8144 Calumet Ave.
Estacio, Romeo Y.....7905 Calumet Ave.
Feldner, Ronald P.....110 Ridge Rd.
Fetrow, Kenneth O.....7905 Calumet Ave.
Fitzpatrick, William J.....110 Ridge Rd.
Fox, Jack M.....7550 Hohman Ave.
Frieske, David A.....7905 Calumet Ave.
Galante, Albert.....110 Ridge Rd.
Gevirtz, Milton B. (S).....7905 Calumet Ave.
Goldenberg, Mitchell E.....7550 Hohman Ave.

Gordon, Mark.....7905 Calumet Ave.
Grabow, Emil F.....7905 Calumet Ave.
Grayson, Fred E.....513 Ridge Rd.
Gross, Joseph O.....7905 Calumet Ave.
Halum, Ramon G., Jr.....7905 Calumet Ave.
Hammond, Stanley.....7905 Calumet Ave.
Hehemann, William V.....7905 Calumet Ave.
Hieber, Frank R.....7905 Calumet Ave.
Hirsch, Melvin L.....1111 MacArthur Blvd.
Howard, Wm. Harry (S).....8417 Parkview
Husted, Robert G.....7905 Calumet Ave.
Kelly, George G.....7905 Calumet Ave.
Kenney, Francis D.....110 Ridge Rd.
Kitt, Walter.....7550 Hohman Ave.
Kott, Alexander.....7550 Hohman Ave.
Kuhn, Arthur J.....7905 Calumet Ave.
Kuhn, Hedwig S. (S).....7905 Calumet Ave.
Lanman, John U.....8146 Calumet Ave.
Larrabee, James F.....7905 Calumet Ave.
Lautz, Herbert A.....7905 Calumet Ave.
Long, Keith J.....1327 Ridgeway
Madlang, Rodolfo M.....7550 Hohman Ave.
Madrilejo, Roberto B.....7905 Calumet Ave.
Mansueto, Mario D.....509 Ridge Rd.
Maroc, James A.....110 Ridge Rd.
Marshall, Wilbur J.....7905 Calumet Ave.
Mason, John C.....7905 Calumet Ave.
Mintz, Alfred M.....7550 Hohman Ave.
Morris, William H.....7905 Calumet Ave.
Navarre, Vincent J.....509 Ridge Rd.
Neal, Leonard W.....7905 Calumet Ave.
Paul, Eudell G.....7550 Hohman Ave.
Polydefkis, Dimitri.....509 Ridge Rd.
Portney, Fred R.....7905 Calumet Ave.
Rasch, George C., Jr.....1519 35th St.
Rawlins, Carolyn M.....7550 Hohman Ave.
Remich, Antone C.....7905 Calumet Ave.
Rendel, Donald T.....513 Ridge Rd.
Repay, Walter A.....513 Ridge Rd.
Rieser, Aloys M., Jr.....8205 Oakwood
Rosevear, Henry J.....110 Ridge Rd.
Rubright, Robert L.....7905 Calumet Ave.
Santare, Vincent J.....513 Ridge Rd.
Schlesinger, Daniel J.....7905 Calumet Ave.
Schwartz, Jack.....7550 Hohman Ave.
Serrano, Jose F.....7905 Calumet Ave.
Smith, Jerald E.....7905 Calumet Ave.
Smitley, Roger P.....110 Ridge Rd.
Snyder, Jerome A.....7905 Calumet Ave.
Stevens, Edwin W.....7905 Calumet Ave.
Trachtenberg, Lee.....513 Ridge Rd.
Valderrama, Hugo.....1325 MacArthur
Vandertoll, Donald.....509 Ridge Rd.
Vitacca, Rocco J.....110 Ridge Rd.
Westhaysen, Peter V.....7550 Hohman Ave.
Wooden, Thomas F.....8354 Parkview

Angeles, Uldarico A.....Box 910, Portage (46368)
Egnatz, Charles D.....Rts. 41 and 30, Schererville (46375)
Shevick, Alexander
8 Garfield Ave., Valparaiso (46383)
Vore, Hugh A. (S)..Lamp Post Manor Estates, R. R. 3, Warsaw (46580)

Whiting

(*Zip Code* 46394)

Best, Robert C.....2075 Indianapolis Blvd.
Brennan, William C.....2075 Indianapolis Blvd.
Frankowski, Clementine E...1907 New York Ave.
Greisen, Jack G.....2075 Indianapolis Blvd.
Gustaitis, John W.....2075 Indianapolis Blvd.
Kim, Young S.....2075 Indianapolis Blvd.
Kudele, Louis T.....1321 119th St.
Reed, Ronald R.....2075 Indianapolis Blvd.
Reeve, Bryce L.....2815 Indianapolis Blvd.
Rudser, Donald H.....2075 Indianapolis Blvd.
Siler, George B.....2815 Indianapolis Blvd.
Silvian, Harry A.....1010 119th St.
Smith, Theodore J.....1542 Roberts
Sokol, Allen B.....2075 Indianapolis Blvd.
Stecy, Peter.....1902 Indianapolis Blvd.
Weinberg, Benjamin A.....1104 119th St.

Behn, Walter M. (S)
1327 College Ave., Wheaton, Ill. (60187)
Bendler, Carl H.
409 Lakeview Dr., Sandford, Fla. (32771)
Brand, Anna
656 Wentworth, Calumet City, Ill. (60409)
Brasovan, Srbislav.....Beach Army Hosp., Mineral Wells, Texas (76067)
Dimitroff, Lambro.....500 River Oaks Dr., Calumet City, Ill. (60409)
Dumanian, Ara V.....18668 Dixie Highway, Homewood, Ill. (60430)
Frahm, Charles....18668 Dixie Highway, Homewood, Ill. (60430)
Gardiner, H. Glenn.....P. O. Box 21111, Kennedy Space Center, Fla. (32815)
Hayes, Frank W.....2426 Harbor Court, Fairfield, Calif. (94533)
Johns, David R. (S).....2080 Lopiere Rd., Beloit, Wis. (53511)
Khaton, Odessa M.
Michael Reese Hosp., Chicago, Ill. (60616)
Loftman, Bert A.....2476B Mann Rd., Ft. Lewis, Wash. (98433)
Moleski, Walter L.....Hq. B, 6/33 Arty., 108th Group, APO San Francisco, Calif. (96490)
Murphy, Joseph F.....3335 178th St., Lansing, Ill. (60438)
Seyler, Anna G. (S)
2780 Hillcrest Dr., LaVerne, Calif. (91750)
Somers, Emmanuel..... 139 Graymoor Lane, Olympia Fields, Ill. (60461)
Speer, Thomas A.....500 W. Madison St., Chicago, Ill. (60606)
Theobald, Sterling.....New Tribes Institute, Star Route, Jersey Shore, Pa. (17740)
Toussaint, Linnie F.....7758 S. Crandon Ave., Chicago, Ill (60649)
Tyrrell, Joseph J.....800 State Line, Calumet City, Ill. (60409)
Tyrrell, Thomas C.
800 State Line, Calumet City, Ill. (60409)
Yanson, Mannfredo R. S...P.O. Box 2024, Oxnard, Calif. (93031)

LA PORTE COUNTY

Salsburg, Herbert E.....R. R. 1, Box 357, Hamlet (46532)
Oak, David D., Jr.....Hanna (46340)
Oak, David D., Sr. (S).....LaCrosse (46348)

La Porte

(*Zip Code* 46350)

Backer, George P.....806 Maple Ave.
Backer, Mary B.....903 Indiana Ave.
Brown, David B.....1200 Michigan Ave.
Carpentier, James R.....900 I St.
Carter, Fred S.....1200 Michigan Ave.
Datzman, Basil J.....301 Wile St.

Durham, Lowell J.....316 Pine Lake Ave.
Elshout, Clem H.....403 First Nat'l. Bank Bldg.
Erwin, W. Robert.....900 I St.
Farnsworth, Samuel A.....1012 Michigan Ave.
Feinn, Harry S.....1013 Indiana Ave.
Kelsey, Robert M., Jr.....1200 Michigan Ave.
Kepler, Robert W.....708 Harrison St.
Kim, Joon S.....Community Hospital
Lansford, Kenneth G.....1200 Michigan Ave.
Larson, Goyt O.....1110 Indiana Ave.
Mead, Frank E.....901 Indiana Ave.
Moore, William G.....301 Wile St.
Mueller, Edwin C.....900 I St.
Philbrook, Seth S.....705 Harrison St.
Predd, Adolph C.....909 Madison St.
Richter, John C.....900 I St.
Sanchez, Jose D.....2424 Monroe
Scott, John S.....806 Maple Ave.
Sirugo, Aldo C.....1200 Michigan Ave.
Smith, John A.....301 Wile St.
Sprecher, James J. J.....900 I St.
Tabaka, Francis B.....1201 Maple Ave.
von Asch, George.....1200 Michigan Ave.
Wolf, William E.....403 First Nat'l. Bank Bldg.
Zahrt, Frank H.....Fox Village Medical Bldg.

Michigan City

(*Zip Code* 46360)

Armstrong, Thomas D.....120 W. Ninth St.
Arney, Amos.....125 E. Fifth St.
Baker, Warren (S).....427 Warren Bldg.
Bankoff, Milton L.....125 E. Fifth St.
Battle, Frederick G.....3714 Franklin St.
Bergan, Joseph A.....217 W. Homer St.
Berkson, Myron E.....801 Washington St.
Carlson, Norman R.....913 Wabash St.
Fargher, Francis M.....907 Washington St.
Frost, Robert J.....1701 Buffalo St.
Gardner, Melvin D.....801 Washington St.
Gardner, Russell A.....801 Washington St.
Gilmore, Robert W.....1715 Buffalo St.
Gilmore, Russell A. (S).....304 Warren Bldg.
Hay, Gene R.....515 Pine St.
Henderson, Norman C.....131 E. Eighth St.
Hillenbrand, Charles.....128 W. 10th St.
Hodonos, Phillip E.....125 E. Fifth St.
Jones, King S. (S).....328½ Franklin St.
Kemp, John T.....122 E. Seventh St.
Kerr, Charlotte H.....1707 Buffalo St.
Kerr, John E.....1709 Buffalo St.
Kerrigan, John F.....916 Washington St.
Kerrigan, Robert L. (S).....916 Washington St.
Kubik, Francis J.....902 Pine St.
Liddell, Charles K.....515 Pine St.
Luce, John W.....916 Washington St.
Mannion, Rodney A.....1709 Buffalo St.
Marske, Robert L.....1713 Buffalo St.
McGue, Frank J.....723 Franklin St.
McInerney, Gerald T.....3714 S. Franklin St.
Meyer, Hans.....101 Superior St.
Miller, Maurice.....125 E. Fifth St.
Milne, Walter S.....916 Washington St.
Mladick, Edward A.....1412 Franklin St.
Novak, Clarence G.....3714 S. Franklin St.
O'Brien, Raymond J.....1412 Franklin St.
Paul, Leonard G.....515 Pine St.
Perez, Cesar R.....P.O. Box 39
Perez, Hilda A.....P.O. Box 39
Phillips, John H.....801 E. 11th St.
Pilecki, Peter J.....515 Pine St.
Plank, Charles R.....732 E. Pine St.
Reed, Nelle C. (S).....3210 Tilden Ave.
Roberts, Thomas K.....517 Pine St.
Stark, William A.....1412 Franklin St.
Ticsay, Bienvenido V.....801 Washington St.
Walters, William H.....3714 Franklin St.
Weeks, Patrick H. (S).....305 N. Carroll Ave.
Weiss, Albert E.....517 Pine St.
Zalac, Donald A.....732 Pine St.

Weinstock, Adolph.....Rolling Prairie (46371)
Moosey, Louis.....Union Mills (46382)
Benz, Owen F.....Wanatah (46390)

Westville

(*Zip Code* 46391)

Bosler, Howard A.....Beatty Circle
Brauer, Abraham A.....Beatty Memorial Hospital
Dieter, William J. (S).....Box 145
Hetman, Mitchell J.....Westville
Matthew, John R.....Beatty Memorial Hospital
Mendez, Carlos.....Beatty Memorial Hospital
Oster, Jack H.....Beatty Memorial Hospital
Sennett, Cecil M. (S).....Box 66

Constan, Evan.....3009 Burnet Ave., Cincinnati, Ohio (45219)

LAWRENCE COUNTY

Bedford

(*Zip Code* 47421)

Austin, Richard P.....Citizens Nat'l. Bank Bldg.
Benham, Lawrence E.....310 Stone City Bank Bldg.
Bridwell, Edgar.....1626 24th St.
Crosby, Reid C.....2900 W. 16th St.
Duncan, Raymond.....2900 W. 16th St.
Dusard, Joseph C.....304 Citizens Nat'l Bank Bldg.
Edmonds, Kendrick.....Dunn Memorial Hospital
Emery, Charles B.....2325 Q St.
Fountaine, Thomas J.....1618 24th St.
Hammel, Howard T.....Citizens Nat'l. Bank Bldg.
Hawkins, Richard D.....2900 W. 16th St.
Kasting, Gerald.....1622 24th St.
Kerr, Donald M.....2900 W. 16th St.
McPike, Joseph D.....1103 Lincoln Ave.
Morrow, Robert J.....1317 L St.
Mount, James L.....2900 W. 16th St.
Noe, William R.....2900 W. 16th St.
Reuter, John W.....U. S. Highway 50 E, R. R. 6
Scherschel, John P.....1711 H St.
Shortridge, Donald R.....R. R. 5, Brook Knoll
Sorrells, George W.....2900 W. 16th St.
Waldo, Guy H.....2900 W. 16th St.
Wohlfeld, Julius B.....1222 15th St.
Woolery, Richard H.....1310 W. 16th St.

Hamilton, James R. (S) 111 S. Seventh St., Mitchell (47446)
Oswalt, James T.....Mitchell (47446)

MADISON COUNTY

Alexandria

(*Zip Code* 46001)

Gaunt, Everett W.....214 E. John St.
Leroy, Alvin G.....1309 N. Harrison St.
Overpeck, George H. (S).....313 N. Harrison St.
Owen, Thomas F.....313 N. Harrison St.
Shafer, Richard H.....111 S. Harrison St.

Anderson

(*Zip Code* 460 *plus zone number.*)

Aagesen, Walter J.....1931 Brown St. (14)
Abell, William A.....1308 E. Fifth St. (12)
Allen, Lawrence E.....610 Citizens Bank Bldg. (16)
Armington, Charles L. 655 Anderson Bank Bldg. (16)
Armington, Robert L.....P.O. Box 1140 (15)
Austin, Charles E.....1415 Raible St. (11)
Baughn, William L.....Guide Lamp

Beeler, Franklin K.....1931 Brown St. (14)
Begley, Robert W.....1912 S. Jackson (14)
Bixler, Donald P.....1931 Brown St. (14)
Blassaras, Crist A.....2005 Broadway (12)
Bowers, Charles R.....2009 Brown St. (14)
Bridges, Alvin L.....1302 Madison Ave. (11)
Buckles, David L.....St. John's Hospital (14)
Bush, Edward R.....704 E. Eighth St. (12)
Campbell, Frank.....1302 Madison Ave. (11)
Caudill, Rodney C.....1308 E. Fifth St. (12)
Denny, Melvin H.....1207 Van Buskirk Rd. (11)
Dixon, Rex W.....934 W. Eighth St. (12)
Doenges, James L.....1931 Brown St. (14)
Donaldson, Frank C.....1931 Brown St. (14)
Drake, James R.....2304 Meridian St. (14)
Drake, John C.....604 Anderson Bank Bldg. (16)
Drennen, Robert V...1230 E. Chesterfield Dr. (12)
Dulin, Basil B.....St. John's Hospital (14)
Ellis, Seth W. (S)
1324 W. Eighth St., Apt. D. (11)
Elsten, Aubrey W.....1307 Park Rd. (11)
Faust, Howard M., Jr.
1508 N. Madison Ave. (12)
Ferguson, Donald H.....2009 Brown St. (14)
Fischer, Warren E.....St. John's Hospital (14)
Gahimer, Joe E.....215 W. 19th St. (14)
Gholz, Lawrence M.....Delco Remy Div. (11)
Hart, William D.....2304 Meridian St. (14)
Hensler, Benton M.....1415 Raible (11)
Jarrett, Paul E.....1415 Raible (11)
Jones, Albert T.....3316 Cherry Rd. (11)
Jones, David G.....1504 N. Madison Ave. (12)
Jones, Horace E.....926 W. Vineyard (12)
Kelly, Wendell C.....704 E. Eighth St. (12)
Kiely, John T.....1931 Brown St. (14)
King, Charles R.....1415 Raible St. (11)
King, Joseph W.....267 Citizens Bank Bldg. (16)
Kopp, William R.....333 Jackson St. (12)
Lamey, Paul T.....423 Citizens Bank Bldg. (16)
Land, Richard N.....2009 Brown St. (14)
Larmore, Joseph L..612 Anderson Bank Bldg. (16)
Long, Paul L.....710 Anderson Bank Bldg. (16)
McDonald, Virgil G (S)..1019 Delaware St. (16)
Meister, Doris (S).....315 W. Ninth St. (16)
Miethke, Richard P.....Delco Remy Div. (11)
Moneyhun, James E.....2009 Brown St. (14)
Morris, Robert A.....1309 Park Rd. (11)
Neale, Alfred E.....1931 Brown St. (14)
Nesbit, Leonard L. (S)
415 Citizens Bank Bldg. (16)
Patterson, William K.....1308 E. Fifth St (12)
Polhemus, Warren C.....1803 Pearl St. (16)
Price, Ambrose M...621 Citizens Bank Bldg. (16)
Reed, Roger R.....1601 Van Buskirk Rd. (11)
Rosenbaum, Lloyd E.
647 Citizens Bank Bldg. (16)
Ross, Guy E.....1931 Brown St. (14)
Sharp, William L..559 Citizens Bank Bldg. (16)
Sheldon, Suel A...508 Anderson Bank Bldg. (16)
Stamper, Joseph H.....1415 Raible (11)
Stamper, Robert J. 1415 Raible (II)
Starks, William O.....3405 Nichol Ave. (11)
Stevenson, Jerry L.....St. John's Hospital (14)
Stinson, William M.....333 Jackson St. (12)
Szumilas, Peter P.....2009 Brown St. (14)
Taylor, James A.....Delco Remy Div. (11)
Tierney, William J.
702 Anderson Bank Bldg. (16)
Wagoner, John R...708 Anderson Bank Bldg. (16)
Webb, Harry D.....515 Citizens Bank Bldg. (16)
Weiss, Louis L.....1225 N. Madison (11)
Whitaker, Jack D.....Community Hospital (11)
Wilder, Gordon B. (S)....338 W. Eighth St. (16)
Berman, Edward J.....6145 Autumn Lane (20)
Williams, Francis M.....1132 Central Ave. (16)
Williams, Robert D.....2009 Brown St. (14)
Williams, Robert H.....2009 Brown St. (14)
Woodbury, Clarence R...3405 Nichol Ave. (11)
Wright, Cecil S. (S)..207 Beverly Terrace (11)

Elwood

(*Zip Code* 46036)

Buechler, William F.....1817 S. A St.
Drake, Marion C.....1201 Main St.
Fitzpatrick, Harry W. (S)..1309 S. Anderson St.
Hanson, Martin F.....100 N. First St.
Laudeman, Walter A.....1515 N. A St.
Ploughe, Ralph R.....517 S. Anderson St.
Scea, Wallace A.....1601 S. Anderson St.

Gray, William J.....Chesterfield (46017)
Austin, Maynard A. (S)
3900 Washington Ave., Evansville (47715)
Ferrell, Mars B.....Fortville (46040)
Bishop, Harry A.....Frankton (46044)
Ridgway, Alton H.....Lapel (46051)
Rinne, John I. (S).....Lapel (46051)
Doles, Ted S.....Middletown (47356)
Foley, Phillip D.....Middletown (47356)
Reynolds, Ralph E.....Middletown (47356)
Benedict, Harold G.....222 W. State St., Pendleton (46064)
Heckaman, Edward L.....Lock Box 28, Pendleton (46064)
Leahy, Howard J.....102 S. Main St., Pendleton (46064)
Van Ness, William C.....Summitville (46070)

Kepner, Robert S.....4596 Sunset Blvd., Los Angeles, Calif. (90027)

MARION COUNTY

Beech Grove

(*Zip Code* 46107)

Christie, Marvin C.....3655 S. Sherman Dr.
Davis, Everett G., Jr.....St. Francis Hospital
Dill, Charles W.....3655 S. Sherman Dr.
Fortuna, Frank W.....1615 Main St.
Kim, Young D. (S).....136 N. 17th St.
Riley, Paul D. 622 S. Fourth Ave.
Sheehan, Francis G.....St. Francis Hospital
Tepfer, Milton.....St. Francis Hospital
Zerfas, Charles P. A.....926 Main St.

Steury, Ernest M....266 Clark St., Berne (46711)
Freeman, Max E.....89 First Ave., Carmel (46032)
Hasewinkel, Carroll W...R. R. 2, Box 354, Carmel (46032)
Allen, Donald R...640 Adams, Evansville (47713)
Harris, Paul N.
Eli Lilly & Co., Toxicology Bldg. Greenfield (46140)
Pierce, Emmett C., Jr.
Eli Lilly & Co., Box 708, Greenfield (46140)
Brown, Earl E.....100 N. Madison, Greenwood (46140)
Cohn, Alvin F.....R. R. 5, Box 548, Greenwood (46142)
DeMotte, C. Bowen.....P.O. Box 44, Greenwood (46142)
Onyett, Harold R.....P.O. Box 358, Greenwood (46142)

Indianapolis

(Zip Code 462 plus zone number.)

A

Addleman, Robert H.....5540 Woodside Dr. (8)
Adkins, Harold C.....409 E. 30th St. (5)
Albertson, Frank P.....3544 W. 16th St. (22)
Albrecht, Willard H..7400 Hollingsworth Dr. (68)
Aldrich, Harry D.....5506 E. 16th St. (18)
Aldrich, Howard....4316 E. Washington St. (1)
Alexander, Ezra D. (S)....1435 W. Pruitt St. (8)
Alig, Vincent B.....1815 N. Capitol Ave. (2)
All, Barbara B.....1815 N. Capitol Ave. (2)
Allen, Robert K.....3202 N. Meridian St. (8)
Alley, Thomas W.....107 Kenwood Circle (60)
Alvis, David L.....822 Hume Mansur Bldg. (4)
Alvis, Edmond O. (S)..320 Hume Mansur Bldg. (4)
Anderson, James W.....623 N. West St. (2)
Anshutz, William M.....6340 Braemore Rd. (20)
Antreasian, Berj.....1303 N. Arlington Ave. (19)
Appel, Richard H.....320 Hume Mansur Bldg. (4)
Applegate, George W.....Methodist Hospital (2)
Arbogast, John L.....I.U. Medical Center (2)
Arbuckle, William E. (S)....1150 S. Sheffield (21)
Armer, Robert M.....3500 Lafayette Rd. (22)
Armstead, John W.....2140 N. Capitol Ave. (2)
Arnold, Aaron L.....6221 N. Keystone Ave. (20)
Arnold, Robert D.....5470 E. 16th St. (18)
Aronson, Sidney S...618 Hume Mansur Bldg. (4)
Assue, Clare M.....LaRue D. Carter Hospital (2)
Avery, George O.....17 S. Traub (22)

B

Baadj, Abdel G.....2809 S. Holt Rd. (41)
Bachmann, Arnold J.....3736 N. Delaware St. (5)
Bader, Joseph.....7007 Tuxedo St. (20)
Baird, Melvin S.....19 W. 22nd St. (2)
Bakemeier, Otto H. (S)
5503 E. Washington St. (19)
Bakemeier, Robert E.
1303 N. Arlington Ave. (19)
Baker, John C.....American United Life Ins. Co.,
30 W. Fall Creek Parkway (6)
Balch, James F., Jr...709 Hume Mansur Bldg. (4)
Ball, Joseph E.....4312 E. 10th St. (1)
Baptisti, Arthur, Jr.
Marion Co. General Hospital (2)
Barnes, Gilbert H.....513 S. Sherman Dr. (3)
Bartle, James L.....6604 Hythe Rd. (20)
Bartley, Max D.....801 Hume Mansur Bldg. (4)
Bastnagel, William F...3602 N. Meridian St. (8)
Bates, Laurence H.....3524 N. Meridian St. (8)
Batman, Gordon W. (S)..1815 N. Capitol Ave. (2)
Battersby, J. Stanley....I.U. Medical Center (2)
Batties, Paul A.....2142 N. Capitol Ave. (2)
Bauer, Thomas B....408 Hume Mansur Bldg. (4)
Baumeister, Herbert E...1815 N. Capitol Ave. (2)
Baxter, John P.....3266 N. Meridian St. (8)
Beach, Robert R.
5810 E. Pleasant Run Pkwy., N. Dr. (19)
Beaver, Howard W.....2930 Madison Ave. (25)
Bechtol, Lavon D.....Lilly Research Labs.,
P.O. Box 618 (6)
Beck, Evart M.....915 E. 38th St. (5)
Becker, Harry G.....6060 College Ave. (20)
Beeler, John W.....712 Hume Mansur Bldg. (4)
Beeler, Raymond C. (S)
3777 N. Meridian St. (8)
Belshaw, George.....1640 N. Ritter Ave. (18)
Belt, James H.....6225 Broadway (20)
Benedict, Paul F.....3949 Meadows Dr. (5)
Bennett, Ivan F.
Lilly Clinic, Marion Co. General Hospital (2)
Bennett, James E.....I.U. Medical Center (2)
Benson, J. Thomas
2948 Kessler Blvd., N. Dr. (22)
Berman, Edward J.....6145 Autumn Lane (20)
Berman, Jacob K. (S).....712 E. 65th St. (20)
Bernoske, Daniel G.
Indiana St. Board of Health,
1330 W. Michigan St. (2)
Berry, John M.....6841 Willow Rd. (20)
Bhagwandin, Harry O.
4761 Southeastern Ave. (3)
Bibler, Lester D.....1815 N. Capitol Ave. (2)
Biegel, Angenieta A.....I. U. Medical Center (2)
Bill, Robert O.....3231 N. Meridian St. (8)
Black, Henry R...Marion Co. General Hospital (2)
Blackford, Florence (S)....5909 E. 10th St. (19)
Blackford, Ralph E. (S)....5909 E. 10th St. (19)
Blackwell, Donald S.....1815 N. Capitol Ave. (2)
Blake, Albert L.....1802 N. Illinois St. (2)
Blatt, A. Ebner.....3400 N. Meridian St. (8)
Bloemker, E. Fredrick....7661 Harcourt Rd. (60)
Bloemker, Edward F.....2729 Shelby St. (3)
Boggs, Eugene F.....8 E. Troy Ave. (25)
Boling, Frederick F.....3049 S. Holt Rd. (41)
Boling, Grover C.....1440 E. 46th St. (5)
Bolinger, Garry L.....2020 Manchester Lane (60)
Bond, George S. (S)....1221 N. Delaware St. (2)
Bond, Virginia.....4525 W. 59th St. (54)
Bond, William H.....I. U. Medical Center (2)
Bonsett, Charles A.....6133 E. 54th Pl. (26)
Booher, Norman R.....447 E. 38th St. (5)
Booher, Olga Bonke.....447 E. 38th St. (5)
Booth, Boynton H....301 Hume Mansur Bldg. (4)
Boxell, John F.....I.U. Medical Center (2)
Boyce, Paul A.....5411 N. Kenmore Rd. (26)
Boyer, Floyd A.....442 N. Drexel Ave. (1)
Brady, Thomas A.....1815 N. Capitol Ave. (2)
Brayton, Lee.....3930 N. Illinois St. (8)
Brickley, Harry D.....3266 N. Meridian St. (8)
Brickley, Richard A.....3266 N. Meridian St. (8)
Briggs, Robert W.....2140 N. Capitol (2)
Brillhart, James R.....5506 E. 16th St. (18)
Brodie, Donald W.....817 C. of C. Bldg. (4)
Brooks, Fred R., Jr.....3349 Georgetown Rd. (24)
Brough, A. Kathleen....11850 Brookville Rd. (39)
Brown, Archie E...4145 Melbourne Rd., W. Dr. (8)
Brown, David E.....1944 N. Capitol Ave. (2)
Brown, DeWitt W.....1633 N. Capitol Ave. (2)
Brown, Earl R., Jr.....Community Hospital (19)
Brown, Frances T. (S)..2126 N. Talbot Ave. (2)
Brown, Frank M.....2875 Clifton (8)
Brown, Gordon T.....3989 Meadows Drive (5)
Brown, Wendell E.....3426 N. Meridian St. (8)
Browning, James S.....3120 N. Meridian St. (8)
Brownley, E. Jane..2840 N. High School Rd. (24)
Bruce, Reginald A.....2515 E. 34th St. (18)
Buckingham, Richard E., Jr.
I.U. Medical Center (2)
Brueckmann, F. Robert
1815 N. Capitol Ave. #401 (2)
Buehl, Frederick H.....I.U. Medical Center (2)
Buehl, Isabelle A.....301 E. 38th St. (5)
Bullard, Harland R.....I.U. Medical Center (2)
Burdette, Harold F.....3266 N. Meridian St. (8)
Burghard, Rolla D.....Community Hospital (19)
Butler, John O.....7216 S. Madison Ave. (27)
Butler, Robert M.....3426 N. Meridian St. (8)

C

Cadiente, Samson S.....3266 N. Meridian St. (8)
Cahn, Hugo M. (S)
5535 N. Pennsylvania St. (20)
Cahn, Peter H.....818 Hume Mansur Bldg. (4)
Caldwell, Marilyn R.....111 E. 53rd St. (20)
Call, Herbert F.....1815 N. Capitol Ave. (2)
Calland, Sabra W...Marion Co. General Hosp. (2)
Campbell, H. Edwin, Jr...3500 Lafayette Rd. (22)
Campbell, John A.....I.U. Medical Center (2)
Campbell, Robert L.....1100 W. Michigan St. (2)
Caplin, Irvin.....1815 N. Capitol Ave. (2)
Caplin, Samuel S.
V.A. Hospital, 1481 W. 10th St. (2)
Caputi, Saverio.....3202 N. Meridian (8)
Carson, Wayne.....1802 N. Illinois St. (2)

Carter, James E.....I.U. Medical Center (2)
Chapman, William E.....I.U. Medical Center (2)
Chattin, William R.....4829 E. 38th St. (18)
Chavez, Mauro E.....5324 W. 16th St. (24)
Chen, Ko Kuei (S).....I.U. Medical Center (2)
Chernish, Stanley M.
Marion Co. General Hospital (2)
Chevalier, Robert B.....1802 N. Illinois (2)
Chivington, Paul V., Jr.
707 Hume Mansur Bldg. (4)
Chroniak, Walter.....41 N. Shortridge Rd. (19)
Clark, Charles M., Jr.....1481 W. 10th St. (2)
Clark, Edward E.....19 W. 22nd St. (22)
Clark, George A.....822 Hume Mansur Bldg. (4)
Clark, Lawson J.....3736 N. Delaware St. (5)
Clevinger, William G.....1601 N. Whitcomb (24)
Cline, Donald L.....Methodist Hospital (2)
Close, W. Donald.....I.U. Medical Center (2)
Coates, Jacqueline.....305 W. 42nd St. (8)
Cobb, Clarence M.....3202 N. Meridian St. (8)
Coggeshall, Warren E...3524 N. Meridian St. (8)
Collins, Hubert L.....985 N. Arlington Ave. (19)
Collins, Robert C.....1356 W. 21st St. (2)
Conley, Joseph L. (S).....405 E. 52nd St. (5)
Conway, Chester C.....4402 E. New York St. (1)
Conway, Glenn.....1620 S. East St. (25)
Cooke, J. Kenneth.....1919 E. 52nd St. (5)
Cookson, Lawrence U...3400 N. Meridian St. (8)
Cornacchione, Matthew.....814 S. East St. (25)
Cortese, James V.....3901 S. East St. (27)
Cortese, Thomas A.....3901 S. East St. (27)
Cortese, Thomas A., Jr.....I.U. Medical Center (2)
Costin, Robert L.....301 E. 38th St. (5)
Coughenour, J. Robert
534 Turtle Creek, N. Dr. (27)
Countryman, Frank W...1815 N. Capitol Ave. (2)
Craft, Kenneth L. (S)
1002 Hume Mansur Bldg. (4)
Craig, Alexander F.....5350 E. 38th St. (18)
Crawford, John A...321 Hume Mansur Bldg. (4)
Cronin, H. Joseph.....3400 N. Meridian St. (8)
Cross, David G.....1002 Troy Ave. (3)
Crossin, James A.....Methodist Hospital (2)
Culbertson, Clyde G.
Eli Lilly & Co., 740 S. Alabama St. (6)
Cullen, P. Kent, Jr.....310-11 Hume Mansur Bldg. (4)
Cumming, James R.....Methodist Hospital (2)
Cure, Charles W.....1815 N. Capitol Ave. (2)
Currie, Robert W.....512 E. 57th St. (20)
Curry, R. Louis.....5705 E. 38th St. (18)
Cusick, James A.....3400 N. Meridian St. (8)
Cuthbert, Marvin P.....3266 N. Meridian St. (8)
Czenkusch, Helen G.....2840 High School Rd. (24)

D

Daley, Edward H.....5350 E. 38th St. (18)
Dallas, Fred R.....1640 N. Ritter Ave. (18)
Dallas, Mary E.
V.A. Hospital, 1481 W. 10th St. (2)
Dalton, William W.
Lilly Research Labs., P.O. Box 618 (6)
Daly, Joseph M....532 Turtle Creek, N. Dr. (27)
Darbro, David A.....2307 E. Raymond St. (3)
Davidson, Dale A.....1815 N. Capitol Ave. (2)
Davidson, N. Cort.....3233 N. Meridian St. (8)
Davis, Bennie L.....2615 N. Capitol Ave. (8)
Davis, Larry M.....1315 W. Tenth St. (2)
Davis, Margaret M.....2603 W. 42nd St. (8)
Davis, Sam J.....908 Hume Mansur Bldg. (4)
Deal, Eleanor H.....4819 W. 15th St. (24)
Dearmin, Robert M.....3233 N. Meridian St. (8)
DeArmond, Murray.....1815 N. Capitol Ave. (2)
DeBrota, John, Jr.....3202 N. Meridian St. (8)
Decatur, David R.....1303 N. Arlington Ave. (19)
Deever, John W.....4131 Shelby St. (27)
Deitch, Robert D.....308 Hume Mansur Bldg. (4)
Denny, Forrest L.....3351 W. 10th St. (22)
Denny, James W.....25 N. Ritter Ave. (19)
Dettmer, Robert W.....St. Vincent's Hospital (8)
DeWees, Dwight L.....302 N. Bradley Ave. (1)
DeWester, Gerald M.....7216 Madison Ave. (27)
Dickson, Carolyn L.....501 N. West St. (2)
Dill, Myron K.....3120 N. Meridian St. (8)
Dillon, John F.....Methodist Hospital (2)
Dilts, Robert L.....2521 E. 38th St. (18)
Dino, Florian S.....5317 E. 16th St. (19)
Dintaman, Paul G...703 Hume Mansur Bldg. (4)
Dolan, Patrick A.....Methodist Hospital (2)
Donahue, James M.....1815 N. Capital Ave. (2)
Donato, Albert M.....1429 Shelby St. (3)
Donnelly, Robert W...313 Hume Mansur Bldg. (4)
Doran, J. Hal.....620 Hume Mansur Bldg. (4)
Doughty, Samuel R., Jr.....5350 E. 38th St. (18)
Douglas, William T.....3202 N. Meridian St. (8)
Dowd, Joseph A.....Butler University
Health Center, 525 W. Hampton Dr. (8)
Dryden, Gale E.....5835 N. Tacoma (20)
Dugan, John R.....Methodist Hospital (2)
Dugan, William M., Jr.
3524 N. Meridian St. (8)
Duncan, Stuart J.....3037 S. Meridian St. (27)
Duncan, William A.....1221 E. 86th St. (40)
Dunkin, Ramon S.....3202 N. Meridian St. (8)
Dyar, Edwin W.....1010 E. 86th St. (40)
Dyar, Robert W.....1010 E. 86th St. (40)
Dyke, Richard W..Marion Co. General Hospital (2)
Dyken, Mark L.....I. U. Medical Center (2)

E

Earp, Evanson B.....3368 Washington Blvd. (5)
Eastman, Joseph R., Jr.....220 W. 64th St. (60)
Eaton, Edwin R.....Community Hospital (19)
Eaton, Lyman D.....5505 N. Keystone Ave. (20)
Ebert, J. Wayne (S)....1125 Southview Dr. (27)
Echt, Charles R.....I.U.Medical Center (2)
Edwards, Judith Ann.....I.U. Medical Center (2)
Edwards, Wendell L.....Methodist Hospital (2)
Egbert, Herbert L.....5317 E. 16th St. (18)
Eicher, Palmer O.....3400 N. Meridian St. (8)
Eldridge, Gail E.....1440 E. 46th St. (5)
Elkins, James P.....234 E. Southern Ave. (25)
Ellis, William N.....1640 N. Ritter Ave. (18)
Emhardt, John T.....1628 S. East St. (25)
Esparza, Higinio S.
Marion Co. General Hospital (2)
Evans, Frederick H.....2140 N. Capitol (2)
Evans, Paul V.....Methodist Hospital (2)
Everly, Ralph V.....668 E. 38th St. (5)

F

Failey, Robert B., Jr.....I.U. Medical Center (2)
Faris, James V.....5571 Scarlet Dr. (24)
Farrell, Joseph T.....2807 E. Michigan St. (1)
Fausset, C. Basil.. 1815 N. Capitol Ave. (2)
Fechtman, William F.....6020 Gladden Dr. (20)
Feeney, Martin T...532 Turtle Creek, N. Dr. (27)
Ferry, Francis A.....1638 E. Raymond St. (3)
Finneran, Joseph C.....1802 N. Illinois St. (2)
Fisch, Charles.....I.U. Medical Center (2)
Fischer, A. Alan.....3500 Lafayette Rd. (22)
Fisher, William P.....I.U. Medical Center (2)
Fitzgerald, William J.
303 Fountain Square Theatre Bldg. (3)
Flanagan, Paul M.....3440 N. Meridian St. (8)
Flanders, Robert, Jr.....3266 N. Meridian St. (8)
Flanigan, Meredith B.....3305 Rutledge (8)
Fleischl, Herbert....Central State Hospital (22)
Flick, John J.....668 E. 38th St. (5)
Flora, Joseph O.....4317 W. Washington St. (41)
Folkening, Norval C...234 E. Southern Ave. (25)
Fosgate, Harold L.....4301 E. 38th St. (18)
Foster, Lee N.....St. Vincent's Hospital (8)
Foster, Lowell G.
Marion Co. General Hospital (2)
Foster, Ray D.....1944 N. Capitol Ave. (2)
Fouts, Paul J.....623 Hume Mansur Bldg. (4)
Franklin, William L..508 Hume Mansur Bldg. (4)
Freed, Carl A.....2948 Kessler Blvd., N. Dr. (22)

Freeman, Leslie W.....I.U. Medical Center (2)
French, Richard N.....LaRue D. Carter Hosp. (2)
Fromhold, Willis A.....510 Willard Ave. (27)
Fry, Robert D.....607 Hume Mansur Bldg. (4)
Fulton, William H.....7216 S. Madison Ave. (27)
Fundenberger, Martin.....2815 E. 38th St. (18)

G

Gabovitch, Edward R.....1815 N. Capitol Ave. (2)
Gabrielsen, Ted H.....Methodist Hospital (2)
Gaddy, Euclid T. (S)
2602 W. Washington St. (22)
Gaddy, Nelson D.....3500 Lafayette Rd. (22)
Gambill, William D.....1633 N. Capitol Ave. (2)
Gammieri, Robert L.....4453 Guilford Ave. (5)
Garceau, George J. (S)
508 Hume Mansur Bldg. (4)
Garber, J. Neill.....1815 N. Capitol Ave. (2)
Gard, Daniel A.....1915 N. Capitol Ave. (2)
Gardiner, Buckman....St. Vincent's Hospital (8)
Gardiner, Sprague H.....I.U. Medical Center (2)
Gardner, Austin L.....3400 N. Meridian St. (8)
Garfield, Martin D.....3705 College Ave. (5)
Garner, W. Stanley.....2704 E. 62nd St. (20)
Garrett, Robert A.....I.U. Medical Center (2)
Gaurano, Lauro M.....234 E. Southern Ave. (25)
Geider, Roy A.....1525 Prospect St. (3)
Geisler, Hans E.....5470 E. 16th St. (18)
George, Charles L.....1121 E. 80th St. (40)
Gerth, Robert E.....Methodist Hospital (2)
Gibson, Greta Maxine
5744 Broadway Terrace (20)
Gick, Herman H. (S)..2705 E. Michigan St. (1)
Gifford, J. Dean.....Methodist Hospital (2)
Gillespie, Charles F.....3400 N. Meridian St. (8)
Gillespie, Jacob E...523 Hume Mansur Bldg. (4)
Gilliland, John E.....Methodist Hospital (2)
Gillim, Parvin D.....315 Hume Mansur Bldg. (4)
Girod, Donald A.....I.U. Medical Center (2)
Glover, John L.....4124 Sunmeadow Lane (8)
Goldman, Samuel...2117 W. Washington St. (22)
Goodman, Julius M.....I.U. Medical Center (2)
Gormley, Joseph J.....2372 Lafayette Rd. (22)
Gosman, James H.....1815 N. Capitol Ave. (2)
Graham, Edward W.
V.A. Hospital, 1481 W. 10th St. (2)
Graham, John D.....1802 N. Illinois St. (2)
Graham, William E.....3440 N Meridian St. (8)
Gray, Howard R.....301 Hume Mansur Bldg. (4)
Gray, Kenneth L...2727 N. High School Rd. (24)
Grayson, Merrill.....I.U. Medical Center (2)
Grayson, Ted L.....1815 N. Capitol Ave. (2)
Green, Joseph B.....I.U. Medical Center (2)
Green, Morris.....Riley Hospital (2)
Green, Oscar.....P.O. Box 40506 (40)
Greene, Morgan E.
Marion Co. General Hospital (2)
Gregory, Robert L.....1743 Shelby St. (3)
Greist, John H.....3231 N. Meridian St. (8)
Grief, James V.....5831 E. Washington St. (19)
Grief, Robert S.....2302 E. Troy (3)
Griffin, Leslie W...Allison Div., General Motors (6)
Griffith, Richard S.
Lilly Clinic, Marion Co. General Hospital (2)
Griffith, Ross E.....1802 N. Illinois St. (2)
Grimes, Eva M.
950 Ellenberger Pkwy., W. Dr. (19)
Grimes, Hubert N.....5516 E. 21st St. (18)
Grisell, Ted L.....5317 East 16th St. (18)
Grosz, Hanus J.....I.U. Medical Center (2)
Gruber, Charles M.
Lilly Clinic, Marion Co. General Hospital (2)

H

Habegger, Elmer D.....1815 N. Capitol Ave. (2)
Hackney, Victor C.....I.U. Medical Center (2)
Hadley, David 702 Hume Mansur Bldg. (4)
Haggard, Edmund B...5914 N. Emerson Ave. (20)
Hall, Jack H.....Methodist Hospital (2)
Hamburger, Richard J....I.U. Medical Center (2)
Hamer, Homer G. (S)..1711 N. Capitol Ave. (2)
Hamilton, Howard B...901 S. Emerson Ave. (3)
Hampshire, Donald R.
1443 N. Pennsylvania St. (2)
Hancock, John G.....2226 W. Michigan St. (22)
Hann, Eldon C.....1633 N. Capitol Ave. (2)
Hanna, Thomas A.....1608 N. Lynhurst Dr. (24)
Harcourt, Allan K. (S)..1919 N. Capitol Ave. (2)
Harcourt, Robert S.....1915 N. Capitol Ave. (2)
Harding, M. Richard.....3949 Meadows Dr. (5)
Harding, Myron S. (S)....3949 Meadows Dr. (5)
Hare, Earl H. (S)
Indiana State Board of Health,
1330 W. Michigan St. (2)
Hare, Laura.....404 Hume Mansur Bldg. (4)
Harger, Robert W... 804 Hume Mansur Bldg. (4)
Harris, Carl B. 319 Hume Mansur Bldg. (4)
Harris, James C.....1010 E. 86th St. (40)
Harvey, Hathaway K.....I.U. Medical Center (2)
Harvey, Verne K., Jr.
Indiana State Board of Health,
1330 W. Michigan St. (2)
Hatfield, Nicholas W.....5851 E. 54th Pl. (26)
Hawk, Edgar A.....1815 N. Capitol Ave. (2)
Hawk, James H.....400 E. 43rd St. (5)
Hawthorne, James J.....3901 N. Meridian St. (8)
Haymond, Joseph L.....301 E. 38th St. (5)
Haynes, John T.....1815 N. Capitol Ave. (2)
Healey, Robert J.....3602 N. Meridian St. (8)
Hedrick, Philip W.....1221 E. 86th St. (40)
Heimburger, Robert F....I.U. Medical Center (2)
Helmen, Charles H.....I.U. Medical Center (2)
Henderson, Francis G.
Marion Co. General Hospital (2)
Henderson, Roscoe C.....418 E. 30th St. (5)
Hendricks, Fred A....6917 N. Keystone Ave. (20)
Hendricks, John W...911 Hume Mansur Bldg. (4)
Henry, Russell S.....2130 Waterford Pl. (60)
Hensley, Harry T.
Ft. Benjamin Harrison Hospital (16)
Hepburn, C. K.....1633 N. Capitol Ave. (2)
Herron, Larry D.....St. Vincent's Hospital (8)
Heubi, John E...Marion Co. General Hospital (2)
Hibbeln, Frederic P.....1010 E. 86th St. (40)
Hibbeln, Thomas J.....Methodist Hospital (2)
Hickam, John B.....I.U. Medical Center (2)
Hickman, Jack W.....I.U. Medical Center (2)
Hicks, Wilbur P.....1404 W. 58th St. (8)
Hildebrand, William L..2963 N. Sherman Dr. (18)
Hill, Herbert N.....3500 Lafayette Rd. (22)
Hill, James K.....3500 Lafayette Rd. (22)
Hilz, James M.....3901 S. East St. (27)
Hilz, Mary Ann.....I.U. Medical Center (2)
Himelstein, N. Harvey...3500 Lafayette Rd. (22)
Himler, James M.
445 N. Pennsylvania St., #809 (4)
Hobbs, Hudner.....Methodist Hospital (2)
Hoffman, Herman.....650 E. 38th St. (5)
Hofmann, J. William (S)
5038 Allisonville Rd., Apt. B (5)
Hogan, Michael A.....6214 Broadway (20)
Holland, William M.....3524 N. Meridian St. (8)
Holman, Jerome E., Jr.....3315 E. 10th St. (1)
Holman, Jerome E., Sr. (S)
4503 E. Kessler Blvd. (20)
Hood, Ainslee A.....910 Markwood Ave. (27)
Hoog, John M.....Methodist Hospital (2)
Hopkins, Bruce J.....3120 N. Meridian St. (8)
Horwitz, Thomas....421 Hume Mansur Bldg. (4)
Howell, Arthur..Marion Co. General Hospital (2)
Howell, Joseph D...760 Bankers Trust Bldg. (4)
Hoyt, Lester H.....Methodist Hospital (2)
Hoyt, Millard L.....5506 E. 16th St. (18)
Hubbard, Jesse D.....I.U. Medical Center (2)
Huber, Carl P.....I.U. Medical Center (2)

Hull, Ronald H.....1815 N. Capitol Ave. (2)
Hummons, Francis D.
2229 Northwestern Ave. (23)
Hunneshagen, Donald E....Methodist Hospital (2)
Hurteau, William W.....Methodist Hospital (2)
Huse, William M.....1815 N. Capitol Ave. (2)
Hutson, Richard A.....I.U. Medical Center (2)

I

Irvine, William O.....1815 N. Capitol Ave. (2)
Irwin, Glenn W., Jr.....I.U. Medical Center (2)
Isenbarger, Karl.....4927 W. 24th St. (24)
Iske, Paul G.....1919 N. Capitol Ave. (2)

J

Jackson, James W. (S).....463 W. 32nd St. (8)
James, Charles E.....6939 N. Michigan Rd. (68)
Jardine, Don R.....320 N. Meridian St. (4)
Jaquith, Orville S. (S) ..261 Blue Ridge Rd. (8)
Jay, Arthur N.....815 W. 64th St. (60)
Jay, James M.....1633 N. Capitol Ave. (2)
Jenkins, John E., Jr.....I.U. Medical Center (2)
Jenkins, Robert E.....3440 N. Meridian St. (8)
Jennings, Frank L. (S) 60 Meridian Pl. (5)
Jestadt, John J.....3202 N. Meridian St. (8)
Jewett, Joe H.....3120 N. Meridian St. (8)
Jobes, James E.....54 Monument Circle, #510 (4)
Johnloz, David K.....I.U. Medical Center (2)
Johnson, A. Cedric, Jr...1815 N. Capitol Ave. (2)
Johnson, Earl H.....1802 N. Illinois St. (2)
Johnson, Thomas W.....1802 N. Illinois St. (2)
Jones, Allen W.....6060 College Ave. (20)
Jones, David E.....828 C. of C. Bldg. (4)
Jones, Francis P.....4212 E. Michigan St. (1)
Jones, George L.....8933 Southeastern Ave. (19)
Jones, John D.....I.U. Medical Center (2)
Jones, Gordon C.....1517 N. Emerson (19)
Jones, Richard A.....I.U. Medical Center (2)
Jontz, Jon P.....5350 E. 38th St. (18)
Joseph, Rex M.....59 E. Troy Ave. (25)
Jowitt, Richard H.....1502 N. Emerson (19)
Joyner, John E...3901 N. Meridian St., #336 (8)
Judd, Russell L.....1303 N. Arlington Ave. (19)
Judson, Walter E.....I.U. Medical Center (2)

K

Kahler, Maurice V. (S)...2638 Kessler Blvd. (22)
Kahn, Alexander J.....3120 N. Meridian St. (8)
Kahn, Howard L.....3120 N. Meridian St. (8)
Kaiser, James L.....1815 N. Capitol Ave. (2)
Kalsbeck, John E.....I.U. Medical Center (2)
Kammen, Leo.....3202 W. 16th St. (22)
Karsell, William A.. 3989 Meadows Dr. (5)
Katterjohn, James C..313 Hume Mansur Bldg. (4)
Kay, John B.....I.U. Medical Center (2)
Keating, John U.....3000 W. Washington St. (22)
Kebel, Arthur P.....4456 N. Keystone Ave. (5)
Keenan, George B.....3225 Shelby St. (27)
Keever, Charles H. (S)....5214 College Ave. (20)
Kendall, William R.....3202 N. Meridian St. (8)
Kennedy, Hunter F.....1229 Prospect St. (3)
Kennedy, Joseph T.....5350 E. 38th St. (18)
Kenney, David B.....5506 E. 16th St. (18)
Kerner, Donald J.....Methodist Hospital (2)
Kerr, Harry R. (S)..5774 Washington Blvd. (20)
Ketcham, Jane M. (S).....3906 Ruckle St. (5)
Kimble, John W.....3400 N. Meridian St. (8)
King, Harold.....I.U. Medical Center (2)
King, Robert D.....I.U. Medical Center (2)
Kingsbury, John K. (S)
5462 E. Washington St. (19)
Kirkhoff, Paul J.....5317 E. 16th St. (18)
Kirtley, William R.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kissel, Wesley A.....1815 N. Capitol Ave. (2)
Kitterman, Harry E.....703 State Office Bldg. (4)
Klain, Benjamin V.....4157 College Ave. (5)
Kleit, Stuart A.....I.U. Medical Center (2)
Klutinoty, George II....3500 Lafayette Rd. (22)
Kneidel, John H.....5324 W. 16th St. (24)
Kohlstaedt, Karl C.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kohlstaedt, Kenneth G.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kooiker, John E.....1815 N. Capitol Ave. (2)
Koons, Karl M., Jr...923 Hume Mansur Bldg. (4)
Koons, Karl M. (S)..923 Hume Mansur Bldg. (4)
Kopecky, Robert R.....4131 Shelby St. (27)
Kornafel, L. H.....905 Hume Mansur Bldg. (4)
Kraft, Bennett.....760 Bankers Trust Bldg. (4)
Kriel, William B.....5630 W. Washington St. (41)
Kuntz, Herman W...611 Hume Mansur Bldg. (4)
Kurlander, Gerald J.....Community Hospital (19)
Kurtz, Fred B. (S).....5520 N. Illinois St. (8)
Kurtz, Philip L.
Eli Lilly & Co., 740 S. Alabama St. (6)
Kwitny, Isadore J.....3400 N. Meridian St. (8)

L

LaDine, Clarence B.....2508 Station St. (18)
Lamb, Emmett B.....205 Hume Mansur Bldg. (4)
Lamb, Russell W.....205 Hume Mansur Bldg. (4)
Lamber, Chet K.....914 Hume Mansur Bldg. (4)
Lambert, Dennis M.
Marion Co. General Hospital (2)
Lamkin, E. Henry, Jr....1815 N. Capitol Ave. (2)
Landwehr, Alfons.....5217 Leon Pl. (26)
Lane, C. Elaine.....2840 N. High School (24)
Lang, Jay W.....5350 E. 38th St. (18)
Largaespada, Manuel.....549 S. Fleming (41)
Lashmet, Michael H..419 Hume Mansur Bldg. (4)
Lasich, Anthony R.....1815 N. Capitol Ave. (2)
Lawrence, James M.....3500 Lafayette Rd. (22)
Lawson, Allan J.....1010 E. 86th St. (40)
Leasure, J. Kent (S).....5823 Brockton Dr. (20)
Leatherman, Harter L. (S)..1502 E. 46th St. (5)
Leffel, James M.....1633 N. Capitol Ave. (2)
Lehman, Evan L.....5929 Carvel (20)
Leipold, Jon D.....5920 Price Lane (54)
LeMaster, Theodore R.
800 Hume Mansur Bldg. (4)
Leser, Ralph U.....3901 N. Meridian St. (8)
Levi, Leon.....40 W. 38th St. (8)
Lewis, Earl.....2555 S. Davis Rd. (39)
Lewis, Paul S.....6357 Rockville Rd. (24)
Lichtenberg, Melvin.....535 E. 38th St. (5)
Lidikay, Edward C.....3989 Meadows Dr. (5)
Liebschutz, Norman H.....6450 W. 10th St. (40)
Lindenborg, Paul G..3016 N. Arlington Ave. (18)
Lindseth, Richard E.....I.U. Medical Center (2)
Lingeman, Raleigh E....1944 N. Capitol Ave. (2)
Link, Goethe (S).....401 N. Illinois St. (4)
Littlefield, Paul A.
4040 Crooked Creek Overlook (8)
Littlefield, Shirley D.....1815 N. Capitol Ave. (2)
Lloyd, Frank P.....Methodist Hospital (2)
Locke, Robert A.....St. Vincent's Hospital (8)
Loehr, William M.....I.U. Medical Center (2)
Logan, Patrick C.....5506 E. 16th St. (18)
Loomis, Norman S. (S)....5416 E. 81st St. (50)
Lopez, Efran R...Marion Co. General Hospital (2)
Lord, Glenn C.....104 E. 38th St. (5)
Lord, Thomas J.....3266 N. Meridian St. (8)
LoSasso, Alvin M.....1100 W. Michigan (2)
Louden, Robert W.....1221 E. 86th St. (40)
Love, George N.....5331 Washington Blvd. (20)
Lovko, Kenneth R.....1315 W. 10th St. (2)
Lowe, John C.....1303 N. Arlington Ave. (19)
Lozow, David.....3949 Meadows Dr. (5)
Lucas, Clarence A., Jr....2012 Boulevard Pl. (2)
Luginbill, Howard M.....5470 E. 16th St. (18)
Lukemeyer, George T....I.U. Medical Center (2)
Lunsford, Thomas E....1815 N. Capitol Ave. (2)
Luros, J. Theodore.....1633 N. Capitol Ave. (2)
Lybrook, William B.....1564 N. Downey Ave. (19)
Lynch, William A.....I.U. Medical Center (2)
Lynn, Gene E.....1815 N. Capitol Ave. (2)

M

MacDougall, John D.....3949 Meadows Dr. (5)
McAlpine, Richard J..5704 N. Keystone Ave. (20)
McAree, Francis E., Jr.....5470 E. 16th St. (18)
McBride, James S. (S).....720 E. 80th St. (40)
McCallum, Donald C.....1815 N. Capitol Ave. (2)
McCallum, Robert N.....3266 N. Meridian St. (8)
McCarthy, Daniel F., Jr.
1303 N. Arlington Ave.(19)
McCartney, Donald H.
1021 Hume Mansur Bldg. (4)
McClain, Edwin S.....3500 Lafayette Rd. (22)
McCormick, Charles O., Jr..3989 Meadows Dr. (5)
McDaniel, Edwin C.....1815 N. Capitol Ave. (2)
McDougal, Robert A.....3202 N. Meridian St. (8)
McElroy, James T.....1635 Nashua Ct. (60)
McGrath, Michael F.....1929 E. 38th St. (18)
McIntyre, James M.....1815 N. Capitol Ave. (2)
McKinley, A. David.....I.U. Medical Center (2)
McLaren, Daniel E.....6000 E. 46th St. (26)
McNutt, Cyrus C.....8639 Lancaster Rd. (60)
McQuiston, Ralph J.....608 Guaranty Bldg. (4)
McTurnan, Robert W.....5646 N. Illinois St. (8)
Mackey, John E.....3400 N. Meridian St. (8)
Madden, Robert J.....1420 N. Audubon Rd. (19)
Mandelbaum, Isidore.....I.U. Medical Center (2)
Madtson, A. Ricks.1815 N. Capitol Ave. #307 (2)
Malloy, Francis E., Jr.....5350 E. 38th St. (18)
Manders, Karl L.....5506 E. 16th St. (18)
Manion, Marlow W...601 Hume Mansur Bldg. (4)
Mann, Mortimer.....3426 N. Meridian St. (8)
Manning, K. Randolph..1815 N. Capitol Ave. (2)
Manzie, Michael W.....3500 Lafayette Rd. (22)
Marks, John S., Jr.....5506 E. 16th St. (18)
Markstone, David H.....I.U. Medical Center (2)
Marsh, Carl M.....101 N. Shortridge Rd. (19)
Marshall, Cavins R. (S) 43 W. 30th St. (8)
Martin, Freeman.....3450 N. Illinois St. (8)
Martin, Hugh E.
Pitman-Moore Co., 1200 Madison Ave. (6)
Martin, Loren H....2626 W. Washington St. (22)
Martz, Bill L.
Lilly Clinic, Marion Co. General Hospital (2)
Martz, Carl D.....912 Hume Mansur Bldg. (4)
Masters, John M.....805 Hume Mansur Bldg. (4)
Masters, Robert J. (S)
805 Hume Mansur Bldg. (4)
Matthew, W. Burleigh....518 Hume Mansur Bldg. (4)
Matthews, Bernard J....966 N. Graham Ave. (19)
Matthews, William M.....I.U. Medical Center (2)
Maxam, B. T.....3524 N. Meridian St. (8)
Maxwell, Sam B.....Eli Lilly & Co., P. O. Box 618 (6)
Mealey, John, Jr.....I.U. Medical Center (2)
Megenhardt, Dennis S...3266 N. Meridian St. (8)
Meiks, Lyman T.....4205 N. Pennsylvania St. (5)
Melin, John R.....1815 N. Capitol Ave. (2)
Mentendiek, Maurice H.
141 Buckingham Dr. (8)
Mercado, Zenaida.....5317 E. 16th St. (18)
Mericle, Earl W.....1633 N. Capitol Ave. (2)
Merritt, A. Donald.....I.U. Medical Center (2)
Mershon, Jack B.....3855 E. 10th St. (1)
Mertz, John H. O.....1711 N. Capitol Ave. (2)
Michael, Isaac E...2948 Kessler Blvd., N. Dr. (22)
Middleton, Harvey N. (S)
1828 N. Illinois St. (2)
Millan, Felix....Marion Co. General Hospital (2)
Miller, Frank H.....5506 E. 16th St. (18)
Miller, Jerry A.....3202 N. Meridian St. (8)
Miller, Jerry R.....I.U. Medical Center (2)
Miller, John D...Marion Co. General Hospital (2)
Miller, L. Hoyt.....6000 E. 46th St. (26)
Miller, Roscoe E.....I.U. Medical Center (2)
Mishkin, Fred S.....I.U. Medical Center (2)
Mitchell, George H...6049 E. Washington St. (19)
Moak, Glenn D.....712 Hume Mansur Bldg. (4)
Moe, John F.....3041 Lafayette Rd. (22)
Moore, Donald F....LaRue D. Carter Hospital (2)
Moore, Harold T.....1815 N. Capitol Ave. (2)
Moore, Thomas S.....7602 Woodside Dr. (60)
Moores, William B.....2205 Durham Dr. (20)
Moran, Thomas E.....7210 Madison Ave. (27)
Morchan, Samuel....6221 N. Keystone Ave. (20)
Morgan, Margaret E....3400 N. Meridian St. (8)
Moriarty, John R.....5602 Madison Ave. (27)
Morrison, Lewis E...603 Hume Mansur Bldg. (4)
Morton, Joseph L.....St. Vincent's Hosp. (8)
Morton, Philip M.....1815 N. Capitol Ave. (2)
Morton, Walter P. (S)
3434 Fall Creek Blvd. (5)
Moss, Bobby L.....5316 E. 16th St. (18)
Moss, Harlan B.....1640 N. Ritter Ave. (18)
Moss, Herschel C.....1640 N. Ritter Ave. (18)
Mothersill, Mark H. (S)....3650 College Ave. (5)
Mouser, Robert W.....6201 Park Ave. (20)
Mullen, James B.....3120 N. Meridian St. (8)
Muller, Lullus P.....3120 N. Meridian St. (8)
Muller, Paul F.....3440 N. Meridian St. (8)
Muller, Victor H.....2128 N. Meridian St. (2)
Murray, Raymond H.....I.U. Medical Center (2)
Myers, Charles W. (S)..R. R. 18, Box 256 (24)

N

Nagan, Robert F.....606 Hume Mansur Bldg. (4)
Nasser, William K.....I.U. Medical Center (2)
Nation, Robert D.....2900 Galahad St. (8)
Nay, Richard M.....3524 N. Meridian St. (8)
Need, David J.....7210 Madison Ave. (27)
Need, Louis T.....1927 S. Meridian St. (25)
Need, Richard L.....7216 S. Madison Ave. (27)
Nester, Henry G.....1841 City-County Bldg. (4)
Newman, Daniel M.....1711 N. Capitol Ave. (2)
Nicholas, Dennis J.....4365 Wexford (26)
Nie, Louis W.....3231 N. Meridian St. (8)
Nohl, John M.....457 N. Emerson Ave. (19)
Nolin, Richard T.....10447 N. College Ave. (80)
Nolting, Henry F. (S)..155 W. Hampton Dr. (8)
Norman, William H...908 Hume Mansur Bldg. (4)
Norris, Max S.....510 Hume Mansur Bldg. (4)
Nourse, Myron H..... 1711 N. Capitol Ave. (2)
Nugent, Edwin J.....6840 N. Delaware St. (20)
Nurnberger, John I.....I.U. Medical Center (2)

O

O'Brian, Earl J.....3500 Lafayette Rd. (22)
Ochsner, Harold C.....4565 Cold Springs Rd. (8)
O'Connell, Noreen M.
V.A. Hospital, 1481 W. 10th St. (2)
Offutt, Andrew C...Indiana State Board of Health, 1330 W. Michigan St. (2)
Olvey, Ottis N.....3231 N. Meridian St. (8)
Otten, Claude F.....812 C. of C. Bldg. (4)
Overley, Ross A.....1815 N. Capitol Ave. (2)
Overley, Toner M., Jr.....I.U. Medical Center (2)
Owen, John E.....3266 N. Meridian St. (8)
Owens, Tracy C.....2823 N. Meridian St. (8)

P

Palmer, Robert M.....I.U. Medical Center (2)
Palmer, Robert W.....5398 Hillside Ave. (20)
Pantzer, John G., Jr...1815 N. Capitol Ave. (2)
Parker, George F., Jr..1502 N. Emerson Ave. (19)
Parker, John F.....6508 E. Washington St. (19)
Parker, Portia.....2226 W. Michigan St. (22)
Parks, Herbert E.....1641 N. Priscilla Ave. (18)
Parr, Robert L.....3043 E. 38th St. (18)
Paulissen, George T.....741 Markwood Ave. (27)
Pauszek, Robert B.....6815 Creekside Lane (20)
Paz, Juan A.....6056 E. Washington St. (19)
Pearson, John S...American United Life Ins. Co., 30 W. Fall Creek Parkway (6)
Peck, Franklin B., Jr.
Lilly Clinic, Marion Co. General Hospital (2)
Peck, Franklin B., Sr. (S)..5833 Brockton Dr. (20)
Peirce, James D.
Eli Lilly & Co., 740 S. Alabama St. (6)

Pell, Donald M.....I.U. Medical Center (2)
Perez, Helio C.....1315 W. 10th St. (2)
Petranoff, Theodore V. (S)
515 N. Tibbs Ave. (22)
Petty, Charles S.....I.U. Medical Center (2)
Pfaff, Dudley A. (S)
3602 Central Ave., Apt. A-3 (5)
Phillips, David L.....3400 N. Meridian St. (8)
Pickett, Robert D.....3524 N. Meridian St. (8)
Pierce, Raymond O., Jr.....3151 N. Illinois St. (8)
Pilcher, Jack E.....1802 N. Illinois St. (2)
Pile, Stafford W., Jr.....1802 N. Illinois St. (2)
Pittman, John N.....1815 N. Capitol Ave. (2)
Pontius, Edwin E.....Methodist Hospital (2)
Popplewell, Arvine G.
Marion Co. General Hospital (2)
Powell, Richard C.....I.U. Medical Center (2)
Pratt, George B. III.....9084 Dewberry Ct. (60)
Pribble, Robert H.....Community Hospital (19)
Price, Francis W.
Eli Lilly & Co., P. O. Box 618 (6)
Price, James O.....512 Hume Mansur Bldg. (4)
Pryor, Richard C.....6111 College Ave. (20)

Q

Quigley, Joseph B.....5506 E. 16th St. (19)

R

Rabb, Frank M.....3740 Central Ave. (5)
Raber, Robert M.....3266 N. Meridian St. (8)
Rader, George S.....1815 N. Capitol Ave. (2)
Rafalski, Thomas A.....3120 N. Meridian St. (8)
Ragan, William D.....3400 N. Meridian St. (8)
Ramage, Walter F.....5440 Shelbyville Rd. (27)
Ramirez, Efren A.....2422 Station St. (18)
Ramsey, Frank B.....1802 N. Illinois St. (2)
Rapp, George F.....508 Hume Mansur Bldg. (4)
Rawls, George H.....3151 N. Illinois St. (8)
Ray, Carl S.....RCA Mail Location 27-138,
600 N. Sherman Dr. (1)
Reed, Thomas E.....1303 N. Arlington Ave. (19)
Rees, Russel C.....6114 E. Washington St. (19)
Reid, Charles A.....2445 Shelby St. (3)
Reitz, Lawrence A.....340 White River Pkwy. (22)
Rice, Frederic A., Jr.....7017 Pendleton Pike (26)
Rice, Raymond D.....1010 E. 86th St. (40)
Rice, Raymond M.....7799 E. Holliday Dr. (60)
Rice, Ronald B.....1010 E. 86th St. (40)
Rich, Richard B.....1810 E. 62nd St. (20)
Richter, Arthur B...720 Hume Mansur Bldg. (4)
Ridolfo, Anthony S.
Lilly Clinic, Marion Co. General Hospital (2)
Riner, Jack K.....5317 E. 16th St. (18)
Ritchey, James O.....608 Hume Mansur Bldg. (4)
Ritter, Wayne L.....404 Hume Mansur Bldg. (4)
Robb, John A.....238 Hume Mansur Bldg. (4)
Robbins, Lewis C.....Methodist Hospital (2)
Roberts, Warren C.....2525 Shadeland Ave. (19)
Robertson, Ray B. (S)
6118 E. Washington St. (19)
Robinson, Earle U., Jr.....2416 N. Capitol Ave. (8)
Rochlin, Isidore.....3202 N. Meridian St. (8)
Roesch, Ryland P.....5439 Shorewood Dr. (20)
Roeske, Nancy A..6815 N. Pennsylvania St. (20)
Rogers, Donald L.....3426 N. Meridian St. (8)
Rohn, Robert J.....I.U. Medical Center (2)
Roller, Charles W. (S).....915 Hervey (3)
Romberger, Floyd T., Jr. 3400 N. Meridian St. (8)
Rosenak, Bernard D.....1815 N. Capitol Ave. (2)
Rosenbaum, Irving, Jr. 401 E. 34th St. (5)
Rosenberg, Gabriel J.....Methodist Hospital (2)
Ross, Alexander T.....I.U. Medical Center (2)
Roth, Bertram S.....6358 College Ave. (20)
Row, D. Hamilton...906 Hume Mansur Bldg. (4)
Rowe, George A.....621 E. 48th St. (5)
Ruddell, Karl R. (S)...3202 N. Meridian St. (8)
Ruddell, Keith R.....3202 N. Meridian St. (8)
Rudesill, Cecil L. (S)
405 Hume Mansur Bldg. (4)
Rudesill, Robert L...405 Hume Mansur Bldg. (4)
Rudwell, George H.....I.U. Medical Center (2)
Rushmore, Charles H.....240 N.Meridian St. (6)
Russell, Donald E.
4304 Fall Creek Pkwy., N. Dr. (5)
Russell, John R.....1815 N. Capitol Ave. (2)
Rust, Roland B.....3949 Meadows Drive (5)
Ruth, Martin L.....4304 E. Washington St. (1)
Ryan, Glen V.....3500 Lafayette Rd. (22)

S

Saed, Amir M.....760 Bankers Trust Bldg. (4)
Sabens, James A.....5354 N. Meridian St. (8)
Sage, Russell A., Jr.....I.U. Medical Center (2)
Sage, Russell A. (S)....1944 N. Capitol Ave. (2)
Sanders, Fred.....6007 N. Michigan Rd. (8)
Sanders, Harry M. 4829 E. 38th St. (18)
Saperstein, Morris....1815 N. Capitol Ave. (2)
Sappenfield, Ralph S.....Methodist Hospital (2)
Schaffer, Edward V.....1815 N. Capitol Ave. (2)
Schechter, John S.....3400 N. Meridian St. (8)
Scheier, Emil W. (S)..9220 Vandergriff Rd. (39)
Schlaegel, Theodore F., Jr.
I. U. Medical Center (2)
Schlegel, Donald M.....1815 N. Capitol Ave. (2)
Schmalhausen, Ansel W...1815 N. Capitol Ave. (2)
Schmidt, Loren F.....3266 N. Meridian St. (8)
Schmoyer, Maurice R...Community Hospital (19)
Schneider, Carl J.....1008 N. Beville Ave. (1)
Schneider, Paul A.....4829 E. 38th St. (18)
Schiefer, Hildegard....St. Vincent's Hospital (8)
Schnute, Richard B.....I.U. Medical Center (2)
Schuchman, Gabriel....3620 N. Meridian St. (8)
Schuchman, Harvey A.
Marion Co. General Hospital (2)
Schumacher, Richard R...3524 N. Meridian St. (8)
Schuster, Dwight W.....1815 N. Capitol Ave. (2)
Scofield, John B.....3120 N. Meridian St. (8)
Scott, George E.....4110 Roland Rd. (8)
Scott, I. Winfield.....3400 N. Meridian St. (8)
Scott, John R.....6214 Broadway (20)
Scott, Robert P.....209 Hume Mansur Bldg. (4)
Scott, Samuel L.....6325 Guilford Ave. (20)
Seaman, Charles F.....Community Hospital (19)
Searight, John L.....1303 N. Arlington Ave. (19)
Sedam, Herbert L.....4548 College Ave. (5)
Sellmer, George W.....1221 E. 86th St. (40)
Sexson, Hiram T.....3201 N. Meridian St. (8)
Seybert, Thomas C.....5440 E. 38th St. (18)
Shafer, Marion R...614 Hume Mansur Bldg., (4)
Shanafelt, Donald K.....1802 N. Illinois St. (2)
Shapiro, Burton J.....3620 N. Meridian St. (8)
Sheeley, William F.....1315 W. 10th St. (2)
Shelley, Richard J.....5470 E. 16th St. (18)
Sherster, Harry.....1135 S. Meridian St. (25)
Shipley, Edward.....1949 E. 11th St. (01)
Shumacker, Harris B., Jr.,
I. U. Medical Center (2)
Sicks, Okla W. (S).....607 E. 82nd St. (40)
Siderys, Harry 1815 N. Capitol Ave. (2)
Siebe, Jack C.....4829 E. 38th St. (18)
Siersdorfer, Theodore N. (S)
5559 W. Morris St. (41)
Sigmond, Harvey W..321 Hume Mansur Bldg. (4)
Silver, Richard A.....712 Hume Mansur Bldg. (4)
Simmons, James E.....I.U. Medical Center (2)
Sims, J. Lawrence.....3949 Meadows Dr. (5)
Slichenmyer, Jack E.....3500 Lafayette Rd. (22)
Sluss, David H. (S).....808 C. of C. Bldg. (4)
Small, Iver F.....LaRue D. Carter Hospital (2)
Smith, David L. (S)
2948 Kessler Blvd., N. Dr. (22)
Smith, E. Rogers (S)
722 Hume Mansur Bldg. (4)
Smith, Francis C. (S).1102 N. Irvington Ave. (19)
Smith, Ray C.....5506 E. 16th St. (18)
Smith, Roy Lee (S)...707 Underwriters Bldg. (4)
Snodgrass, Robert E.
532 Turtle Creek, N. Dr. (27)

Sobat, William S.....3500 Lafayette Rd. (22)
Solomon, Reuben A. (S)
412 Hume Mansur Bldg. (4)
Soper, Hunter A.....3524 N. Meridian St. (8)
Souter, Martha C.....3360 N. Meridian St. (8)
Sovine, Joe W.....504 Hume Mansur Bldg. (4)
Spahr, John F., Jr.....3400 N. Meridian St. (8)
Spalding, Joseph J...706 Hume Mansur Bldg. (4)
Sparks, Alan L.....1024 Hume Mansur Bldg. (4)
Spears, John M.....7046 Madison Ave. (27)
Speckman, Glenn H.....2120 E. 10th St. (1)
Spolyar, Louis W...Indiana State Board of Health, 1330 W. Michigan St. (2)
Sputh, Carl B., Jr.....5506 E. 16th St. (18)
Stadler, Harold E.....41 N. Shortridge Rd. (19)
Stansbury, William E.....5601 E. 21st St. (18)
Stayton, Chester A., Jr.
313 Hume Mansur Bldg. (4)
Steinmetz, Edward F...St. Vincent's Hospital (8)
Stephens, Donald E.....1440 E. 46th St. (5)
Stephens, Kuhrman H.
501 Hume Mansur Bldg. (4)
Stevens, Sydney L.....1802 N. Illinois St. (2)
Stoelting, Vergil K.....I.U. Medical Center (2)
Stone, Alvin T.....6202 College Ave. (20)
Stone, David F...Eli Lilly & Co., P. O. Box 618 (6)
Storer, William R.....Methodist Hospital (2)
Storey, D. Edmund.....1010 E. 86th St. (40)
Storey, Joseph L.....125-F E. 34th St. (5)
Storms, Roy B. (S).....812 C. of C. Bldg. (4)
Stouder, Stephen R.
VA Hospital, 1461 W. 10th St. (2)
Strang, William C.....1815 N. Capitol Ave. (2)
Streeter, Ralph T.....3131 E. 38th St. (18)
Strickland, James W.....7024 Broadway (20)
Strickland, Neil R.....5506 E. 16th St. (18)
Stucky, Elsworth K.....1349 Madison Ave. (25)
Stump, Loyd K.....3949 Meadows Dr. (5)
Stump, Thomas A.
Marion Co. General Hospital (2)
Suelzer, John G.....1815 N. Capitol Ave. (2)
Suess, Robert E.....41 N. Shortridge Rd. (19)
Sullivan, James J.....St. Vincent's Hospital (8)
Summerlin, Jack D.....3242 N. Meridian St. (8)
Surratt, Mary Norris.....1010 E. 86th St. (40)
Sutton, William E.....5807 Brockton Dr. (20)
Swan, John R.....915 Hume Mansur Bldg. (4)
Symmes, Alfred T.....1010 E. 86th St. (40)
Szynal, John S.....2811 E. 46th St. (5)

T

Talbott, Dan E.....6470 N. Michigan Rd. (68)
Tanner, Henry S.....321 Hume Mansur Bldg. (4)
Taube, Jack I.....214 Hume Mansur Bldg. (4)
Tavel, Morton E.....1815 N. Capitol Ave. (2)
Taylor, Clifford C.....Community Hospital (19)
Taylor, Frederic W.....3524 N. Meridian St. (8)
Taylor, Willis D.....Ford Motor Co., P.O. Box 19106 (19)
Teague, Frank W...1021 Hume Mansur Bldg. (4)
Teixler, Victor A.....818 Hume Mansur Bldg. (4)
Test, Charles E.....1006 Hume Mansur Bldg. (4)
Teter, George V.....1221 E. 86th St. (40)
Tether, Joseph E.....510 Hume Mansur Bldg. (4)
Tharpe, Ray G.....3202 N. Meridian St. (8)
Thatcher, Hugh K., Jr....4548 College Ave. (5)
Thoman, Rex L.....1815 N. Capitol Ave. (2)
Thomas, Charles R...9009 E. Southport Rd. (59)
Thomas, E. Paul.....3450 N. Illinois St. (8)
Thomas, Fred A.....5827 Broadway (20)
Thomas, Lowell I.....1815 N. Capitol Ave. (2)
Thomas, Michael H.....I.U. Medical Center (2)
Thomas, Morris E.....1802 N. Illinois St. (2)
Thompson, John V.....7899 Ridge Rd. (40)
Thompson, Joseph F.....I.U. Medical Center (2)
Thompson, Lewis W.....I.U. Medical Center (2)
Thompson, Paul D.
423 Hume Mansur Bldg. (4)
Thompson, Wayne H.....5470 E. 16th St. (18)
Thornton, Harold C.....301 E. 38th St. (5)
Throop, Frank B.....1303 N. Arlington Ave. (19)
Tindall, George T.....6002 Windsor Dr. (18)
Tinsley, Frank W.....3044 Lafayette Rd. (22)
Tinsley, Walter B., Jr.....Methodist Hospital (2)
Tinsley, Walter B. (S).....654 E. 54th St. (20)
Tondra, John M.....400 Hume Mansur Bldg. (4)
Torrella, Jose A.....5324 W. 16th St. (24)
Toumey, Fred L.....1802 N. Illinois St. (2)
Townley, Normand T.....3202 N. Meridian St. (8)
Trudgen, Spencer F.....1010 E. 86th St. (40)
Trusler, H. Marshall..408 Hume Mansur Bldg. (4)
Tuchman, Joseph H.....2040 E. 46th St. (5)
Tucker, Warren S...414 Hume Mansur Bldg. (4)
Tyler, Edward A.....I.U. Medical Center (2)
Tyner, Harlan H.....3202 N. Meridian St. (8)

U-V

Ullom, Ralph B.....3524 N. Meridian St. (8)
Vandivier, James M...209 Hume Mansur Bldg. (4)
Vandivier, Robert M.....3720 N. Meridian St. (8)
Van Dorn, Myron J.....2165 Weslynn Dr. (8)
Van Fleet, Josephine....Indiana State Board of Health, 1330 W. Michigan St. (2)
Van Meter, C. Powell.....3419 E. 10th St. (1)
Van Tassel, Charles J., Jr.
709 Hume Mansur Bldg. (4)
Van Vactor, Helen D...1815 N. Capitol Ave. (2)
Vollrath, Victor J.....5202 N. Illinois St. (8)
Von Der Haar, Gerard.....6919 E. 10th St. (19)
Vore, Robert E.....5350 E. 38th St. (18)

W

Wagner, Virginia M.....3345 Watergate Rd. (24)
Waife, S. O...Eli Lilly & Co., 740 S. Alabama (6)
Wainscott, Clinton S., Jr.
1303 N. Arlington Ave. (19)
Walther, Joseph E.....3202 N. Meridian St. (8)
Walton, William M.....1802 N. Illinois St. (2)
Ward, Wesley C.....5130 N. Meridian St. (8)
Warman, Alvah P. (S)....6613 E. 52nd Pl. (26)
Warneke, Charles H...1815 N. Capitol Ave. (2)
Warriner, James B...1012 N. Emerson Ave. (19)
Warvel, John H., Jr.....1010 E. 86th St. (40)
Washington, Wilbert 2142 N. Capitol Ave. (2)
Weaver, Dorothy E...3000 W. Washington St. (22)
Webb, Donald W....532 Turtle Creek, N. Dr. (27)
Weigand, Clayton G.
Eli Lilly & Co., 740 S. Alabama St. (6)
Weninger, Donald L.
Marion Co. General Hospital (2)
West, Joseph L.....6714 Rockville Rd. (24)
Westfall, B. Kemper.....668 E. 38th St. (5)
Wheeler, David E.....Community Hospital (19)
White, Donald J.....3524 N. Meridian St. (8)
White, Douglas H.....3524 N. Meridian St. (8)
White, Gene A.....835 N. Audubon Rd. (19)
White, John B., Jr.....1815 N. Capitol Ave. (2)
Widdifield, G. E....532 Turtle Creek, N. Dr. (27)
Wilbrandt, Hans R.....5324 W. 16th St. (24)
Wilkens, Irvin W.....1743 Shelby St. (3)
Williams, Harold W.....6000 E. 46th St. (26)
Williams, Howard S.....Community Hospital (19)
Williams, Hugh L.....4829 E. 38th St. (18)
Williams, Paul D....Central State Hospital (22)
Wilson, Fred M.....I.U. Medical Center (2)
Wirey, Harold R.....7377 S. Madison Ave. (27)
Wise, William R.....2372 Lafayette Rd. (22)

Wishard, William N., Jr...1711 N. Capitol Ave. (2)
Woerner, Thomas E...620 Hume Mansur Bldg. (4)
Wolf, Harry C.....8545 Northcrest Ct. (60)
Wolfram, Don J.....208 Hume Mansur Bldg. (4)
Wood, Donald E.....6325 Guilford Ave. (20)
Woodard, Abram S., Jr.....668 E. 38th St. (5)
Woolling, Kenneth R...230 Hume Mansur Bldg. (4)
Worley, Joseph P....5839 E. Washington St. (19)
Wray, James B.....I.U. Medical Center (2)
Wrege, Malcolm L.....1502 N. Emerson Ave. (19)
Wright, James J...LaRue D. Carter Hospital (2)
Wright, J. William, Jr.....5506 E. 16th St. (18)
Wunsch, Charles M.....5506 E. 16th St. (18)
Wyttenbach, John E...503 Hume Mansur Bldg. (4)

Y

Yacko, Michael L.....5350 E. 38th St. (18)
Yingling, Robert J.....Community Hospital (19)
Young, Don J.....I.U. Medical Center (2)
Young, John E.....4829 E. 38th St. (18)
Young, John M.....1456 E. 46th St. (5)
Young, John T.....3151 N. Illinois St. (8)

Z

Zell, Evertson H.....812 C. of C. Bldg. (4)
Zeman, Ruth E.....3400 N. Meridian St. (8)
Zerfas, Phyllis K.....11702 Maze Rd. (59)

Fisher, Gerald E.
324 W. North St., Lebanon (46052)
Asher, James W...4730 W. 72nd St., New Augusta (46268)
Browning, William M.
R. R. 1, Box 221-E, Nineveh (46164)
Schroeder, James E.
1755 Orlando, Grissom AFB, Peru (46970)
Paynter, Morris B.....59 Union St., Southport (46227)
Anderson, John T.....Pitman-Moore Co., 9550 Zionsville Rd., Zionsville (46077)
Dacquisto, Michael P.....Dow Chemical Co., P. O. Box 10, Zionsville (46077)
Harvey, Verne K., Sr. (S)
R. R. 2, Box 354, Zionsville (46077)
Nolan, Robert B.....Pitman-Moore Research Center, P.O. Box 10, Zionsville (46077)

Arnold, Thomas L.
Sheppard AFB, Wichita Falls, Texas (76311)
Ashwood, Edward L.....317 Bowman Dr., Woodbury, N.J. (08096)
Bennhoff, David F.
Naval Hospital, Great Lakes, Ill. (60088)
Berger, Morley.....2600 S. Ocean Dr., Hollywood, Fla. (33022)
Bruetsch, Walter L. (S).....2663 Tallant Rd., Santa Barbara, Calif. (93105)
Bugh, Charles W.....535 Second Ave., #101, Fairbanks, Alaska (99701)
Campbell, Richard W.....2131 Messina Pl., Monterey, Calif. (93940)
Cast, William R.....3918 Rockridge Rd., Columbia, S. Carolina (29206)
Close, Gerald A.....Nyadiri Methodist Centre, P.B. 636E, Rhodesia, Africa
Daniel, John C. (S).....531-B Via Estrada, Laguna Hills, Calif. (92653)
DeArmond, Murray M., Jr.....5740 N. Vista Valverde, Tucson, Ariz. (85718)
Dersch, David M.....840 Hosp. TAC, Lockbourne AFB, Columbus, Ohio (43217)
Dirks, Kenneth R...Research Div., U.S. Army Med. Res. & Dev. Comm., Washington, D.C. (20315)
Dyken, Paul R.....Milwaukee Children's Hosp., 1700 W. Wisconsin Ave., Milwaukee, Wis. (53226)
Everly, Stephan S.....30-310-A Cherry Dr., APO Seattle, Wash. (98742)
Ferree, Mary Mericle.....Tripler General Hosp., APO, San Francisco, Calif. (96438)
Franks, Larry C.....2792 USAF Hosp., Tinker AFB, Oklahoma City, Okla. (73145)
Franz, Sherman G.....Box 169, APO New York, N.Y. (09231)
Gabe, William E. (S).....61 Heather Lane, Orindo, Calif. (94563)
Genna, Mary M.....11801 W. Indian Trail, Hale's Corners, Wisc. (53130)
Gregory, Delmar R.....Loma Linda University, Loma Linda, Calif. (92354)
Haughn, James E.....4420B Larch St., Mountain Home AFB, Mountain Home, Idaho (83648)
Herod, Gilbert.....Univ. of Michigan Med. Cntr., Univ. Hospitals, Ann Arbor, Mich. (48104)
Hurt, LaVerne B.....3102 Palm Ave., Delray Beach, Fla. (33444)
Janicki, Robert S.....Abbott Laboratories, N. Chicago, Ill. (60064)
Kelly, Don E.....107 Grenoble, Folsom, Calif. (95630)
Lackey, John T.....Box 224, Hines Hospital, Hines, Ill. (60141)
LaFollette, James W.....U.S. Naval Hospital, Great Lakes, Ill. (60088)
Lang, Erich K.....Confederate Memorial Medical Center, Shreveport, La. (71106)
Lawler, George F. (S).....133 Edmund Dr., Long Beach, Miss. (39560)
Lawrence, Gene C.....Mather Air Force Base, Sacramento, Calif. (95655)
McCammon, Robert E.....1905-A Virginia Ave., Homestead AFB, Fla. (33030)
McClure, Richard O.....2809 Cornell Circle, Irving, Texas (75060)
McGarvey, William K.....200 Highland Dr., Findlay, Ohio (45890)
Masbaum, Ned P...U.S. Naval Hosp., Portsmouth, New Hampshire (03801)
Mertz, Henry O., Sr. (S)...2911 Pharr Court, S., N. W., Atlanta, Ga. (30305)
Montgomery, W. Foster.....% Bogota, State Department, Washington, D.C. (20521)
Moran, William J.....Navy Hospital, Camp Lejeune, N. Carolina (28542)
Moser, Rollin H. (S)..Land O'Lakes, Wis. (54540)
Myers, Roy V. (S).....7710 Beta Circle, West Palm Beach, Fla. (33406)
Pearson, Lyman R. (S).....1881 Ridgeway Dr., Clearwater, Fla. (33515)
Powell, Tom D.....USAF Hospital, Williams AFB, Chandler, Ariz. (85224)
Reed, Philip B.....6170 Central Ave., St. Petersburg, Fla. (33707)
Ricketts, Joseph W. (S).....136 Magnolia Dr., Orman Beach, Fla. (32074)
Rigg, John F. (S).....131 Gulfstream Rd., N. Palm Beach, Fla. (33403)
Robinson, Frank C. (S)....33901 Blue Lantern, Dana Point, Calif. (92629)
Rogers, Thomas P. (S).....6142 La Pintura Dr., La Jolla, Calif. (92037)
Rudolph, Stephen J., Jr.....613-B Hickam, Grand Forks AFB, N. Dakota (58203)
Rust, Byron K.
P.O. Box 127, Big Pine Key, Fla. (33043)

Slomka, Myron B.....Shell Chemical Co., P.O. Box 813, Princeton, N. J. (08540)
Snider, Byron...R. R. 1, Box 963, Escondido, Calif. (92025)
Stoller, Leon J.....4629 Skys Hill Rd., Nashville, Tenn. (37215)
Templer, Jerry W.....10826 King Bee, St. Ann, Mo. (63074)
Tisher, E. Paul....Richland Medical Center, Inc., Richland Center, Wis. (53581)
Trusler, Harold M. (S).....3320 Thorton Lane, Holly Oakes, Apt. J-1, Temple, Texas (76501)
Vellios, Frank.....Institute of Pathology, Case Western Reserve University, Cleveland, Ohio (44106)
Walker, Robert M.....P.O. Box 96, Chiredzi, Rhodesia, Africa
Weinberger, Myron H.....Stanford Univ. Medical Center, Palo Alto, Calif. (94304)
Winters, Peter L.....2991 School House Lane, Philadelphia, Pa. (19144)
Ziperman, H. Haskell...Box 295, Balboa Heights, Canal Zone

MARSHALL COUNTY

Coursey, James O., Jr.....Argos (46501)
Hampton, James N.....Argos (46501)
Swihart, John J.....Argos (46501)
Connell, Vactor O.....Bourbon (46504)
Kemp, W. Alfred.....Bourbon (46504)

Bremen

(*Zip Code* 46506)

Bowen, Otis R.....304 N. Center St.
Burket, Cecil R.....424 W. South St.
Cripe, Earl P.....119 N. Center St.
Schreiner, John E.....201 E. Plymouth
Stine, Marshall E.....424 W. South St.

Culver

(*Zip Code* 46511)

Baker, Milan D.....Culver Military Academy
Deery, Michael F.....953 E. Shore Dr.
Faulkner, Donald J.....W. Terrace Parkway

Rosero, M. George.....Kewanna (46939)

Plymouth

(*Zip Code* 46563)

France, Lloyd C.....1223 N. Center St.
Guild, John K.....116 E. Washington St.
Kubley, James D.....304 N. Walnut St.
Peterson, Ronald L.....116 E. Washington St.
Reno, Edward C.....1805 Hope Blvd.
Rimel, James F.....1223 N. Center St.
Robertson, James S... 304 N. Walnut St.
Stoller, Harry J.....109 N. Walnut St.
Vore, Louring W.....116 E. Washington St.

Reed, Robert G., Jr.....531 N. Main St., South Bend (46601)
Thompson, Alfred A. (S).....Tyner (46572)

MARTIN COUNTY

(See Daviess-Martin)

MIAMI COUNTY

Crates, Gordon C.....Denver (46926)
Sixbey, Maurice D.....Denver (46926)
Sennett, William K.....Macy (46951)

Peru

(*Zip Code* 46970)

Farag, Rafik S.....58 E. Third St.
Ferrara, Donald W.....18 W. Fifth St.
Ferrara, Samuel J.....18 W. Fifth St.
Guthrie, James U.....331 W. Third St.
Hill, Lloyd L.....302 N. Duke St.
Rendel, Harold E.....302 N. Duke St.
Reyes, Diego C.....15 S. Wabash St.
Snyder, Parker W.....302 N. Duke St.

Malouf, Stephen D. (S).....P. O. Box 457, Bloomington, Ill. (61701)

MONROE COUNTY

(See Owen-Monroe)

MONTGOMERY COUNTY

Crawfordsville

(*Zip Code* 47933)

Alexander, Stephen J.....408 W. Market St.
Byllesby, Joyce E.....Culver Hospital
Daugherty, Fred N. (S).....120 W. Pike St.
Dodds, Wemple.....Culver Hospital
Eggers, Richard R.....120 W. Pike St.
Haller, Thomas C.....411 Tinsley Ave.
Howland, Carl B.....Box 506 - Green Acres
Humphreys, John W.....312 Jones St.
Kirtley, James M.....Box 506 - Green Acres
Lingeman, Byron N. (S).....419 Ben Hur Bldg.
Ludwig, Paul E.....408 W. Market St.
Millis, Samuel C.....Box 506 - Green Acres
Peacock, Norman F.....219 Ben Hur Bldg.
Pierson, Robert H.....305 E. Main St.
Shannon, Wesley E.....115 Ward St.
Stephens, James P.....115 Ward St.
Viray, Victoriano G.....411 Tinsley Ave.
Wallace, Hawthorne C. (S) R. R. Donnelley & Sons Co.

Blix, Fred M.....Ladoga (47954)
Davis, William H.....New Market (47965)
Kindell, Hurschell D.....New Richmond (47967)
Richards, Edgar E.....Russellville (46175)
Thompson, Claude N.....Waynetown (47990)
Parker, Carl B.....Wingate (47994)

MORGAN COUNTY

Martinsville

(*Zip Code* 46151)

Brubeck, Robert E.....Sunnyside Dr.
Drake, Ellery T.....P. O. Box 110
Eisenberg, David A.....Sunnyside Dr.
Gray, Leon (S).....171 E. Washington St.
Miller, Ray D.....290 E. Washington St.
Ostheimer, George.....Sunnyside Dr.
Pitkin, McKendree C. (S)....440 Washington St.
Turner, Maurice A.....490 E. Pike St.
Van Wienen, John.....60 W. Morgan
Willan, Horace R. (S).....109 S. Jefferson St.
Winter, William P.....1390 E. Columbus

Mooresville

(*Zip Code* 46158)

Comer, Kenneth E.....R. R. 2, Box 444
Kendrick, William M.....130 Indiana St.
Kourany, Edgar.....320 N. Indiana St.
Kourany, Oscar.....320 N. Indiana St.
Van Bokkelen, Robert W.....320 N. Indiana St.

Wilson, Oliver R.....Box 525, Morgantown (46160)
Miller, Robert J.....Paragon (46166)
Reese, Jay S.....Medical Dept., NAAS Whiting Field, Milton, Fla. (32570)

NEWTON COUNTY

Schoonveld, Arthur.....Brook (47922)
Parker, John C.....Goodland (47948)
Imperial, Benjamin E.....Kentland (47951)
Kresler, Leon E.....101 N. 4th St., Kentland (47951)
Guzman, Marcelino F.....Morocco (47963)

NOBLE COUNTY

Bowman, Charles M.....Albion (46701)
Fitzkee, William E.....Albion (46701)
Greenlee, Joseph A., Jr.....Avilla (46710)
Sneary, Max E.....Avilla (46710)

Kendallville
(*Zip Code* 46755)

Bryan, Robert E.....705 N. State St.
Hepner, Herman.....705 N. State St.
Messer, Frank W. (S).....115 E. Rush St.
Slough, O. Thomas.....703 E. Mitchell
Stallman, Carl F.....409 E. Wayne St.

Ligonier
(*Zip Code* 46767)

Hooker, Donald J.....104 S. Main St.
Stone, Robert C.....405 S. Cavin St.
Stultz, Quentin F.....401 S. Cavin St.

Fipp, August L.....Rome City (46784)
Pulskamp, Bertrand H.....Wolcottville (46795)
Greenlee, James R.....103 Mayer Dr., Savannah, Ga. (31405)

OHIO COUNTY

(See Dearborn-Ohio)

ORANGE COUNTY

Encinas, Senen J.....English (47118)
Hagan, Marion L.....French Lick (47432)
Keseric, N. E.....French Lick (47432)
Sugarman, Benjamin E.....French Lick (47432)
Hodgin, Phillip T.....Orleans (47452)
Schoolfield, William E.....Orleans (47452)
Clark, Ivan A.....Paoli (47454)
McCalla, Charles X.....Paoli (47454)
Spears, John K.....Paoli (47454)

OWEN-MONROE COUNTIES

Bloomington
(*Zip Code* 47401)

Baxter, Neal E.....306 E. Fifth St.
Bidney, Evelyn B.....321 S. Jordan Ave.
Bomba, Brad J.....1920 E. Third St.
Booze, James H.....711 W. Second
Borland, Raymond M. (S).....114 N. Lincoln St.
Buckingham, Richard E.....344 S. College Ave.
Byrne, Louis.....3901 E. Third St.
Campbell, William T.....314 E. Seventh St.
Creek, Jean A.....1920 E. Third St.
Dalton, Naomi L.....2307 E. Second St.
Edwards, Joshua.....1319 E. First St.
Ellis, Charles R.....Bloomington Hospital
Emery, Charles B., Jr.....711 W. Second
Estes, Ambrose C.....400 E. Third St.
Farr, James C.....405 E. Fourth St.
Fowler, R. Ross.....104 N. Grant St.
Fugelso, Erling S.....207 Heritage Rd.
Geiger, Dillon D.....115 S. Lincoln St.
Hammer, Jay W.....Bloomington Hospital
Hardtke, Eldred F.....2305 E. Third St.
Hensley, Kalvin C.....600 N. Jordan St.
Hepner, Herman S. (S).....312 N. Walnut St.
Hibner, Kermit Q.....117 N. Grant St.
Holland, Philip T.....406 S. College Ave.
Holtzman, Paul W.....113 S. Lincoln St.
Houshmand, Cyrus.....619 W. First St.
Howard, William F.....619 W. First St.
Hrisomalos, Frank N.....306 E. Kirkwood Ave.
Lewis, George N.....619 W. First St.
Ley, Glen D.....400 E. Third St.
Link, William C.....314 W. First St.
Lundblad, Wilfred M.....717 W. First St.
Lyons, Robert E.....P. O. Box 278
McClary, Charles W.....1920 E. Third St.
McIntire, Clarence R.....Bloomington Hospital
McKeen, Charles L.....619 W. First St.
McLelland, Mary E.....310 S. Union St.
Manifold, Harold M.....1920 E. Third St.
Marchant, Clarence H.....350 S. College Ave.
Mather, Glenn B.....Bloomington Hospital
Middleton, Thomas O.....411 W. Howe St.
Milan, Joseph F.....711 W. Second St.
Miller, John M.....600 N. Jordan St.
Morford, Guy.....314 E. Seventh St.
Owens, Walter L.....411 E. Fourth St.
Pizzo, Anthony.....Bloomington Hospital
Poolitsan, George C.....407 N. Walnut St.
Ramsey, Hugh S.....619 E. First St.
Ratts, Larry D.....1920 E. Third St.
Rieger, I. Taylor.....711 W. Second St.
Robinson, Robert D.....619 W. First St.
Rogers, Otto F., Jr.....210 N. Washington St.
Rollins, Thomas K.....114 E. Seventh St.
Ross, Ben R. (S).....314 E. Seventh St.
Ross, James B.....314 E. Seventh St.
Ruff, Jerard G.....1111 N. Walnut St.
Schaffer, James J.....703 W. Second St.
Schell, H. Richard.....711 W. Second St.
Schilling, Richard J.....711 W. Second St.
Schultheis, Richard L.....Maple Grove Rd.
Schuman, Edith B.....Indiana University
Seagle, William C.....111 E. Ninth St.
Shahbahrami, Farrokh.....619 W. First St.
Sibbitt, Joseph W.....115 S. Lincoln St.
Smalley, Raymond....I.U. Student Health Center
Smith, Herschel S.....P.O. Box 667
Spencer, Beaufort A.....110 E. 10th St.
Stangle, William J.....640 S. Rogers
Steele, Lowell R.....130 N. Indiana St.
Stoner, Harold E.....409 E. Fourth St.
Surian, Michael A.....711 W. Second St.
Taraba, Ralph W.....211 E. Martha St.
Topolgus, James N.....403 N. Walnut St.
Wass, Robert W.....3901 E. Third St.
Way, James A.....2315 E. Third St.
Wenzler, Paul J.....3901 E. Third St.
White, John P., Jr.....115 S. Lincoln St.

Henry, J. Ben, Jr.....3800 W. Michigan St., Apt. 2208, Indianapolis (46222)
Reed, William C. (S).....Nashville (47448)

Spencer

(*Zip Code* 47460)

Brown, Marcel S.....53 W. Market St.
Kay, Oran E. (S).....Main & Morgan Sts.
Skrentny, Thomas T.....792 E. Morgan St.

PARKE-VERMILLION COUNTIES

Goodrum, William R.....Cayuga (47928)

Clinton

(*Zip Code* 47842)

Evans, Frederick J.....242 S. Third St.
Herzberg, Milton.....222 Elm St.
Somerville, John W.....225 Elm St.

Webb, Lawrence C.....Dana (47847)
Britton, Welbon D.....Montezuma (47862)

Rockville

(*Zip Code* 47872)

Beebe, Milton O., Jr.....110 York St.
Bloomer, Richard S.....115 N. Market St.
Dowell, Emil H. (S).....Ohio St.
Harstad, Casper (S).....216 W. High St.
Noblitt, James S. (S).....Rockville
Pirkle, Hubert B. (S).....Indiana State Hospital for Chest Diseases
Swaim, J. Franklin.....111 N. Market St.

Pace, Jerome V. (S)
210 N. Warman Ave., Indianapolis (46222)
Fell, Robert M.....Rosedale (47874)
Greene, Frederick G. (S).....Seelyville (47878)
Kempf, Gerald F. (S)
3512 Glaser Dr., Kettering, Ohio (45429)

PERRY COUNTY

Bush, Hargis R. (S).....Cannelton (47520)

Tell City

(*Zip Code* 47586)

Gilbert, Robert G.....Perry Co. Mem. Hosp.
Herr, John W. (S).....622 Main St.
Lohoff, Lewis C.....507 Main St.
Neifert, Noel L.....507 Main St.
Ress, Gene E.....507 Main St.
Smith Fred, Jr.....507 Main St.
Ward, Robert A.....507 Main St.

PIKE COUNTY

Petersburg

(*Zip Code* 47567)

Hall, Donald L.....7th & Poplar Sts.
Higgins, James L.....1104 Vincennes Ave.
Omstead, Milton.....110 S. Sixth St.

PORTER COUNTY

Rabelo, John S...Box 434, Beverly Shores (46301)

Chesterton

(*Zip Code* 46304)

Forchetti, John A.....700 S. Calumet
Griffin, Joseph P.....419 S. Jackson Blvd.
Hall, Thomas C.....621 Broadway
Harless, Clarence M. (S).....123 W. Indiana
Hull, Joel I.....518 W. Indiana Ave.
Read, John E.....700 S. Calumet
Robertson, William C.....600 E. Morgan
Shields, Duncan M.....R. R. 3, Box 248

Kingma, Roy E.....DeMotte (46310)
Sun, Chen T.....Hebron (46341)

Portage

(*Zip Code* 46368)

Carlson, Milton R.....14000 Central
Crise, John R.....14000 Central
Farahmand, Firouz.....2674 Portage Mall
Hoham, Frederick D.....14000 Central
Kilmer, Warren L.....2674 Portage Mall
Lands, Robert M.....14000 Central
Sturdevant, Frank M.....14000 Central
Tetrick, Lain.....National Steel Corporation

Valparaiso

(*Zip Code* 46383)

Altuna, Raquel.....Porter Memorial Hospital
Armalavage, Leon J.....802 LaPorte Ave.
Brown, James C.....1005 Campbell St.
Brown, James R.....1005 Campbell St.
Covey, Thomas J.....1 Sheffield Dr.
Davis, Carl M. (S).....202 Indiana Ave.
DeGrazia, Eugene J.....810 LaPorte Ave.
Dittmer, Jack E.....60 Jefferson St.
Dittmer, Thomas L.....60 Jefferson St.
Evans, Daniel R.....1101 E. Glendale Rd.
Frank, John R. (S).....23 Lincolnway
Gold, Marvin E.....1005 Campbell St.
Green, Leonard J.....1005 Campbell St.
Griffin, Charles G.....1101 E. Glendale Rd.
Kimmel, Louis E.....R.R. 4, Box 190D
Kobak, Alfred J., Jr.....1101 E. Glendale Rd.
Koenig, Robert L.....1101 E. Glendale Rd.
Lee, Robert Y.....808 Lincolnway
Makovsky, Theodore.....1005 Campbell St.
Moayad, Cyrus.....1101 E. Glendale Blvd.
Noonan, Leo C.....7 Napoleon St.
Onderak, Edward P.....814 LaPorte Ave.
O'Neill, Martin J.....1101 E. Glendale Rd.
Pangan, Jesus F.....802 LaPorte Ave.
Pangan, Zanita S.....802 LaPorte Ave.
Poncher, John R.....1101 E. Glendale Rd.
Scheimann, Lois.....702 Lincolnway
Stoltz, Robert M.....810 LaPorte Ave.
Tufekcioglu, Erdogan.....802 LaPorte Ave.
Vietzke, Paul C. F.....1005 Campbell St.
Wu, Stewart.....802 LaPorte Ave.

Gordon, Joseph L. (S).....Wheeler (46393)

POSEY COUNTY

Montgomery, Samuel B. (S).....Cynthiana (47612)
Ropp, Harold E.....New Harmony (47631)
Woods, Arba L. (S).....544 S. Hebron Ave., Evansville (47715)
Boren, Paul R.....Poseyville (47633)

Mount Vernon

(*Zip Code* 47620)

Crist, John R.....105 E. Sixth St.
Hirsch, Herman L.....126 W. Fifth St.
Vogel, L. John.....131 W. Third St.

PULASKI COUNTY

Eshelman, Henry R.....Monterey (46960)

Winamac
(*Zip Code* 46996)

Halleck, Harold J.....119 W. Main St.
Heinsen, Charles E.....613 Tippecanoe Dr.
Hollenberg, Edward L.....613 Tippecanoe Dr.
Thompson, William R.....111 N. Monticello

PUTNAM COUNTY

Veach, Lester W. (S).....Bainbridge (46105)
Veach, Richard L.....Bainbridge (46105)
Ellett, John, Jr.....Coatesville (46121)
Viera, Thomas J.....Coatesville (46121)

Greencastle
(*Zip Code* 46135)

Dettloff, Frederick R.....Alamo Bldg.
Fuson, Wenfred J.....314 Redbud Lane
Haggerty, Fred E.....409 Melrose Ave.
Jacobs, Rene M.....109 S. Vine St.
Johnson, James B.....105 E. Washington St.
Lett, James C.....239 Hillsdale
Marvel, Robert J.....409 Melrose Ave.
Nichols, Anne Sackett.....707 E. Seminary St.
Roof, Roger S.....DePauw Health Service
Schauwecker, Cleon M.....239 Hillsdale Ave.
Smith, A. Wilson.....R. R. 3, Box 111
Steele, Dick J.....Alamo Bldg.
Tipton, William R.....110 S. Vine St.
Wiseman, V. Earle (S).....239 Hillsdale Ave.

RANDOLPH COUNTY

Nixon, Byron (S).....Farmland (47340)
White, Harvey E.....Farmland (47340)
McClure, Morris E.....Chrysler Corp., 1100 S. Tibbs Ave., Indianapolis (46241)
Jordan, Leo E.....Lynn (47355)
Shallenberger, Henry R.....Modoc (47358)
Quiambao, Hector S.....Ridgeville (47380)

Union City
(*Zip Code* 47390)

Birum, Patricia J.....334 W. Oak St.
Chambers, Carol R.....Chambers Medical Clinic
Chambers, Leroy B.....Chambers Medical Clinic
Landon, David J.....R. R. 2
Phipps, Leland K. (S).....R. R. 1, Box 63A
Reid, Robert W. (S).....726 W. Division St.
Wagoner, B. D.....Columbia and Lennox St.

Winchester
(*Zip Code* 47394)

Dininger, William S. (S).....303 S. Main St.
Koch, Howard W.....208 E. Washington St.
Painter, Lowell W.....124 E. Franklin St.
Slick, Crystal R.....457 Elm St.
Sparks, Paul W.....212 S. Main St.

RIPLEY COUNTY

Freeland, Bill E.....714 Edgewood Rd., Batesville (47006)
Hisrich, Lloyd W...222 Maplewood Ave., Batesville (47006)
Loudermilk, Richard G.....12 E. Boehringer, Batesville (47006)
Paras, Jose L.....Batesville (47006)
Warn, William J.....Milan (47031)
Row, George S.....Osgood (47037)
McConnell, William C.....Sunman (47041)
Hopkins, L. H. (S).....Versailles (47042)
Libunao, Artemio S.....Versailles (47042)

RUSH COUNTY

Smith, Stephen D.....Knightstown (46148)
Sheets, Charles E.....Manilla (46150)
Worth, C. Willard.....Milroy (46156)

Rushville
(*Zip Code* 46173)

Atkins, Clarence C.....225 N. Morgan St.
Corpe, Kenneth F.....R. R. #4
Dean, Donald I.....Fourth & Main
Ellis, Davis W., Jr.....E. 11th St.
Green, Frank H., Jr.....134 E. Second St.
Lee, John M. (S).....914 N. Morgan St.
McKee, Harry G.....208 W. First St.
Norris, Marvin G.....134 E. Second St.
Nutter, Wyndham H.....1003 N. Morgan

ST. JOSEPH COUNTY

Hartsough, Ralph I.....Lakeville (46536)

Mishawaka
(*Zip Code* 46544)

Barone, Carmelo V.....307 W. Fourth St.
Christophel, Verna A.....109 W. Third St.
Ganser, Richard A.....111 S. Race St.
Gerig, Eldon L.....303 S. Main St.
Lester, Vern L.....303 S. Main St.
Macri, Paul A.....116½ W. Third St.
Mahank, Camiel C.....303 S. Main St.
Orr, W. Robert.....303 S. Main St.
Rabasa, Rafael.....303 S. Main St.
Reed, Robert F.....1316 Lincoln Way E.
Rosenwasser, Jacob.....225 Lincoln Way E.
Schaphorst, Richard A.....612 N. Main St.
Schlossberg, Victor E., Jr.....301 W. Fourth St.
Sellers, Francis M.....303 S. Main St.
Spalding, David L.....427 Lincoln Way E.
Spalding, Wendell L.....427 Lincoln Way E.
Stringer, Drennon D.....303 S. Main St.
Templeton, Ames R.....516 Clay St.
Walters, Charles E.....319 S. Spring St.
Whitlock, Merle E.....303 S. Main St.
Wilson, Douglas J.....303 S. Main St.
Wurster, Herbert C.....221 E. Third St.
Zimmer, Henry J.....119½ Lincoln Way W.

Luzadder, John E.
105 W. Michigan St., New Carlisle (46552)
Charles, Sara C.....Univ. of Notre Dame, Notre Dame (46556)
Warrick, Homer L....106 Lincolnway W., Osceola (46561)

South Bend
(*Zip Code 466 plus zone number.*)

B

Backs, Alton J.....1831 N. Kessler Blvd. (16)
Baran, Charles.....404 Sherland Bldg. (1)
Bartsch, Harvey L.
919 E. Jefferson Blvd., #102 (22)
Beach, Norman F.....919 E. Jefferson Blvd., #107 (22)
Bechtold, S. E...919 E. Jefferson Blvd. #302 (22)
Bell, Horace D.....420 N. Hill St. (17)
Bennett, Jene R.....531 N. Main St. (1)
Berke, Robert D.....1118 Lincoln Way E. (18)
Biasini, Benedict A.....403 Dixie Way, N. (37)

Bickel, David A. (S)....1335 E. Wayne St. (15)
Birmingham, Peter J. (S)
61490 Meadowlark Lane (14)
Bixler, Louis C. 919 E. Jefferson Blvd., #207 (22)
Bodnar, Leslie M.....328 N. Michigan (1)
Bogan, William C.....3209 Mishawaka Ave. (15)
Booth, Franklin M.....430 Sherland Bldg. (1)
Borough, Lester D.....710 J. M. S. Bldg. (1)
Brechtl, Harvey J.
919 E. Jefferson Blvd., #104 (22)
Buchanan, Wallace D.
919 E. Jefferson Blvd., #107 (22)
Buechner, Frederick W.
116 N. Main St., #261 (1)
Buslee, Roger M.....531 N. Main St. (1)
Bussard, Frank W.....722 E. Colfax Ave. (17)
Butts, Milton A.....118 N. Walnut St. (28)

C

Carter, F. R. Nicholas (S)
2000 E. Jefferson Blvd. (17)
Cassady, James V. (S)....815 Sherland Bldg. (1)
Cassady, John R.....815 Sherland Bldg. (1)
Chamberlain, Donald S...919 E. Jefferson Blvd., #207 (22)
Chamblee, Roland W.....336 N. Notre Dame (17)
Clark, William H.....520 Sherland Bldg. (1)
Colip, George D.....514 Sherland Bldg. (1)
Cook, Gordon C.....719 N. Main St. (1)
Cooper, Harry L. (S).....428 Sherland Bldg. (1)
Cox, Alfred C.....51916 U. S. 31 N. (37)
Culbertson, Carl S.....531 N. Main St. (1)
Custer, Edward W.....Healthwin Hosp. (37)

D

Davis, Edward A.....3014 Ardmore Trail (28)
Denham, Robert H..... 919 E. Jefferson Blvd., #204 (22)
Devetski, Robert L.....514 Sherland Bldg. (1)
DeVoe, Kenneth Roy....604 N. Michigan St. (1)
Dietl, Ernest L.....820 Sherland Bldg. (1)
Dingley, Albert F.
919 E. Jefferson Blvd., #204 (22)
Dodd, Robert D.....2311 N. Miami St. (14)
Dolezal, Bernard J.....115 S. Eddy St. (17)
Donnelly, Everett F.....622 N. Michigan St. (1)
Dunlap, D. Logan.....523 J.M.S. Bldg. (1)

E

Eades, R. Charles....914 E. Jefferson Blvd. (17)
Edwards, Bernard E.....1134 Ridgedale Rd. (14)
Egan, Sherman L.....523 J.M.S. Bldg. (1)
Engel, Howard R.
919 E. Jefferson Blvd., #403 (22)
English, John Paul.....211 N. Eddy (17)
Ericksen, Lester G.
919 E. Jefferson Blvd., #207 (22)
Erickson, Gustaf W.....211 N. Eddy (17)

F

Feferman, Martin E.
919 E. Jefferson Blvd., #407 (22)
Feldman, Max.....1921 Miami St. (13)
Filipek, Walter J.....311 Odd Fellows Bldg. (1)
Firestein, Ben Z. 919 E. Jefferson Blvd., #307 (22)
Firestein, Ray.....416 Sherland Bldg. (1)
Fish, Edson C.....414 Sherland Bldg. (1)
Fisher, Lawrence F. (S)..59472 S. Main St. (14)
Foley, Hansel O.....704 N. Main St. (1)
Forrest, O. Norman, Jr.....719 N. Main St. (1)
Frank, Herbert 919 E. Jefferson Blvd., #202 (22)
Frank, Lyall L., Jr.....224 W. Navarre St. (1)
Frank, Lyall L. (S).....224 W. Navarre St. (1)
Frash, DeVon W., Jr.....1910 Miami St. (13)
Frey, William B.....316 N. Ironwood Dr. (15)
Friedman, Morris S.
919 E. Jefferson Blvd., #402 (22)
Frith, Louis G.....521 W. Washington Ave. (1)

G

Gaffney, Raymond.....535 W. Colfax Ave. (1)
Ganser, Ralph V.....302 Sherland Bldg. (1)
Gates, George E.....211 N. Eddy (17)
Gilman, Marcus M. (S) .401 Odd Fellows Bldg. (1)
Godersky, George E.....719 N. Main St. (1)
Godersky, Lois G.....719 N. Main St. (1)
Graf, John Paul.....414 Sherland Bldg. (1)
Green, G. Richard.....822 Sherland Bldg. (1)
Green, George F.....822 Sherland Bldg. (1)
Green, Norval E.....704 N. Main St. (1)
Grillo, Donald.....226 Sherland Bldg. (1)
Grorud, Alton C.....211 N. Eddy (17)

H

Haley, George M.....424 Sherland Bldg. (1)
Hall, James M.....914 E. Jefferson Blvd. (17)
Hamilton, Charles O.....527 N. Michigan St. (1)
Harris, C. Glenn.....527 W. Colfax Ave. (1)
Haugseth, Ellsworth K...820 N. Ironwood Dr. (17)
Hawkins, Glen E.....622 N. Michigan St. (1)
Helmer, John F.....826 Sherland Bldg. (1)
Hilbert, John W. (S)
61600 Brightwood Lane (14)
Hildebrand, John O., Jr..1307 E. Ewing Ave. (13)
Hill, Theodore A.....107 N. Eddy St. (17)
Hill, Wallace C.
919 E. Jefferson Blvd., #306 (22)
Holdeman, Lillian S.....228 S. St. Joseph St. (1)
Holdeman, Richard W..404 N. Lafayette Blvd. (1)
Holloway, Richard J.....211 N. Eddy (17)
Holtzman, Norman N.....1621 Hoover Ave. (15)
Horvath, George A.....211 N. Eddy (17)
Houser, D. Stanley.....2314 Miami (14)
How, Louis E.....1419 S. Michigan St. (13)
Hyde, Carroll C. (S).....211 N. Eddy (17)

J-K

Jankowski, Ernest B...411 S. Sheridan Ave. (19)
Johns, Nicholas C.....818 Sherland Bldg. (1)
Karn, John W.....414 Sherland Bldg. (1)
Keenan, Patrick J.....211 N. Eddy (17)
Kieffer, William J.....919 E. Jefferson Blvd. (22)
Knode, Kenneth T. (S)....729 Sherland Bldg. (1)
Krueger, John E.....414 Sherland Bldg. (1)
Kuhn, Frederick L.....1215 S. Michigan St. (18)

L

Lamb, J. Leonard.....825 Sherland Bldg. (1)
Lane, William H.....604 N. Michigan St. (1)
Levatin, Bernard I.
919 E. Jefferson Blvd., #303 (22)
Lionberger, John R.
919 E. Jefferson Blvd., #207 (22)
Liss, Emanuel C.....119 S. Eddy St. (17)
Lockhart, Philip B.
919 E. Jefferson Blvd., #107 (22)

M

MacDonell, Eldred H.....211 N. Eddy (17)
MacLeod, John K.....919 E. Jefferson Blvd. (22)
McCraley, William J.....218 S. Francis (37)
McFarland, Corley B.....211 N. Eddy (17)
McMeel, James.....1138 Whitehall Dr. (15)
McQuade, John A.....1522 Portage Ave. (16)
Macias, Rafael.....526 Sherland Bldg. (1)
Magnuson, Charles W.....211 N. Eddy (17)
Marquis, Gordon.....211 N. Eddy (17)
Martin, Charles F.....1438 Ridgedale Rd. (14)
Martinov, William E...919 E. Jefferson Blvd. (22)
Mason, Bernard A.....211 N. Eddy (17)
Mauzy, Merritt C.....216 Sherland Bldg. (1)
Metcalfe, Grant E.
919 E. Jefferson Blvd., #308 (22)
Mott, Cassell A. (S)
2733 Lincoln Way W. (28)
Mueller, Hilbert M.....211 N. Eddy (17)
Murphy, Josephine F.....111 W. Bartlett St. (1)
Myers, Philip R.....1002 Lincoln Way W. (16)

N-O

Neher, John L.....17615 State Rd. #23 (35)
Nelson, F. Dale.....704 N. Main St. (1)
Nelson, Raymond E.....206 E. Bartlett St. (1)
Nelson, Robert.....206 E. Bartlett St. (1)
Nichols, Harold G.....527 W. Colfax Ave. (1)
Odrcic, Kazimir.....211 N. Eddy (17)
Olson, Donald T. 919 E. Jefferson Blvd., #309 (22)
Olson, Kenneth L.....919 E. Jefferson Blvd., #207 (22)
O'Malley, Patrick F.....525 Sherland Bldg., (1)
Oren, William F.....919 E. Jefferson Blvd., #301 (22)

P

Pairitz, Frank D.....60649 U. S. 31 S. (14)
Parsons, Robert.....919 E. Jefferson Blvd.(22)
Pascuzzi, Chris A.....531 N. Main St. (1)
Pauszek, Thomas B. (S) 704 W. Washington St. (1)
Petrass, Andrew (S).....516 Sherland Bldg. (1)
Phelps, Stephen R.....818 Sherland Bldg. (1)
Plain, George B.....211 N. Eddy (17)
Plain, George Leroy.....211 N. Eddy (17)
Proudfit, Charles H. 919 E. Jefferson Blvd., #304 (22)
Pyle, Harold D.....119 S. Eddy St. (17)

R

Rasmussen, Ruth F.....211 N. Eddy (17)
Rice, Katherine K.....919 E. Jefferson Blvd., #206 (22)
Richards, Dean.....3123 S. Michigan St. (14)
Rigaux, Armand J.....316 N. Ironwood Dr. (15)
Roberts, Billy J.....3123 Mishawaka Ave. (15)
Rosenheimer, George M. (S) 604 N. Michigan St. (1)
Rubens, Eli.....2314 Miami (14)
Rudolph, Carl J.....110 W. Bartlett St. (1)

S

Sanderson, Robert B.....730 Sherland Bldg. (1)
Sandock, Louis F.....503 Sherland Bldg. (1)
Sandoz, Harry H. (S)..612 Odd Fellows Bldg. (1)
Saucelo, Bart M.....1401 Lincoln Way W. (28)
Schiller, Herbert A. 919 E. Jefferson Blvd., #205 (22)
Scott, Frank M.....211 N. Eddy (17)
Sharp, Merle C.....717 N. Main St. (1)
Shelley, Edward S.....207 S. Taylor St. (25)
Shriber, William H.....211 N. Eddy (17)
Shriner, Richard Lee 919 E. Jefferson Blvd., #308 (22)
Sisson, Norvel D.....531 N. Main St. (1)
Skillern, Scott D.....422 Sherland Bldg. (1)
Slominski, Harry H. (S) 708 Odd Fellows Bldg.(1)
Sobol, Zbigniew W.....328 N. Michigan St. (1)
Speybroeck, Robert C.....1314 Kessler Pl. (16)
Staunton, Henry A.....3016 Mishawaka Ave. (15)
Stiver, Daniel D.....822 Sherland Bldg. (1)
Stogdill, William J.....318 Sherland Bldg. (1)
Stratigos, Joseph S.....527 N. Lafayette Blvd. (1)
Sweeney, Robert M.....211 N. Eddy (17)

T

Thompson, John M.....305 Sherland Bldg. (1)
Thompson, Robert A. 913 S. Twyckenham Dr. (15)
Thornton, Maurice J. (S)..125 W. Marion St. (1)
Tirman, Wallace S. 919 E. Jefferson Blvd., #207 (22)
Troeger, Thomas A.....211 N. Eddy (17)
Troyer, Marlin L.....328 N. Michigan St. (1)
Tutunji, Nermin D...919 E. Jefferson Blvd. (22)

U-V-W-X-Y-Z

Urruti, Arnoldo H.....420 J.M.S. Building (1)
Vagner, S. Bernard..2201 Lincoln Way W. (28)
VanFleit, William E. 919 E. Jefferson Blvd., #407 (22)
Wack, James E.....530 W. Indiana Ave. (13)
Walker, Edwin M. Jr....501 N. Ironwood Dr. (15)
Ward, James W.....325 Wakewa (17)
Weiss, Eugene.....919 E. Jefferson Blvd. (22)
White, Donald G.....1815 Ireland Rd. (14)
Wilhelm, Agatha M..1032 E. Wayne at Eddy (17)
Wilson, James M.....919 E. Jefferson Blvd. (22)
Wind, Joseph L.....919 E. Jefferson Blvd. (22)
Wixted, John F...919 E. Jefferson Blvd., #1 (22)
Wixted, Julia L...919 E. Jefferson Blvd., #1 (22)
Zeiger, Irvin L.....3123 Mishawaka Ave. (15)

Byler, John J...602 Illinois St., Walkerton (46574)
Fenstermacher, Robert E.....506 Michigan St., Walkerton (46574)
Rohrer, Bryce B.....506 Michigan St., Walkerton (46574)
Hillman, Marion W....Box 473, Westville (46391)
Cline, Kenneth L.....Box 57, Wyatt (46595)

Bassler, Carl R. (S).....R. R. # 4, Niles, Mich. (49120)
Calvin, O. Walter.....Karl Meyer Hall, 720-38 S. Wolcott St., Chicago, Ill. (60612)
Farner, James E.....2020 E. 93rd St., Cleveland, Ohio (44106)
Fish, Clyde M. (S) R. R. # 2, Edwardsburg, Mich. (49112)
Rea, Thomas J.....Edwardsburg, Mich. (49112)
Spenner, Raymond W. (S)..Rt. 3, Diamond Lake, Cassopolis, Mich. (49031)
Walerko, Frank M.....1999 Sharondale Ave., St. Paul, Minn. (55113)

SCOTT COUNTY

Bogardus, Carl R.....61 Main St., Austin (47102)
Llamas, Dominardo F....618 W. Main St., Austin (47102)

Scottsburg

(*Zip Code* 47170)

Bacala, Jesus.....69 Wardell St.
Castro, Ignacio B., Jr.....685 Wanda St.
McClain, Marvin L.....935 First St.
Neathamer, Thomas A...N. Gardner & White Sts.

SHELBY COUNTY

Nigh, Rufus M.....Fairland (46126)
Davis, John A.....Flat Rock (47234)
Paz, Luis.....1007 N. 16th St., New Castle (47362)

Shelbyville

(*Zip Code* 46176)

Arata, Lucian A.....428 W. Hendricks St.
Dalton, Wilson L.....117 W. Washington St.
Gehres, Robert W. (S).....15 S. Tompkins
Green, William L.....103 W. Washington St.
Inlow, Paul M.....103 W. Washington St.
Inlow, Robert P.....103 W. Washington St.
Inlow, William D. (S).....1100 Spring Hill Rd.
Miller, Richard C.....17 W. Mechanic St.
Moheban, Joseph.....120 W. Jackson St.
Richard, Norman F.....103 W. Washington St.
Scott, V. Brown.....103 W. Washington St.
Silbert, David B.....17 S. Tompkins
Spindler, Robert D.....165 W. Mechanic St.
Tindall, William R.....505 S. Harrison St.
Tower, James H., Jr.....124 W. Franklin St.
Whitcomb, Roger F.....120 W. Jackson St.

SPENCER COUNTY

Medcalf, Norman L. (S).....Lamar (47550)
Jolly, Wesley P. (S).....Richland (47634)
Glackman, John C., Jr. 6th and Main Sts., Rockport (47635)
Monar, Michael.....6th and Main Sts., Rockport (47635)

STARKE COUNTY

Leinbach, Earl R.....Hamlet (46532)

Knox

(*Zip Code* 46534)

DeNaut, James F.....4 N. Heaton St.
Henry, Howard J.....107 S. Main St.
Ingwell, Guy B.....201 S. Heaton St.
McClure, Clark.....107 S. Main St.
Palmer, W. Allen.....107 S. Main St.

STEUBEN COUNTY

Angola

(*Zip Code* 46703)

Artz, Richard W.....416 E. Maumee
Barton, Robert.....416 E. Maumee
Cameron, Don F. (S).....416 E. Maumee
Cameron Mary H.....416 E. Maumee
Crum, Marion M.....301 E. Maumee
Davis, Claude E.....1109 W. Maumee
Hartman, John J.....909 W. Maumee
Kissinger, Knight L.....411 E. Gilmore
Mason, Donald G.....112 S. Wayne St.
Rausch, Norman W.....416 E. Maumee

Schrepferman, Wayne.....Hamilton (46742)

Yocum, Paul S., Sr.....4826 Alhambra Circle, Coral Gables, Fla. (33146)

SULLIVAN COUNTY

Brown, John S.....Carlisle (47838)
Dukes, Betty.....Dugger (47848)
Dukes, Joe.....Dugger (47848)
Bethea, Robert O.....Farmersburg (47850)
Hernandez, Antonio.....Shelburn (47879)

Sullivan

(*Zip Code* 47882)

Bedwell, Marion H.....16 N. Court St.
Crowder, James H.....112 N. Section St.
Eskew, Kenneth W.....117 W. Washington St.
McClure, Glen.....777 N. Wolfenberger
Maple, James B. (S).....116 S. Section St.
Scott, Irvin H.....117 W. Washington St.

Daugherty, William L.....Hutsonville, Ill. (62433)
Taylor, John R.....105 N. Main, Palestine, Ill. (62451)

SWITZERLAND COUNTY

(See Jefferson-Switzerland)

TIPPECANOE COUNTY

Derhammer George L.....Brookston (47923)
Gish, Howard M.....Brookston (47923)
Dublin, Madeline P.....Francesville (47946)

Lafayette

(*Zip Code* 47904 *unless otherwise indicated.*)

Ade, Charles H.....2211 South St.
Ade, Mary Keller.....2211 South St.
Arvin, Delano Z.....2600 Greenbush
Auckley, James L.....2600 Greenbush St.
Balkema, Catherine M.....3 N. 18th St.
Bayley, William E.....303 S. Ninth St. (47901)
Beuerman, V. A. 2600 Greenbush St.
Bolin, Robert C.....2600 Greenbush St.
Bridge, Barton C.....Jefferson Square (47905)
Buhrmester, Harry C.....2600 Greenbush St.
Burns, John T.....5 N. 25th St.
Bush, Jack A.....405 Life Bldg. (47901)
Calvert, Raymond R. (S).....314 N. Sixth St. (47901)
Canganelli, Vincent G.....2433 S. Ninth St. (47905)
Carpenter, James B.....49 N. 26th St.
Cartwright, Glen W.....2600 Greenbush St.
Cole, Ira (S).....2315 South St.
Coyner, Alfred B. (S).....509 Life Bldg. (47901)
Davis, Grayson B.....15 N. 25th St.
Davis, Howard B.....2600 Greenbush St.
Deur, Julius J.....1011 Columbia
Donahue, George R.....718 Life Bldg. (47901)
DuBois, Ramon B.....324 N. 25th St.
Eaton, Marion J.....214 Life Bldg. (47901)
Elliott, Paul W.....St. Elizabeth Hospital
Engeler, James E.....2600 Greenbush St.
Evans, David L.....2424 Ferry St.
Ferguson, William B.....2525 South St.
Fields, Don C.....2600 Greenbush St.
Flack, Russell A.....1005 Life Bldg. (47901)
Foster, John A.....St. Elizabeth Hospital
Fox, Richard F.....2600 Greenbush St.
Frasch, Mahlon G.....300 Life Bldg. (47901)
Frey, Harley H., Jr.....405 Life Bldg. (47901)
Fritch, John M.....701 S. 21st St. (47905)
Gery, Richard E.....2600 Greenbush St.
Gripe, Richard P.....2600 Greenbush St.
Haas, Charles F.....2211 South St.
Hannemann, Robert E.....2600 Greenbush St.
Harter, Eli B.....2600 Greenbush St.
Harvey, Bennett B.....35 N. 25th St.
Heid, George J., Jr.....35 N. 25th St.
Herrold, George W.....2 N. 26th St.
Horswell, Richard R.....2600 Greenbush St.
Hughes, Anson F.....2400 Ferry St.
Hughes, Richard R.....1000 N. 14th St.
Hull, James E.....2211 South St.
Hunsberger, Walter G.....2600 Greenbush St.
Hunter, Frank P. (S).....617 Life Bldg. (47901)
Johnson, Herbert S.....2600 Greenbush St.
Karberg, Richard J.....2400 Ferry St.
Kelley, Jack L.....2600 Greenbush St.
Klatch, Ben Z.....2211 South St.
Klepinger, Harry E.....724 Life Bldg. (47901)
Kohne, Robert W.....3010 Underwood
Kuipers, Fred M.....2600 Greenbush St.
Landis, Charles B.....2211 South St.
Lempke, Lloyd W.....2211 South St.
Lind, Jaap J.....2600 Greenbush St.
Loop, Frederick A.....2420 Ferry St.

McAdams, Robert.....2011 Kossuth St. (47905)
McFadden, James M.....2500 Ferry St.
McKinley, Joseph.....312 Life Bldg. (47901)
McPherson, Richard C.....2600 Greenbush St.
Marsh, George W.....1216 Howell
Marvel, Howard R.....2600 Greenbush St.
Mather, Charles R.....2600 Greenbush St.
Mather, Robert L.....1016 Life Bldg. (47901)
Mentzer, William G.....2400 Ferry St.
Miller, Albert J.....35 N. 25th St.
Miller, Roland E.....2200 Scott St.
Miller, William J.....2600 Greenbush St.
Mount, William M.....20 N. 24th St
Neumann, Kenneth O...300 Main St., Room 618-20 (47901)
Onorato, Joseph J.....2433 S. Ninth St. (47905)
Patterson, Richard G.....2600 Greenbush St.
Peyton, Frank W.....2400 Ferry St.
Pickerill, James M.....301 Life Bldg. (47901)
Ralston, Marc A.....2600 Greenbush St.
Ramsey, George F.....2600 Greenbush
Randall, Thomas A.....Home Hospital
Ratcliff, Frank W.....405 Life Bldg. (47901)
Raymond, James R.....2600 Greenbush St.
Riggs, Wendell A.....2600 Greenbush St.
Rothrock, Philip W.....2200 Scott St.
Ruschli, Edward B. (S).....510 Life Bldg. (47901)
Rutherford, Charles E.....2315 South St.
Scheeres, Jacob W.....2302 Kossuth (47905)
Sherman, David E.....2424 Ferry St.
Shively, John L.....2525 South St.
Sholty, William M.....405 Life Bldg. (47901)
Smith, Lowell C.....637 Ferry St. (47901)
Stahl, Edward T.....2600 Greenbush St
Steele, Hugh H.....2600 Greenbush St.
Strayer, Joseph W.....612 Life Bldg. (47901)
Stuntz, Edgar C.....Wabash Valley Hospital
Trout, Carl J.....314 N. Sixth St. (47901)
Trout, David J.....314 N. Sixth St. (47901)
Tubbs, George R. (S).2502 Iroquois Trail (47905)
Underwood, George M.....Jefferson Square (46905)
Van Buskirk, Edmund L.....2600 Greenbush St.
Van Den Bosch, Wallace R.....2216 South St.
Vermilya, Robert W.....405 Life Bldg. (47901)
Wagner, Anabel.....405 Life Bldg. (47901)
Wagner, Lindley.....2424 Ferry St.
Waits, Chester L.....49 N. 26th St.
Webster, Paul L.....2600 Greenbush St.
Weida, Jerry M.....301-5 Life Bldg. (46901)
Weller, Wendell A.....2600 Greenbush St
Wong, Norman F.....15 N. 25th St.

Peterson, Joel A. (S).....R. R. 5, Monticello (47960)
Crouse, Ben E.....Mulberry (46058)
Hebard, Harold G., Jr.....Mulberry (46058)
Babb, Forrest J.....Stockwell (47983)
McKinney, Daniel H.....801 S. 52nd St., Apt. 811, Omaha, Neb. (68106)

West Lafayette

(*Zip Code* 47906)

Bahler, Dean R.....104 Mohawk Lane
Baker, John R.....2321 Carmel Dr.
Brady, Kingdon.....612 Terry Lane
Carpenter, Robert S.....207 North St.
Carroll, Bertha Rose.....1125 Glenway
Hass, Caroline E.....402 Northwestern Ave.
Hass, Thomas W.....402 Northwestern Ave.
Heasty, Alfred R.....Purdue Health Center
Hunter, Dean M.....402 Northwestern Ave.
Jones, David M.....Purdue Health Center
Keplinger, James E.....402 Northwestern Ave.
McAdams, Hugh B.....Purdue Health Center
Martin, Joe M.....2900 N. River Rd.
Ricchetti, Warren F.....874 Rose St.
Roggenkamp, Milton W.....144 Arrowhead Dr.
Rommel, Clarence H.....456 Northwestern
Russell, Henry T.....746 Northridge
Schmiedicke, Paul H.....Purdue University
Spurlock, Fae H.....Purdue Health Center
Van Kirk, John R.....2496 Sycamore Lane
Yegerlehner, Roscoe S.....118 Juniper Ct.

TIPTON COUNTY

Haller, Robert L.....Kempton (46049)
Stouder, Albert E.....Kempton (46049)

Tipton

(*Zip Code* 46072)

Burkhardt, Boyd A.....202 S. West St.
Carter, Jean V. (S).....130 N. Main St.
Compton, George L.....219 N. Independence
Gossard, Meredith B.....308 N. Independence
Kincaid, Raymond K.....202 S. West St.
Kurtz, William A.....202 S. West St.

Ericson, Harold L.....Windfall (46076)
Moser, Elmer B. (S).....Windfall (46076)
Tranter, William F.....2337 Flora Ave., Ft. Myers, Fla. (33901)

UNION COUNTY

(See Wayne-Union)

VANDERBURGH COUNTY

Evansville

(*Zip Code 477 plus zone number.*)

A

Acre, Robert R. (S).....3700 Bellemeade (15)
Adler, Raymond N.....714 Second Ave. (10)
Adye, Wallace M., Jr...1307 N. Stringtown Rd. (11)
Alexander, John E....2895 Washington Ave. (14)
Allen, William H.....715 First Ave. (10)
Anderson, Milton H.....Clearview Hospital (10)
Antes, Earl H.....420 Cherry St. (13)
Arendell, Robert E.....1666 S. Lodge Ave.(14)
Austin, Eugene W.....3700 Bellemeade (15)

B

Baker, Herman M. (S).....715 First Ave. (10)
Baker, Mason R.....1008 S. Evans Ave. (13)
Baker, Sam B.....Deaconess Hospital (10)
Barnhart, Willard T.....701 Chestnut St. (13)
Beck, Robert E.....611 Harriet St. (10)
Becker, Jerry D.....715 First Ave. (10)
Begley, Joseph W., Jr. 314 S. E. Riverside Dr. (13)
Beisel, Larry H.....420 Cherry St. (13)
Bender, Martin J.....3700 Bellemeade (15)
Bendush, Cecil L.....Mead Johnson Research Center (21)
Bennett, Abner P.....412 S. E. Fourth St. (13)
Bissonnette, Roger P.....420 Cherry St. (13)
Bloss, Bryant A.....715 First Ave. (10)
Boone, Robert D.....420 Cherry St. (13)
Boswell, Robert W. C.....2351 Division St. (14)

Boyle, Carroll L.....715 First Ave. (10)
Brakel, Frank J., Jr.....420 Cherry St. (13)
Britt, Robert L.....420 Cherry St. (13)
Brockmole, Arnold W.....201 S.E. Third St. (13)
Brooks, Edwin A.....5620 Kratzville Rd. (10)
Brown, Robert L.....419 Edgar St. (10)
Bryan, Stanton L.....607 Hulman Bldg. (8)
Buehner, Donald F.....3700 Bellemeade (15)
Burger, Thomas C.....3700 Bellemeade (15)
Burnikel, Ray H.....2709 Washington Ave. (14)

C

Carlson, Ralph F.....527 Sycamore St. (08)
Challman, William B.....715 First Ave. (10)
Clark, Thomas W.....420 Cherry St. (13)
Clouse, Paul A.....613 S. Weinbach Ave. (14)
Cockrum, William M.....1001 Walnut St. (13)
Coleman, Joseph E.....3700 Bellemeade (15)
Combs, Herman T.....807 W. Indiana (10)
Combs, John H. (S) 412 S. E. Fourth St. (13)
Cooper, Waller W.....Deaconess Hospital (10)
Corcoran, Patrick J. V.....3700 Bellemeade (15)
Cox, J. Bruce.....420 Cherry St. (13)
Crawford, James H.....3700 Bellemeade (15)
Crevello, Albert J.....3700 Bellemeade (15)
Crimm, Paul D.....5125 Stringtown Rd. (11)
Crudden, Charles H.....Clearview Hospital (10)
Cullnane, Chris W.....2312 W. Franklin St. (12)

D

Davidson, Harold H.....420 Cherry St. (13)
Davis, Kenneth D.....420 Cherry St. (13)
Denzer, Edward K.....108 S. E. Third St. (8)
Denzer, William O.....2329 Chandler Ave. (16)
Dieckman, Herbert S.....3700 Bellemeade (15)
Dodd, Roberts K.....2042 Lincoln Ave. (14)
Downer, Luther H.....615 Oak Street (13)
Drake, Dale W.....St. Mary's Hospital (10)
Durkee, Melvin S.....3700 Bellemeade (15)
Dycus, Walter A.....319 N. St. Joseph Ave. (12)
Dyer, Wallace K.....3700 Bellemeade (15)

E

Ebin, Judah L.....101 S. E. Third St. (8)
Engel, Edgar L.....326 S. E. Seventh St. (13)

F

Faul, Henry J.....815 Hulman Bldg. (8)
Faw, Melvin L.....420 Cherry St. (13)
Fenneman, Robert J.....402 S. E. Seventh St. (13)
Fitzsimmons, Samuel L.....901 S. Boeke Rd. (14)

G

Garland, Edgar A.....606 S. Weinbach (14)
Garst, Garland R.....3700 Bellemeade (15)
Gaul, L. Edward.....509 Hulman Bldg. (8)
Geller, Samuel.....R. R. 8, Box 143A (11)
Getty, William H.....420 Cherry St. (13)
Giorgio, Douglas J.....916 S. Burkhardt Rd. (15)
Gourieux, E. De Verre.....3700 Bellemeade (15)
Griep, Arthur H.....5414 Madison Ave. (15)
Grimm, William C. H., Jr.....420 Cherry St. (13)
Guckien, Joseph L.....715 First Ave. (10)

H

Hachmeister, Charles W.
2301 W. Michigan St. (12)
Hammond, R. Case.....701 Chestnut St. (13)
Hare, Daniel M.....701 Chestnut St. (13)
Hargett, Isaac R.....420 Cherry St. (13)
Harlan, William L.....3700 Bellemeade (15)
Harned, Ben K., Jr.....420 Cherry St. (13)
Harris, Robert L.....2014 E. Morgan (11)
Hart, L. Paul.....3700 Bellemeade (15)
Hartley, Clarence A., Jr...221 Chestnut St. (13)
Hartz, F. Minton.....123 S. E. Second St. (8)
Hassel, Walter B.....3712 Herndon Dr. (11)
Healy, Cornelius E.....420 Cherry St. (13)
Heard, Albert.....322 E. Cherry St. (13)
Heimburger, Irvin L.....527 Sycamore St. (8)
Heinrich, Weston A...314 S. E. Riverside Dr. (13)
Hendershot, Eugene L...412 S. E. Fourth St. (13)
Hermayer, Stephen....220 S. E. Seventh St. (13)
Hermann, Harold W.....Mead Johnson & Co.,
2404 Pennsylvania Ave. (21)
Herrmann, Gordon T.....3700 Bellemeade (15)
Herzer, Clarence C. (S).....322 N. Fulton (10)
Heumann, John E.....715 First Ave. (10)
Himebaugh, Gilbert J.....115 N. Weinbach (11)
Hironimus, John E.....314 E. Riverside Dr. (13)
Hobbs, Arthur A.....611 Harriet St. (10)
Hobgood, James L., Jr..7527 Taylor Circle (15)
Hoopes, Jane M.....3700 Bellemeade (15)
Hoover, J. Guy.....527 Sycamore St. (8)
Hovda, Richard B.....3700 Bellemeade Ave. (15)
Huggins, Victor S.....611 Harriet St. (10)

J

Johnson, Victor.....2301 W. Michigan St. (12)
Johnson, Stephen L.....521 Sycamore St. (8)

K

Kauffman, Harley M. (S)....219 Walnut St. (8)
Kelly, John B.....420 Cherry St. (13)
Kessler, Robert B.....1338 Division St. (14)
Kiechle, Frederick L.....1018 Parrett St. (13)
Kincaid, Robert S.....9000 Petersburg Rd. (11)
Kleindorfer, Roscoe L.....3214 E. Chandler (15)
Krueger, Thomas P.....715 First Ave. (10)

L

Langsam, Charles L.....4511 Bellemeade (15)
Laubscher, Clarence.....1201 Laubscher Rd. (10)
Lawler, John F.....420 Cherry St. (13)
Lawrence, Joseph C.....715 First Ave. (10)
Leibundguth, Henry.....P.O. Box 5166 (15)
Leich, Charles F.....124 S. E. First St. (8)
Lessure, Alfred P.....420 Cherry St. (13)
Longstaff, John P.....200 Cherry St. (13)
Lynch, Harold D.....848 Sunset Ave. (13)

M

MacKenzie, Pierce.....326 S.E. Seventh St. (13)
McCool, Joseph H.....1 Woodmere Lane (11)
McDonald, Joseph D.....517 Sycamore St. (8)
Marvel, James A.....420 Cherry St. (13)
Mason, Everett E.....3700 Bellemeade (15)
Mathews, James R.....715 First Ave. (10)
Miller, LaVerne B.....1421 N. Main St (11)
Miller, Marshall S.....420 Cherry St. (13)
Miller, Milton J.....15 W. Franklin St. (10)
Mills, Fred E.....Deaconess Hospital (10)
Mino, Robert A.....723 Mary St. (10)
Mitchell, John B.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Moulton, Lillian G. (S).....1 N. Barker (12)
Muelchi, Adeline F. (S)....2205 Bellemeade (14)
Mullican, William S., Jr.....715 First Ave. (10)
Murphy, Edward U.....901 Hulman Bldg. (8)

N

Newnum, Raymond L.....3700 Bellemeade (15)
Newsome, Cola K.....415 E. Mulberry (13)
Newton, Roger E.....Mead Johnson & Co.,
939 Bond St., Mid-Town Center (8)
Nicholson, Raymond W.....3700 Bellemeade (15)
Niedermayer, Alfred J. 960 Washington Ave. (13)
Nonte, Leo R.....715 First Ave. (10)

O

Oswald, Robert H.....326 S.E. Seventh St. (13)
Ozsezen, Bulent A.....441 Tyler St. (15)

P

Pastor, Julius W.....3700 Washington Ave. (15)
Pavlick, Theodore J.....1001 Walnut St. (13)
Pemberton, Jack J.....319 N. St. Joseph Ave. (12)
Porro, Francis W.....3700 Washington Ave. (15)

Present, Julian D.....3700 Bellemeade (15)
Price, Shirley G.....420 Cherry St. (13)
Pugh, Willis L.....715 First Ave. (10)

R

Radcliff, Forest F., Jr.....P.O. Box 5166 (15)
Ratcliffe, Albert W.....P.O. Box 624 (2)
Reich, Clarence E.....1209 N. Fulton (10)
Rietman, H. Jerome
19 Chandler, off Riverside (13)
Ritchie, William D.....555 Herndon Dr. (11)
Ritz, Albert S.....3700 Bellemeade (15)
Robertson, James A.....7209 E. Walnut St. (15)
Rosenblatt, Bernard B.....502 Hulman Bldg. (8)
Royster, George M. (S)
401 Citizens Nat'l. Bank Bldg. (8)
Royster, Robert A.....3700 Bellemeade (15)
Rudolph, Kenneth J.....3700 Bellemeade (15)
Rusche, Henry J.....313 W. Iowa (10)
Rusche, Thomas J.....1421 N. Main St. (11)
Russell, Richard H...3700 Washington Ave. (15)

S

Schimmelpfennig, Robert W.
1013 Parrett St. (13)
Schirmer, Robert H.....1118 W. Franklin St. (10)
Schneider, Charles P...2211 W. Franklin St. (12)
Schriefer, Victor V.....1120 N. Main St. (11)
Sheehan, E. Gregg.....420 Cherry St. (13)
Shively, Wyant J.....3700 Washington Ave. (15)
Siegel, Lyle P.....500 Oriole Dr. (15)
Sims, Larry W.....3700 Bellemeade (15)
Sinn, Charles M.....715 First Ave. (10)
Slaughter, Howard C.....1001 Walnut St. (13)
Slaughter, John C., Jr.....3700 Bellemeade (15)
Slaughter, Owen L.....3700 Bellemeade (15)
Smith, Gordon L.....19 Chandler Ave. (13)
Smith, Roy M., Jr.....1307 Stringtown Rd. (11)
Snively, William D., Jr.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Spain, W. Thomas.....801 S.E. Third St. (13)
Sprecher, Herman C...2709 Washington Ave. (14)
Springstun, Walter R.....715 First Ave. (10)
Stallings, Hugh A.....3700 Bellemeade (15)
Steele, Paul W.....1218B Lincoln Ave. (14)
Sterne, John H.....P.O. Box 5166 (15)
Stewart, L. Ray.....852 S. Alvord Blvd. (14)
Strueh, Paul E.....220 S. E. Seventh St. (13)
Swan, Robert E.....420 Cherry St. (13)

T

Tilden, Margaret H.....624 W. Virginia St. (10)
Tisserand, John B., Jr.....3700 Bellemeade (15)
Tuholski, James M.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Turner, Isabel B...Evansville State Hospital (2)
Tweedall, Daniel C.....715 First Ave. (10)

U-V

Ulrey, Robert P.....130 E. Mill Rd. (11)
Valle, Santiago.....417 N. Weinbach Ave. (11)
Venables, Albert J.....600 Mary St. (10)
Viehe, Robert W. (S)....618 S. Willow Rd. (14)
Vincent, William A.....420 Cherry St. (13)
Visher, John W. (S)
510 E. Mt. Pleasant Rd. (11)
VonderHaar, Thomas E.....715 First Ave. (10)

W

Wait, Raymond B.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Walter, Paul A. F., III.....Mead Johnson & Co.,
2404 Pennsylvania St. (21)
Walter, Robert F.....1514 S. Kentucky Ave. (14)
Warner, Charles L.....420 Cherry St. (13)
Weber, Edgar H.....123 S. E. Second St. (8)
Welborn, Mell B.....420 Cherry St. (13)
Wilhelmus, Gilbert M...1028 Washington Ave. (14)
Wilhelmus, Kenneth.....1100 Lincoln Ave.(14)
Williams, Jack O.....420 Cherry St. (13)
Willis, Charles F.....1100 S. Bedford Ave. (13)
Willison, George W.....3700 Bellemeade (15)
Wilson, David.....615 S. Willow Rd. (14)
Wilson, John D.....3700 Bellemeade (15)
Wilson, Ralph.....517 Mary St. (10)
Woodward, Ben E.....420 Cherry St. (13)

X-Y-Z

Young, C. Curtis, Jr.....326 S.E. Seventh St. (13)
Zeier, Francis G.....420 Cherry St. (13)
Zimmerman, Harold.....6 S. E. Second St. (8)
Ziss, Robert C.....216 S. E. Riverside (13)
Zunker, Heinz O. H.....829 Hebron Ave. (15)
Zwickel, Ralph E.....906 Hulman Bldg. (8)

Cates, Jeryl R.....421 Ashford Ct., Indianapolis (46224)
Woodall, Robert L.....1409 North St., Washington (47501)
Westerman, Richard L.....P.O. Box 10, Zionsville (46077)

Ehrich, William S. (S)
29-23 171st St., Flushing N.Y. (11358)
Newman, Alvin E. (S)
2937 Coral Shores Dr., Ft. Lauderdale, Fla. (33306)
Spindler, Richard G.....665 Talomar Dr., Apt. 117, Pensacola, Fla. (32507)

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B.....New Goshen (47863)
McIntosh, Wilbert.....Riley (47871)
Jett, Clyde W.....Seelyville (47878)
Dunn, Latimer E.....Sullivan (47882)

Terre Haute

(*Zip Code* 478 *plus zone number*).

A

Anderson, Walter C.....2235 Wabash Ave. (07)
Ault, Roy J.....3050 Poplar St. (03)

B

Bannon, William G.
500 Rose Dispensary Bldg. (01)
Bloxdorf, John W.....P.O. Box 1468 (08)
Blum, Leon L.....1505 N. Seventh St. (08)
Bopp, Henry W., Jr.....221 S. Sixth St. (01)
Bopp, James.....Union Hospital (08)
Boyd, H. Clark.....221 S. Sixth St. (01)
Bristol, Henry M. S.....1024 S. Sixth St. (07)
Bronson, Paul J. (S).....3050 Poplar St. (03)
Brown, Robert R.....221 S. Sixth St. (01)
Burkle, Robert J.....3050 Poplar St. (03)

C

CaJacob, Melville E.....1000 S. Sixth St. (07)
Caldwell, Milton V.....416 Tribune Bldg. (01)
Carpenter, Donald J.
507 Rose Dispensary Bldg. (01)
Cavins, Alexander W.....221 S. Sixth St. (01)
Chau, Andrew Y. S.....405 S. Sixth St. (07)
Combs, Stuart R.....3050 Poplar St. (03)
Conklin, James O...310 Rose Dispensary Bldg. (01)
Connerley, Marion L.....107 S. Seventh St. (01)
Conway, Thomas J.....221 S. Sixth St. (01)
Cristee, James W.
500 Rose Dispensary Bldg. (01)
Crockett, Wayne A.....1024 S. Sixth St. (07)

D

Davis, Paul E.....1233 Maple Ave. (04)
Dierdorf, Fred W.....Union Hospital (08)

Drummy, William W.....221 S. Sixth St. (01)
Duckwall, Bertram F...Vigo Co. Court House (01)
Dyer, George W.....2235 Wabash Ave. (07)

E-F

Edwards, Henry G...6 Rose Dispensary Bldg. (01)
Ensey, Philip L...Indiana State University (09)
Freed, John E.....1024 S. Sixth St. (07)

G

Gerrish, Donald A.....5206 Clinton Road (05)
Goodman, Hubert T.
410 Rose Dispensary Bldg. (01)
Gossom, Donn R.....825 N. Third St. (07)

H

Harkness, Robert G. (S)
301 Rose Dispensary Bldg. (01)
Haslem, Ezra R.....4951 Dixie Bee Rd. (02)
Haslem, John R.....221 S. Sixth St. (01)
Hetherington, John A.
414 Merchants Bank Bldg. (01)
Hogan, Thomas W.....627 Cherry St. (01)
Hoover, Dewey A.....1220 Wabash Ave. (01)
Humphrey, Paul E.....1235 Ohio Blvd. (07)
Hunt, Edgar J. (S).....R. R. 1 (02)

J

Johnson, Edward M.....221 S. Sixth St. (01)
Johnson, Paul D., Jr.....822 N. 15th St. (07)
Justin, Renate G.....1024 S. Sixth St. (07)

K

Kabel, Robert N.....3050 Poplar St. (03)
Kerfer, Harry L.....Union Hospital (08)
Kriebie, William W.....221 S. Sixth St. (01)
Kunkler, Arnold W.....1700 N. Seventh St. (04)
Kunkler, Joseph (S).....14 S. Fifth St. (01)
Kunkler, William C. (S)
212 Merchants Nat'l. Bank Bldg. (01)

L

LaBier, Clarence R., Jr.....325 Ohio St. (01)
Lancet, Robert O.....221 S. Sixth St. (01)
Lee, James.....465 S. 25th St. (03)
Lenyo, Ludimere.....221 S. Sixth St. (01)
Lo, Loretta S. Y.....405 S. Sixth St. (07)
Loewenstein, Werner L..1537 S. Seventh St. (02)
Lyons, L. Mason.....59 S. 18th St. (07)

M

McAleese, George B.....1024 S. Sixth St. (07)
McBride, Noel S.
407 Merchants Nat'l. Bank Bldg. (01)
McCrea, Fred R.....221 S. Sixth St. (01)
McEwen, James W.....670 Cherry St. (01)
McLaughlin, Gordon C.....1644 S. 25th St. (03)
Malone, Leander A.....416 Tribune Bldg. (01)
Mankin, William J.....402 Tribune Bldg. (01)
Mason, Lester M.
314 Merchants Nat'l. Bank Bldg. (01)
Mattox, Don M.....1700 N. Seventh St. (04)
Meissel, Robert L.....920 N. 19th St. (07)
Miklozek, John E.....660 Idaho (02)
Mitchell, John R.....221 S. Sixth St. (01)
Musselman, Glen G.....1021 S. Sixth St. (07)

N-O

Nay, Ernest O. (S).....221 S. Sixth St. (01)
Neudorff, Louis G.....221 S. Sixth St. (01)
Nuval, Augusto J.....44 Heritage Dr. (03)

P

Pearce, Roy V.....1440 S. 25th St. (03)
Peterson, Deward D.....221 S. Sixth St. (01)

R

Reed, Robert C.....Union Hospital (08)
Reynolds, Richard J.....2250 Wabash Ave. (07)
Richart, James V...414 Rose Dispensary Bldg. (01)
Riggs, Floyd C. (S).....137 S. 24th St. (03)
Rogers, R. Shirrell.....1101 S. Sixth St. (02)
Rosene, Harold A., Jr.....221 S. Sixth St. (01)
Rourke, Robert F.....631 S. 25th St. (02)
Rubin, Milton M.....221 S. 19th St. (07)

S

Sayers, Frank E. (S)....436 Bluebird Dr. (03)
Scherb, Burton E.....104 N. Seventh St. (01)
Schumaker, Robert A.....3050 Poplar St. (03)
Scully, William E.....221 S. Sixth St. (01)
Shanklin, Vernon A. (S).672½ Wabash Ave. (01)
Showalter, John R.....1223 Maple Ave. (04)
Siebenmorgen, Paul.....1024 S. Sixth St. (07)
Silverman, Norman M.....1024 S. Sixth St. (07)
Sison, Rose D.....1024 S. Sixth St. (07)
Sison, Vicente G.....3050 Poplar St. (03)
Speas, Robert C.....402 Tribune Bldg. (01)
Stoelting, J. Lewis....1724 N. Seventh St. (04)
Strecker, William L.....1024 S. Sixth St. (07)
Sullivan, John M.....1712 Franklin St. (02)

T-U-V

Topping, Malachi C.....3050 Poplar St. (03)
Vance, William C...Indiana State University (09)
Veach, William L.....1235 Ohio St. (07)
Voges, Edward C.....702 College Ave. (02)

W

Weber, Joseph G. S.....723 Wabash Ave. (01)
Weinbaum, Jack G.....1505 N. Seventh St. (07)
West, Roger F.....221 S. Sixth St. (01)
Wheeler, Byron C.....400 Eighth Ave. (04)
Wilson, Fred L.....1501 S. Third St. (02)
Win, Tun.....St. Anthony Hospital (08)

X-Y-Z

Yates, Donald L.....221 S. Sixth St. (01)
Zwerner, Paul F.....2100 N. 12th St. (07)

WABASH COUNTY

Poehler, Fred C.....La Fontaine (46940)

North Manchester
(*Zip Code* 46962)

Balsbaugh, George K.....107 W. Seventh St.
Bunker, Ladoska Z.....201 N. Mill St.
Eiler, Paul A.....1104 N. Wayne St.
Seward, George W.....111 E. Main St.
Silvers, Michael.....1104 N. Wayne St.
Smith, Lloyd H.....1104 N. Wayne St.

Wabash
(*Zip Code* 46992)

Boaz, William D.....645 N. Spring St.
Dannacher, William D.....400 Ash St.
Dragoo, John R.....400 Ash St.
Dunham, Henry H.....1025 Manchester
Dziabis, Marvin D.....R. R. #3
Ellis, David L.....400 Ash St.
Elward, Carl J.....1025 Manchester
Gatzimos, Christos D....Wabash County Hospital
Hanneken, Vincent J.....119 Highland Dr.
LaSalle, Richard M.....645 N. Spring St.
LaSalle, Robert M., Jr.....645 N. Spring St.
LaSalle, Robert M., Sr.....R. R. #4
Mernitz, Roland B., Jr.....400 Ash St.
Mills, John F.....24 E. Main St.
Pearson, William E.....290 N. Wabash
Rauh, Robert A.....400 Ash St.
Smyrniotis, Frank.....645 N. Spring St.
Steffen, Julius T. (S).....443 N. Wabash
Stoops, Jean T.....400 Ash St.
Zydlo, Stanley M.....1025 Manchester

Kidd, James G. (S).....720 West Racine St., Apt. B, Jefferson, Wis. (53549)

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

Boonville

(*Zip Code* 47601)

Hoover, Peter B.....223 W. Locust St.
Martin, Noel J.....214 S. Second St.
Ruiz, Carlos M.....123 S. Second St.
Terry, Robert H.....316 S. Third St.

Dimmett, James D.....Chandler (47610)
Colvin, Robert C.....Newburgh (47630)

WASHINGTON COUNTY

Tower, Thomas K.....Campbellsburg (47108)
Manship, C. Stanley.....Hardinsburg (47125)
Carty, Charles B.....Pekin (47165)

Salem

(*Zip Code* 47167)

Apple, Eddie R.....501 W. Market St.
Coleman, Henry G.....Mitchell Bldg.
Episcopo, Arsenius R.....R. R. #3
Fultz, Roy L.....304 E. Market St.
Huckleberry, Irvin E. (S)....502 W. Mulberry St.

WAYNE-UNION COUNTIES

Hill, Paul G.....Cambridge City (47327)
Kenyon, C. Emil (S).....Cambridge City (47327)
Barton, Willoughby M.....Centerville (47330)
Hutchison, Donald R.....Fountain City (47341)
Hollenberg, Alfred E.....Hagerstown (47346)
Leonard, Dale F.....Hagerstown (47346)

Liberty

(*Zip Code* 47353)

Lewis, James F.....28 E. Union St.
McWilliams, William B. (S).....R. R. 2

Richmond

(*Zip Code* 47374)

Adney, Frank B., Jr.....1015 S. A St.
Ake, Loren.....213 Medical Arts Bldg.
Allen, Robert T.....34 S. Seventh St.
Anderson, Robert C.....Richmond State Hosp.
Ballenger, William E. (S)..309 Medical Arts Bldg.
Banez, Ramon V.....313 Medical Arts Bldg.
Blossom, Paul W.....825 S. A St.
Brooks, G. Tanner.....29 S. 12th St.
Buche, Frederick P. (S).....Jenkins Hall, Reid Memorial Hospital
Cabigas, Jose S.....2000 W. Main St.
Clarkson, Clarence G.....1350 Chester Blvd.
Clouse, John F.....307 Medical Arts Bldg.
Coble, Frank H.....51 S. Eighth St.
Cox, Leon T.....1210 E. Main St.
Curiel, Hector J.....16 S.W. 18th St.
Daggy, James R.....35 S. Eighth St.
Deanovic, Frank W.....107 Medical Arts Bldg.
Dehner, John R.....Reid Memorial Hospital
Dingle, Paul E.....127 Medical Arts Bldg.
Dreyer, Ralph W.....2 S.W. 17th St.
Ebbinghouse, Tom.....98 W. Main St.
Gibson, Alois E.....1250 Chester Blvd.
Guthrie, James R.....100 N. 15th St.
Hagie, Franklin E.....1110 S. A St.
Harmon, Carl J.....311 Medical Arts Bldg.
Hibner, Dan W.....307 Medical Arts Bldg.
Hill, Gladys Marie.....407 Medical Arts Bldg.
Hunt, Gayle J.....425 S. 19th St.
Isaacs, Sidney.....2200 S. 23rd St.
Johnson, George M.....1250 Chester Blvd.
Klepfer, Jefferson F....Richmond State Hospital
Kreitl, Dorothy R.....Richmond State Hospital
Lee, Glen Ward.....100 N. 15th St.
Lewis, James R.....1250 Chester Blvd.
Ling, John F.....1250 Chester Blvd.
Logan, James Z.....84 S. 14th St.
Loomis, Charles H.....100 N. 15th St.
McIlroy, Richard J.....Richmond State Hospital
Mader, John H.....2000 E. Main St.
Miller, Harold L. 1250 Chester Blvd.
Millis, Arthur B.....1250 Chester Blvd.
Paraiso, Antonio Q.....313 Medical Arts Bldg.
Park, Byron J.....1250 Chester Blvd.
Plasterer, Edward D.....212 S. 16th St.
Porter, George S.....920 Whitewater Blvd.
Ramsdell, Glen A.....1015 S. A Street
Runge, Paul W.....100 N. 15th St.
Sage, Charles V., Jr.....48 S. 11th St.
Schmitt, Robert W.....25 Circle Drive
Sherer, Kenneth E.....1250 Chester Blvd.
Shields, Tom S.....47 S. 11th St.
Short, John A.....409 S.W. I St.
Siedlecki, Edward.....Richmond State Hospital
Snyder, Morris C.....810 S. A St.
Spellmeyer, John C.....Reid Memorial Hospital
Stepleton, John D.....Reid Memorial Hospital
Stilwell, William R.....2607 South C Place
Sweet, Howard E.....35 S. Eighth St.
Warren, Robert J.....217 Medical Arts Bldg.
Warrick, Francis B.....100 N. 15th St.
Weitemier, Raymond A.....2000 E. Main St.
Wertenberger, Morris D. 779 Greenmount Pike, R. R. 2
Wiland, Olin K.....Reid Memorial Hospital
Wynegar, David E.....Richmond State Hospital
Zore, Joseph J.....1308 North A Street

Shepard, Fred F.....College Corner, Ohio (45003)
Wambo, John M....101 Manchester, Orange, Calif. (92668)

WELLS COUNTY

Bluffton

(*Zip Code* 46714)

Blair, Richard G.....1407 Ft. Wayne Rd.
Boonstra, Charles E.....303 S. Main St.
Bradley, Louis F.....303 S. Main St.
Buckner, Joy F. (S).....116 E. Walnut St.
Caylor, Charles H.....303 S. Main St.
Caylor, Harold D.....303 S. Main St.
Caylor, Truman E.....303 S. Main St.
Collins, Jack T.....303 S. Main St.
Cook, Robert G.....303 S. Main St.
Dorrance, Thomas O.....303 S. Main St.
Eisaman, Jack L.....303 S. Main St.
Gitlin, Max M.....121 E. Market St.
Gitlin, William A.....121 E. Market St.
Hendeles, Frieda R.....303 S. Main St.
Huebner, Gilbert D.....303 S. Main St.
Huffman, Galen C.....303 S. Main St.
Jackson, Charles E.....303 S. Main St.
Jaurnig, Russell R.....303 S. Main St.
Johnston, Robert L.....811 S. Morgan St.
Kephart, S. Bruce.....303 S. Main St.
Lohmuller, Herbert W.....303 S. Main St.
McCaslin, Charles W.....303 S. Main St.
Matzen, Richard N.....303 S. Main St.
Mayock, Peter P.....303 S. Main St.
Meier, Donald W.....303 S. Main St.
Mock, L. Farrell.....303 S. Main St.
Mudrony-Szoke, Jeno B.....303 S. Main St.
Panos, Constantine G.....227 S. Main St.
Phillips, John F.....303 S. Main St.
Pietz, David G.....303 S. Main St.
Pitts, Neal C. 303 S. Main St.

Rusher, Merrill W.....303 S. Main St.
Shaw, Glenn R.....303 S. Main St.
Sorg, David A.....303 S. Main St.
Steckbeck, Robert L.....303 S. Main St.
Strehler, Don A.....303 S. Main St.
Talbert, Pierre C.....303 S. Main St.
Willard, Richard.....1407 Fort Wayne Rd.
Yoder, Richard P.....303 S. Main St.

Stevens, Adam C.....Kendallville (46755)
Gingerick, Charles M.....Liberty Center (46766)
Kinzer, LeRoy D.....Markle (46770)
Miller, Gerald L.....Markle (46770)
Hardin, Wayne E.....Ossian (46777)

Rudy, Donald B.
P. O. Mnene, via Belingwe, Rhodesia, S. Africa
Schaefer, Joseph C.....V.A. Hospital, 510 E. Stoner Ave., Shreveport, La. (71101)

WHITE COUNTY

Galbreth, Jesse P. (S).....Burnettsville (47926)
McClure, Stanley E.....Monon (47959)

Monticello
(*Zip Code* 47960)

Dickerson, W. Martin.....1114 O'Connor Blvd.
Fields, Max L.....Western Heights
Hibner, Nolan A.....222 S. Main St.
Jehanyar, M. Ali.....116 N. Illinois St.
Morris, Warren V.....115 W. Marion St.

Forbes, Violet Crabbe.....Wolcott (47995)

WHITLEY COUNTY

Minick, Linus J.....Churubusco (46723)

Columbia City
(*Zip Code* 46725)

Hamilton, Thomas.....115 S. Main St.
Heritier, C. Jules.....116 S. Chauncey
Langohr, John L.....215 E. Van Buren St.
Lehmberg, Otto F. C.....118 E. Van Buren St.
Niccum, Warren L.....215 E. Van Buren St.
Reid, Donald B.....2 Hallmark Square
Roth, James R.....323 N. Chauncey
Thompson, Frank M.....510 N. Main St.
Vogel, John L.....215 E. Van Buren St.
Wait, Jerome H.....360 N. Oak
Wilson, John.....122 N. Main St.

Stalter, Gaylord W.....North Webster (46555)
Mishler, Joe B.....P. O. Box 276, Pierceton (46562)
Yoder, Dewey D. (S).....R. R. #1, Pierceton (46562)
Huffman, Verlin P.
201 N. State St., South Whitley (46787)

WOMAN'S AUXILIARY
to the
INDIANA STATE MEDICAL ASSOCIATION

OFFICERS: 1969-70

PRESIDENT	Mrs. Kenneth D. Schneider	4250 N. Riverside Dr.	Columbus (47201)
PRESIDENT-ELECT	Mrs. Paul A. Clouse	5801 Newburgh Rd.	Evansville (47715)
IMMEDIATE PAST-PRESIDENT	Mrs. S. Bruce Kephart	P.O. Box 12	Bluffton (46714)
FIRST VICE-PRESIDENT	Mrs. Stanley M. Chernish	4403 Radnor Rd.	Indianapolis (46226)
NORTHERN VICE-PRESIDENT	Mrs. Philip L. Smith	5416 S. Wayne Ave.	Fort Wayne (46807)
CENTRAL VICE-PRESIDENT	Mrs. Willis W. Stogsdill	R. R. 4	Franklin (46131)
SOUTHERN VICE-PRESIDENT	Mrs. Abner P. Bennett	961 Blue Ridge Rd.	Evansville (47715)
RECORDING SECRETARY	Mrs. Irvin H. Sonne	1546 Sunset Dr.	New Albany (47150)
TREASURER	Mrs. Otis R. Bowen	304 N. Center St.	Bremen (46506)
CORRESPONDING SECRETARY	Mrs. Donald L. Sandlin	R. R. 7	Columbus (47201)
FINANCE SECRETARY	Mrs. Dwight Schuster	4503 Washington Blvd.	Indianapolis (46205)
HISTORIAN	Mrs. John M. Sullivan	2242 College Ave.	Terre Haute (47803)
PARLIAMENTARIAN	Mrs. Frank Gastineau	2923 Lakeshore Dr., Apt. A	Indianapolis (46205)

COMMITTEE CHAIRMEN

AMA-ERF (CHAIRMAN)	Mrs. Kenneth H. Brown	1654 Hedden Park	New Albany (47150)
AMA-ERF (TREASURER)	Mrs. John Bretz	Orchard Ridge	Huntingburg (47542)
BYLAWS	Mrs. Thomas W. Johnson	351 W. 63rd St.	Indianapolis (46260)
COMMUNITY SERVICE	Mrs. John M. Records	R. R. 4	Franklin (46131)
EDITORIAL	Mrs. Frank H. Green	516 N. Morgan St.	Rushville (46173)
HEALTH CAREERS	Mrs. William Garner, Jr.	1510 Sunset Dr.	New Albany (47150)
INTERNATIONAL HEALTH ACTIVITIES	Mrs. Francis Gootee	R. R. 1	Jasper (47546)
LEGISLATION	Mrs. Fred Dierdorf	103 S. 23rd St.	Terre Haute (47803)
MEDICAL CARE INSURANCE	Mrs. G. Beach Gattman	1319 Lawn Ave.	Elkhart (46514)
MEMBERSHIP	Mrs. Stanley M. Chernish	4403 Radnor Rd.	Indianapolis (46226)
MENTAL HEALTH	Mrs. Donald G. Miller	1520 E. Mishawaka Rd.	Elkhart (46514)
ORGANIZATION	Mrs. Paul A. Clouse	5801 Newburgh Rd.	Evansville (47715)
PROGRAM	Mrs. David A. Goldsmith	2711 River Rd.	Marion (46952)
PUBLICITY	Mrs. Brockton Weisenberger	3305 Woodland Pkwy.	Columbus (47201)
SAFETY-DISASTER PREPAREDNESS	Mrs. A. Alan Fischer	2515 Knollwood Dr.	Indianapolis (46208)
LIAISON OFFICER to the Indiana Chapter of W.A.S.A.M.A.	Mrs. Herbert L. Egbert	419 W. 63rd St.	Indianapolis (46260)
1969 ISMA CONVENTION CHAIRMEN	Mrs. Rex M. Joseph	620 Hickory Lane	Indianapolis (46227)
	Mrs. John G. Pantzer, Jr.	100 Gregg Rd.	Indianapolis (46260)
	Mrs. J. Theodore Luros	156 Fairway Dr.	Indianapolis (46260)
1970 CONVENTION CHAIRMEN, HOUSE OF DELEGATES	Mrs. Harold W. Richmond	1725 Washington	Columbus (47201)
	Mrs. Halleck S. Knotts	2740 Washington	Columbus (47201)
	Mrs. Robert M. Seibel	Box 127	Nashville (47448)

MEMBERSHIP ROSTER—BY COUNTIES

ADAMS COUNTY

Berne

(*Zip Code* 46711)

Beaver, Mrs. Norman E.....866 Columbia
Boze, Mrs. Robert L.....R. R. 1
Graber, Mrs. Martin.....265 W. Water

Decatur

(*Zip Code* 46733)

Burk, Mrs. James M.....221 S. 3rd St.
Carroll, Mrs. John C.....R. R. 5
Doan, Mrs. John.....R. R. 5
Freeby, Mrs. C. William.....R. R. 1
Girod, Mrs. Arthur A.....R. R. 6
Parrish, Mrs. Richard K.....242 S. 2nd St.
Rich, Mrs. Norval S.....R. R. 4
Zwick, Mrs. Harold F.....104 E. Rugg

ALLEN COUNTY

Bluffton

(*Zip Code* 46714)

Brickley, Mrs. Harry D.....401 S. Main St.
Buckner, Mrs. Joy.....P.O. Box 87
Hamilton, Mrs. O. G.....203 E. Central Dr.

Fort Wayne

(*Zip Code* 46805 *unless otherwise indicated.*)

A

Acker, Mrs. Herbert.....2112 Lakewood Dr. (09)
Adams, Mrs. E. Wade....1902 Forest Park Blvd.
Ahlbrand, Mrs. Roland C.....1242 Northlawn
Aiken, Mrs. Arthur F.....8331 Waterswolde Lane
Aiken, Mrs. Nevin E.....5540 N. Clinton St.
Aldred, Mrs. Allen W.....3636 Rosewood Dr. (04)
Anderson, Mrs. Garland...1408 Old Lantern Trail
Andrew, Mrs. Jerald.....401 W. Sherwood Terrace (07)

Arata, Mrs. James.....1304 Old Lantern Trail
Arata, Mrs. Justin E.....224 Ludwig Rd.
Ashman, Mrs. William C.....1018 Kinnaird (07)
Aust, Mrs. Charles H.
7137 Roseann Parkway (04)

B

Ball, Mrs. John R.....4112 S. Harrison (07)
Baltes, Mrs. Joseph H.....1309 Sunset Dr. (07)
Barch, Mrs. John W.....4921 Desoto Dr.
Bash, Mrs. Wallace E.....1201 Korte Lane (07)
Beams, Mrs. Ralph...3710 Wawonaissa Trail (11)
Beierlein, Mrs. Karl M.....2716 Butler Road (08)
Beights, Mrs. Raymond.....4505 Fairlawn Pass
Bergendahl, Mrs. Emil.....1202 Illsley Dr. (07)
Beutler, Mrs. Theodore
3505 S. Washington Rd. (04)
Billingsley, Mrs. John....4720 Crestwood Dr. (07)
Bixler, Mrs. J. A.....4310 Vance Ave.
Blichert, Mrs. Peter A.
449 W. Sherwood Terrace (07)
Bollheimer, Mrs. Donald A.
3705 Bluegrass Lane
Bolman, Mrs. R. Morton
5405 S. Wayne Ave. (07)
Borders, Mrs. Theodore R.....1802 Nevada St.
Bossard, Mrs. John W.....1611 Alabama
Bower, Mrs. Richard E...7019 Balmoral Dr. (04)
Bowers, Mrs. Geo. W....7916 Covington Rd. (04)
Brandt, Mrs. William.....3535 Kirkland Lane
Braunlin, Mrs. Robert J.....3423 Kirkland Lane
Bridges, Mrs. W. Lloyd.....207 Southridge Rd.
Bromley, Mrs. Luman W.
1225 W. Sherwood Ter. (07)
Brosius, Mrs. Robert H.....3302 Garland
Brown, Mrs. Frederic W.
1813 Woodmoor Dr. (04)
Brucker, Mrs. Perry A.....2933 Kingsley Dr.
Bruggeman, Mrs. H. O.
1202 W. Washington Blvd. (04)
Bryan, Mrs. Franklin A.....3006 Devon Dr.
Buckner, Mrs. Doster.....5810 Bass Rd. (08)
Buckner, Mrs. George D.....4327 Hampshire Dr.

C

Carlo, Mrs. Ernest.....5205 Indiana (07)
Chambers, Mrs. Alan....1408 Three Rivers Apts. East (02)
Clark, Mrs. William R. Jr...532 Oakdale Dr. (07)
Clark, Mrs. Wm. R.....4002 S. Harrison (07)
Close, Mrs. Frederick W...544 Kinnaird Ave. (07)
Cochran, Mrs. Harry A., Jr.
706 Nightfall Rd. (07)
Connelly, Mrs. Jerry.....4615 Willard Dr.
Connelly, Mrs. Richard D.....3016 Kingsley Dr.
Cooney, Mrs. Charles J.
2620 Covington Club Court (04)
Cottrell, Mrs. Robert F...5125 Worthman Ct. (07)
Craig, Mrs. Richard M.
5435 Woodhurst Blvd. (07)

D

Datzman, Mrs. Richard 2722 Roscommon Dr.
Dauscher, Mrs. Dean D....5303 Cresthill Dr. (04)
Davidoff, Mrs. Manuel A...5408 Bluffton Rd. (07)
Donesa, Mrs. Antonio B.....4023 Spanish Trail
Dunstone, Mrs. H. Carter
2525 Paulding Rd. (06)

E

Emenhiser, Mrs. John L.....1407 Pinehurst Dr.

F

Ferguson, Mrs. Arthur N.
6406 Covington Rd. T.H. 1 (04)
Fiacable, Mrs. Joseph P.....5626 Dartmouth Dr.
Flaherty, Mrs. Robert....1835 Forest Park Blvd.
Foy, Mrs. Thomas.....3635 Delray Dr.
Franke, Mrs. Gordon R.....6216 Midwood Dr.
Frankhouser, Mrs. Chas. M.
7011 Winchester Rd. (07)
Fullam, Mrs. Richard.....4159 Woodstock

G

Gastineau, Mrs. David C.....8203 Westridge Rd.
Gerding, Mrs. William J...1721 Forest Park Blvd.
Giffin, Mrs. Charles....7939 Scottwood Court (04)
Glassley, Mrs. Stephen.....6950 Stellhorn Rd.
Glock, Mrs. Maurice E...1502 Hawthorne Rd. (04)
Glock, Mrs. Steven R.....3427 Amulet Dr.
Glock, Mrs. Wayne R.....11505 Tonkel Rd.
Goebel, Mrs. Carl W.....4102 S. Harrison (07)
Gould, Mrs. John C....2921 Old Orchard Rd. (04)
Graham, Mrs. George M...1126 W. Rudisill (07)
Graham, Mrs. James C.....2835 Devon Dr.
Green, Mrs. Robert F...4429 W. Hamilton Rd. (09)
Greenlee, Mrs. Robert L.....3344 Sanibel Dr.
Greist, Mrs. Walter D.....4809 Arlington (07)
Griffith, Mrs. Harold R...1913 Forest Park Blvd.
Gumbert, Mrs. Jack L...3315 Adirondack Dr. (06)

H

Hackett, Mrs. Walter G..5220 Crandon Lane (04)
Haffner, Mrs. Herman G..3606 Mulberry Rd. (04)
Halaby, Mrs. Fouad.....9487 Crestridge (04)
Haley, Mrs. Alvin J.....3720 Stellhorn Rd.
Hall, Mrs. William R.....8721 Fortuna Way
Haller, Mrs. Richard C.....2525 Otsego
Hamilton, Mrs. Emory D.....2405 Florida Dr.
Hamilton, Mrs. George.....4531 Highwood Dr.
Hasewinkle, Mrs. August M...3544 Kirkland Lane
Hastings, Mrs. Warren C.....1822 Kensington Rd.
Hattendorf, Mrs. A. Paul..4041 Old Mill Rd. (07)
Havens, Mrs. Russell E.....3721 Inwood
Helmer, Mrs. Fredric A.....8828 Maravilla Dr.
Herendeen, Mrs. Thomas L.
1023 Shoreworth Trail (09)
Hershberger, Mrs. Philip G.
5525 Covington Rd. (04)
Hickman, Mrs. Donald M.....3409 Delray
Hillery, Mrs. Robert.....3513 Kirkland Lane
Hipskind, Mrs. Richard E...1416 Woodmoor (04)
Hoffman, Mrs. Arthur F...3619 Harris Rd. (08)
Holsinger, Mrs. Robert E.
3466 S. Washington Rd. (04)
Hoover, Mrs. Joseph.....415 Blake Dr. (08)
Howe, Mrs. Fordyce L.....2540 Springfield
Hull, Mrs. DeWayne L.....3310 Maxim Dr.

I & J

Irmscher, Mrs. Geo. W.....2024 Florida Dr.
Isenogle, Mrs. Kenneth.....11118 Kings Crossing
Jackson, Mrs. John F...5315 Cloverbrook Dr. (06)
Johnston, Mrs. Richard.....2533 Bellevue Dr.
Jontz, Mrs. Joseph.....514 Shady Hurst Dr.
Jontz, Mrs. Richard L.....5314 Damask Dr.
Juergens, Mrs. Richard.....8233 Parkridge

K

Karol, Mrs. Herbert J.....1725 Ardmore (04)
Kaufman, Mrs. Julian R...5405 Old Mill Rd. (07)
Keck, Mrs. Carleton A.....4633 Crestwood (07)
Kent, Mrs. Richard N.....1515 Hickory St.
Keyes, Mrs. Robert C.....1226 Illsley (07)
Kilgore, Mrs. Byron.....3110 Glencairn Dr.
Kimbrough, Mrs. Robert..4745 Hartman Rd. (07)
Kleifgen, Mrs. Wm. A.....4602 Tacoma (07)
Kleopfer, Mrs. Ronald G.....6321 Sharon Dr.
Klooze, Mrs. Kenneth W.....723 W. Packard (07)
Knight, Mrs. Lewis W.....3502 Glencairn Dr.
Knote, Mrs. John A.....4322 Lynwood Court
Krueger, Mrs. John.....4418 Bradwood Terrace
Kruse, Mrs. Walter E.....4006 Spanish Trail

L

Ladig, Mrs. Donald S.....2720 Fairfield (07)
Laker, Mrs. Gene C.....4635 Old Mill Rd. (07)
Laker, Mrs. Richard J.....1301 Sheridan Ct. (07)
Lampe, Mrs. Elfred H...4255 Hartman Rd. (07)
Laycock, Mrs. Richard.....5019 Stellhorn Rd.
Lee, Mrs. John W.....3336 Rockwood Dr.

Lenk, Mrs. George G.....5507 E. State St.
Lloyd, Mrs. Robert P.
3838 W. Washington Rd. (04)
Logan, Mrs. Richard S.....5225 Vance
Lohman, Mrs. Robert M...1320 Westover Rd. (07)
Lorman, Mrs. James G.....4926 Midlothian
Loudermilk, Mrs. Jack L.....3032 Glencairn Dr.
Luckey, Mrs. James E.....3703 Bramble Crest Dr.
Lyster, Mrs. Richard F...4103 S. Calhoun St. (07)

M

McCallister, Mrs. John W...4215 Drury Lane (07)
McCoy, Mrs. Roy R.....4101 S. Harrison (07)
McDowell, Mrs. George A...2322 Forest Park Blvd.
McEachern, Mrs. Cecil....4242 Old Mill Rd. (07)
McKeeman, Mrs Donald H.....1615 Ardmore (04)
Maldia, Mrs. Godofredo M...8717 Manor Dr. (08)
Mann, Mrs. R. E.....1316 Old Lantern Trail
Manning, Mrs. George....4115 Indiana Ave. (07)
Marshall, Mrs. Caesar L.....1730 Laverne Ave.
Mastrangelo, Mrs. Michael J.
1914 Kensington Blvd.
Mensch, Mrs. James R.....2120 Forest Park Blvd.
Mercer, Mrs. Samuel R....3235 N. Washington Rd.
Meyer, Mrs. Theo. O.....3728 Kirkwood
Michaelis, Mrs. Stephen C...1255 Korte Lane (07)
Miller, Mrs. Carl G.....457 Oakdale Dr. (07)
Miller, Mrs. Don E.....2503 Palisade Dr. (06)
Miller, Mrs. H. Paul.....6408 S. Calhoun (07)
Miller, Mrs. Mahlon F.....1115 Illsley (07)
Miller, Mrs. Orval J.....1810 Kensington
Miller, Mrs. Richard.....5516 Indiana (07)
Miller, Mrs. Wm. J.....2620 Capitol (06)
Moats, Mrs. Carl F...3210 N. Washington Rd. (04)
Moeller, Mrs. Victor C....4723 St. Joe Center Rd.
Morey, Mrs. Edwin.....709 Kinnaird (07)
Morgan, Mrs. Milton M.....8214 Park Ridge Dr.
Mortenson, Mrs. Leland J.
1310 W. Foster Pkwy. (07)
Mueller, Mrs. Lawrence W.
3423 S. Washington Rd. (04)

N-O

Nill, Mrs. John H.....5316 South Wayne (07)
Nolan, Mrs. Gerald R.
2631 Covington Club Ct. (04)
O'Brian, Mrs. John F.....8757 Maysville Rd.
O'Rourke, Mrs. Carroll..9211 Covington Rd. (04)
Ortiz, Mrs. Ramon.....2003 Kenwood Ave.

P

Painter, Mrs. Donald S.....110 Southridge Rd.
Pancner, Mrs. Ronald J.....6912 Woodbrook Dr.
Parker, Mrs. C. B.....2215 Paulding Rd. (06)
Parrot, Mrs. Donald J.....4926 Chaucer
Patterson, Mrs. Jack W.....8914 Maravilla Dr.
Perrin, Mrs. Kermit F.....2828 Lake Ave.
Pickett, Mrs. Merle E.....4509 Trierwood
Popp, Mrs. Milton F.....3148 Parnell Ave.
Powell, Mrs. M. Jack..7412 Ridge Knoll Rd. (04)
Priddy, Mrs. Marvin.....3902 Bonita Place

R

Rank, Mrs. William B.....1704 Old Lantern Trail
Ransburg, Mrs. Robert C.....4123 Bello Dr.
Reed, Mrs. John D.....3940 Dalewood Dr.
Reszel, Mrs. Paul A.....4016 Hedwig Dr.
Rhee, Mrs. Sang K.....3319 Cabot Lane
Richards, Mrs. Alan D...10102 Circlewood Dr. (04)
Richardson, Mrs. Joseph H.....8726 Fortuna Way
Rissing, Mrs. Walter J.....3200 Irvington
Roser, Mrs. Arthur J.... 5576 Covington Rd. (04)
Rossiter, Mrs. Dudley L....724 Oakdale Dr. (04)
Rothberg, Mrs. Maurice..4319 Hartman Rd. (07)
Rousseau, Mrs. John W.....3018 Devon Dr.

S

Salon, Mrs. Harry W...4017 Hiawatha Blvd. (07)
Salon, Mrs. Joel.....4935 Old Mill Rd. (07)
Salon, Mrs. Nathan L.
3505 N. Washington Rd. (04)
Santelices, Mrs. Vivente B.....4416 Tamarack
Sarver, Mrs. Francis E.....4629 Tacoma (07)
Savage, Mrs. Arthur R.....208 Southridge Rd.
Scheeringa, Mrs. Ronald H.
2805 Greenbriar Dr. (04)
Schlademan, Mrs. Karl R...5231 Old Mill Rd. (07)
Schleinkofer, Mrs. Robert.....705 Caribe Blvd.
Schloss, Mrs. Robert
414 W. Sherwood Terrace (07)
Schmidt, Mrs. Eugene E.....1119 Maxine Dr. (07)
Schmoll, Mrs. Robert J.....605 W. Fairfax (07)
Schneider, Mrs. Louis A.
1351 W. Sherwood Tr. (07)
Schoen, Mrs. Frederic L.....5128 S. Wayne (07)
Schoenhals, Mrs. Charles E.....5431 Vance Ave.
Schubert, Mrs. Jerome C.
4725 Wellington Drive (06)
Scudder, Mrs. James.....1619 Forest Park Blvd.
Senseny, Mrs. Eugene F..3112 Beaver Ave. (07)
Shinabery, Mrs. Lawerence
212 Three Rivers North (02)
Shugart, Mrs. Robert R.
4206 N. Washington Rd. (04)
Sidel, Mrs. Alan W.....7129 Duane Dr.
Sidell, Mrs. James.....3912 Bonita Pl.
Silvero, Mrs. Hubert L.....6211 Aragon Dr. (08)
Sirlin, Mrs. E. M.....2615 Trier Rd.
Smith, Mrs. C. Curtis.....5134 Vance Ave.
Smith, Mrs. Philip L.....5416 South Wayne (07)
Smith, Mrs. Roger C.....7005 Winnebago
Snyderman, Mrs. Sanford C.
3222 N. Wash. Rd. (04)
Somers, Mrs. G. H.
2445 S. Fairfield Ave., Apt.-108 (07)
Spencer, Mrs. C. Herbert
2106 Paulding Rd. (06)
Stanley, Mrs. Robert G.
2807 Club Terrace Rd. (04)
Stauffer, Mrs. Richard C.....3924 Spanish Trail
Steigmeyer, Mrs. David J.....6809 Woodcrest
Stier, Mrs. Paul..R. R. 6, 13120 Ravine Trail (04)
Stucky, Mrs. Jerry L.....4167 Woodstock Ave.
Sullivan, Mrs. Robert E.....4925 Midlothian Dr.
Swearingen, Mrs. Alfred G...810 Valley-O-Pine Rd.

T

Tennant, Mrs. David L.....3908 Spanish Trail
Terrill, Mrs. Richard.....4727 Old Mill Rd. (07)
Tomusk, Mrs. August N.
1620 Forest Park Blvd.
Towles, Mrs. Jeff H.....3835 Greendale Dr.
Trier, Mrs. Herbert P.....1618 Forest Park Blvd.
Tunnell, Mrs. Harry D. III
801 Hamilton Ave. (06)

U-V

Ungemach, Mrs. Willo F.....3929 Wenonah (07)
Vogel, Mrs. Lloyd A.....4819 Midlothian Dr.
Voorhees, Mrs. Robert J...2018 Forrest Valley Dr.

W

Wade, Mrs. Reynolds W., Jr...4105 Dalewood Dr.
Walker, Mrs. Floyd.....1202 Forest Ave.
Wallace, Mrs. Collins R.....126 Timber Lane
Weber, Mrs. John R.....5315 S. Wayne
Wick, Mrs. Alfred A.....2320 Springfield Ave.
Wilkins, Mrs. Robert W.....914 Prange Dr. (07)
Wilson, Mrs. Leslie.....4864 Reed Rd.
Wilson, Mrs. Roland B.....4100 Abbott (06)
Wright, Mrs. William C.....1834 Pemberton Dr.
Wyatt, Mrs. James L., Jr...2934 Grandview (04)

Z

Zweig, Mrs. Elmer S.....2015 Pemberton

New Haven

(*Zip Code* 46774)

Dahling, Mrs. C. Wallace..Carefree Farms, R. R. 2
Dahling, Mrs. Fred W.....R. R. 1, Box 9A
Hoetzer, Mrs. Eldore M.....5233 Doyle Rd.
Stumpf, Mrs. Edwin E.....1316 Werling Rd.

Harvey, Mrs. H. C.....107 Methodist Dr., Franklin (46131)
Emme, Mrs. Richard W...R. R. 2, Grabill (46741)
Gentile, Mrs. J. Paul.....R. R. 1, Grabill (46741)
Mackel, Mrs. Frederick
R. R. 1, Huntertown (46748)
Harless, Mrs. O. Fred.....Monroeville (46773)
Schlegel, Mrs. Edward
2009 Freize Ave., Ann Arbor, Mich. (48104)

BARTHOLOMEW-BROWN COUNTIES

Columbus

(*Zip Code* 47201)

Able, Mrs. Walter.....R. R. 2
Adler, Mrs. David L.....4224 N. Riverside Dr.
Beggs, Mrs. Lowell F.....2733 Riverside Dr.
Brewer, Mrs. David.....2323 Marr Rd.
Daugherty, Mrs. Forest D...R. R. 1, Indian Hills
Davis, Mrs. Marvin R.....2300 N. Washington St.
Dugan, Mrs. Thomas.....2661 18th St.
Echsner, Mrs. Herman J.....300 Tipton Lane
Fisher, Mrs. Walter S.....3450 Nugent Blvd.
Fortner, Mrs. Roy E.....3021 Tulip Drive
Fuller, Mrs. Robert.....R.R. 1, Taylor Rd.
Gammell, Mrs. Lindley L.....602 22nd St.
Grangier, Mrs. Bernard A.....1431 Hunter Pl.
Hart, Mrs. Robert B.....1203 16th St.
Hauersperger, Mrs. Alfred D...4450 Riverside Dr.
Hawes, Mrs. Marvin E.....2975 Franklin Dr
Henry, Mrs. Alvin L.....1926 Lafayette Avenue
Holden, Mrs. Robert.....3631 Arlington Dr.
Jacobs, Mrs. E. Robert.....1829 California
Knotts, Mrs. Halleck S.....2740 Washington St.
Krueger, Mrs. Robert B.....811 27th St.
Libbert, Mrs. Edwin L.....3377 Woodland Pl.
Macy, Mrs. George W.....2335 Riverside Dr.
Marr, Mrs. Griffith.....Marr Rd., R. R. 1
McCullough, Mrs. Henry G.
Old Indianapolis Rd., R. R. 4
Mohler, Mrs. Floyd W.....308 Sunset Dr.
Nelson, Mrs. Bryan.....3031 Revere Court
Norton, Mrs. Harold J.....909 Pearl St.
O'Bryan, Mrs. Richard B...3306 Grove Parkway
Overshiner, Mrs. Lyman.....1715 Franklin St.
Ranck, Mrs. Benjamin A.....3370 Grove Parkway
Rau, Mrs. Charles A.....1312 Audubon Dr.
Reid, Mrs. Robert M.....2712 Lafayette Ave.
Richmond, Mrs. Harold W.....1725 Washington
Ryan, Mrs. C. David.....4025 N. Riverside Dr.
Ryan, Mrs. Wm. J.....3224 Grove Parkway
Sandlin, Mrs. Donald L.....R. R. 7
Schmitt, Mrs. Richard K.....2639 Riverside Dr.
Schneider, Mrs. Kenneth D...4250 N. Riverside Dr.
Sebehar, Mrs. Duane A.....3028 Streamside
Sigmund, Mrs. Wm. B.....P.O. Box 306
Stribling, Mrs. James L.....4232 N. Riverside Dr.
Weinland, Mrs. George C.....R. R. 5
Weisenberger, Mrs. Brockton..3305 Wooland Pkwy.
Wickstrom, Mrs. Otto W.....203 Newsom
Wickstrom, Mrs. Otto W., Jr.....3412 Grove Place
Wigh, Mrs. Russell.....2767 Lafayette Ave.
Zaring, Mrs. Byron K.....2419 Riverside Dr.

Seibel, Mrs. Robert M.....Nashville (47448)

BOONE COUNTY

Lebanon

(*Zip Code* 46052)

Boyer, Mrs. Don.....210 E. Drive
Coons, Mrs. John D.....121 Ulen Blvd.
Coons, Mrs. Ritchie.....138 Ulen Blvd.
Garvin, Mrs. Edward J.....239 Reynolds Dr.
Honan, Mrs. Paul.....202 East Dr.
Kern, Mrs. Clarence G.....1019 N. Meridian
Lenox, Mrs. Jack.....203 East Dr.
McAfee, Mrs. James.....1997 Terrace Lane
Mukhtar, Mrs. Fuad.....126 Ulen Blvd.
Perkins, Mrs. Thornton.....105 Winding Way
Weddle, Mrs. Charles O.....2209 Terrace Lane
Westerfield, Mrs. Gordon.....129 West Camp
Wiseheart, Mrs. Robert H.....123 Ulen Blvd.

Schaaf, Mrs. Alvin D.....Jamestown (46147)
Gregg, Mrs. Edwin.....110 W. Main, Thorntown (46071)

CARROLL COUNTY

Delphi

(*Zip Code* 46923)

Baker, Mrs. Eldon E.....R. R. 4, Box 144
Petry, Mrs. T. Neal.....130 W. Summit St.
Seese, Mrs. Robert M.....201 W. North St.
Wagoner, Mrs. Geo. W.....305 W. Summit St.

Wise, Mrs. Charles L.....Shangrala, Camden (46917)

CASS COUNTY

Logansport

(*Zip Code* 46947)

Bailey, Mrs. Earl W.....2522 North
Bean, Mrs. Joseph S.....R. R. 1, Box 167
Burnett, Mrs. Paul C.....2606 High St. Rd.
Dian, Mrs. August J.....Logansport State Hosp.
Eckert, Mrs. Russell A.....15 Frederick St.
Glendening, Mrs. Richard L.....2300 Broadway
Hall, Mrs. Bernard R.....3400 E. Broadway
Hedde, Mrs. Eugene L.....2304 Chase Rd.
Hillis, Mrs. L. J.....2410 Hastye Hyll
Horning, Mrs. Richard R.
Logansport State Hospital
Howard, Mrs. Joseph D.....829 E. Market St.
Jones, Mrs. J. Carl.....R. R. 3
King, Mrs. Jay M.....2319 Mayfair Dr.
Lasquety, Mrs. Ludovico Z.
2230 Royal Center Pike
Mamaril, Mrs. B. F.....17 Cleveland St.
Maschmeyer, Mrs. R. H.
Logansport State Hospital
Morrical, Mrs. Russell J.....415 Highland
Pfuetze, Mrs. Max E.....1511 North St.
TerBush, Mrs. Edward L.....R.R. 5, Box 365-A
Viney, Mrs. Charles L.....26th and High St.
Wilson, Mrs. Paul H.....2600 Hastye Hyll
Winter, Mrs. Donald K.....2409 Hastye Hyll

CLARK COUNTY

Charlestown

(*Zip Code* 47111)

Goodman, Mrs. Eli.....333 Oriole Dr.
Jones, Mrs. David.....State Rd. 39
Voskuhl, Mrs. William L.....934 Monroe St.

Clarksville

(*Zip Code* 47131)

Mudd, Mrs. Joseph.....103 Rosewood Dr.
Willner, Mrs. Alan.....214 Rosewood Dr.
Wolverton, Mrs. George.....115 Rosewood Dr.

Jeffersonville

(*Zip Code* 47130)

Buckley, Mrs. Ernest.....1469 E. 8th St.
Carney, Mrs. J. T.....2602 Hollywood Dr.
Clark, Mrs. William B.....Blackiston Mill Road
Golden, Mrs. Wm. Y.....1929 Utica Pike

Havens, Mrs. Alfred Lyle.....1934 Utica Pike
Horlander, Mrs. Fridolin.....Gateway Plaza
Huoni, Mrs. John
1405 Youngstown Shopping Center
Isler, Mrs. Nathaniel C.....901 Morningside Dr.
McKechnie, Mrs. Robert K.
1554 Blackiston Mill Rd.
Oca, Mrs. Clemente F.....2101 Utica Pike
Reed, Mrs. Edsel.....4 Pawnee Dr.
Roby, Mrs. A. L.....Rt. 9, Box 91, Utica Pike

Sellersburg
(*Zip Code* 47172)

Meyer, Mrs. Claude J.....225 W. Utica St.
Regan, Mrs. George.....303 Indiana
Sturgis, Mrs. Donald G.....542 Linnwood
Vandevert, Mrs. Arthur.....202 Highland

Carr, Mrs. Joe H.....Henryville (47126)
Greene, Mrs. W. R.....Henryville (47126)

DEARBORN COUNTY

Aurora
(*Zip Code* 47001)

Baker, Mrs. Leslie M.....204 Fifth St.
Frable, Mrs. Frank.....412 Sunnyside Ave.
Jackson, Mrs. Kenneth.....205 Grant St.
Olcott, Mrs. Charles W.....305 Sunnyside

McNeely, Mrs. Matthew J.....Dillsboro (47018)
Fessler, Mrs. Gordon.....Rising Sun (47040)
Mauricio, Mrs. Amado.....412 S. High St.,
Rising Sun (47040)

Lawrenceburg
(*Zip Code* 47025)

Bonner, Mrs. Hugh J.....238 Short St.
Bowen, Mrs. Gerald.....808 Tanner Ave.
Conrad, Mrs. Henry.....370 Bielby Rd.
Houston, Mrs. Fred D.....533 Ludlow St.
Hunter, Mrs. Lowell.....2 Clinic Dr.
Morrison, Mrs. George.....35 DeJerns Lane
Pfeifer, Mrs. James M.....550 Ludlow
Rhodes, Mrs. A. Keith.....370 Bielby Rd.
Scudder, Mrs. Gary E.....Kirby Ave.
Streck, Mrs. Francis A.....547 Ridge Ave.

DELAWARE-BLACKFORD COUNTIES

Hurley, Mrs. John
P.O. Box 545, Daleville (47334)
Puterbaugh, Mrs. Karl.....Albany (47320)
Montgomery, Mrs. Lall G.
Box 149A, RFD 1, Gaston (47342)
Egger, Mrs. Ross
R.R. 1, Box 182, Middletown (47356)
Owsley, Mrs. Guy...214 N. High St., Hartford City
(47348)

Muncie
(*Zip Code* 47304 *unless otherwise indicated*)

A

Adams, Mrs. William B.....4608 W. Jackson St.
Alexander, Mrs. Jack.....2110 Lincolnshire
Alvey, Mrs. Charles R.....3830 University Ave.
Ashburn, Mrs. Clarence.....2202 W. Purdue Rd.

B

Ball, Mrs. Clay A.....720 W. Centennial Ave.
Ball, Mrs. Philip.....2820 W. Main St.
Benken, Mrs. Lawrence.....1511 Riley Rd.
Bergwall, Mrs. Warren.....20 Burnell Dr.
Bibler, Mrs. Henry.....2625 S. Parkway Dr.
Border, Mrs. John F.....3009 Gishler Dr.
Botkin, Mrs. Clyde G.....2904 Riverside Ave.
Botkin, Mrs. Thomas
R. R. 7, Box 145, Brevington Woods (02)
Branam, Mrs. George.....38 Warwick Rd.
Brown, Mrs. Leland.....605 Waid Ave.
Brown, Mrs. Stewart D.....19 Hickory Rd. (03)
Brown, Mrs. Thomas.....R. R. 6, Box 191 (02)
Burwell, Mrs. Stanley W.....3124 W. Gilbert
Butterfield, Mrs. R. M.....222 Winthrop Rd.
Butz, Mrs. Ralph O.....3824 Riverside Ave.

C

Clark, Mrs. Robert.....3124 University Ave.
Covalt, Mrs. Wendell E.....304 Alden
Cullison, Mrs. John.....2601 Parkway Dr.

D

David, Mrs. George
R. R. 3, 22 Oaklawn Dr. (02)
Dietz, Mrs. David J.....1713 Brentwood Lane
Dunning, Mrs. Thomas.....3301 N. Tillotson Ave.
Dutchman, Mrs. William R.....1003 N. Shellbark

E-F

Fiederlein, Mrs. Frederick.....308 Wildwood

G

Geckler, Mrs. Charles E...1007 W. North St. (03)
Gibson, Mrs. Robert.....2306 Timber Lane
Gill, Mrs. Thomas A., Jr.....45 Warwick Rd.
Goodell, Mrs. Charles.....5 Briar Rd.
Greiber, Mrs. Marvin.....310 Riley Rd.
Gustafson, Mrs. Milton H.....230 Stradling Rd.

H-I

Hall, Mrs. Robert S.....701 Brentwood
Hayes, Mrs. T. R.....19 Warwick Rd.
Henderson, Mrs. Ramon.....52 Warwick Rd.
High, Mrs. Ralph.....2825 University Ave.
Holmes, Mrs. John.....908 W. Gilbert (05)
Hostetter, Mrs. I. S.....300 Winthrop Rd.
Imhof, Mrs. J. D.....46 Warwick Rd.

K

Kalker, Mrs. Morton.....704 Greenbriar Rd.
Kammer, Mrs. Walter F.....1005 W. Parkway Dr.
Ko, Mrs. Richard.....R. R. 7, Box 366 (02)
Koch, Mrs. Edwin F., Jr.....915 University Ave.
Koss, Mrs. K. William.....707 Greenbriar
Kress, Mrs. James W.....300 Mitchell Court (02)

L

Lawson, Mrs. Lawrence.....3117 Petty Rd.

M-N

Mathewson, Mrs. R. C.
R. R. 9, Box 157, Benton Rd.
McCallister, Mrs. Larry.....25 Warwick Rd.
McClintock, Mrs. James A...3121 University Ave.
Montgomery, Mrs. Ralph.....303 Wildwood Lane
Moore, Mrs. Jack.....2306 Park Lane
Morris, Mrs. J. W.....222 Stradling Rd.
Moss, Mrs. M. J.....1010 W. Parkway Dr.
Nelson, Mrs. Harold E.....3216 Torquay Rd.
Newnam, Mrs. Philip.....2500 Brooks Dr.

O

Osborne, Mrs. John.....3119 Petty Road

P-Q

Peacock, Mrs. Robert.....R. R. 3 (02)
Philbert, Mrs. Richard N.....2106 Berkshire
Pippinger, Mrs. Joseph
2200 Twickingham Dr. (02)
Pippinger, Mrs. W. G.....1200 N. Tillotson
Quick, Mrs. William J.....Moore Rd., R. R. 7 (05)

R

Rivers, Mrs. Glynn.....307 Alden Rd.
Roch, Mrs. Marshall.....312 Shady Lane

S

Schulhof, Mrs. M. G.....1914 Woodmont (04)
Searight, Mrs. Howard
R. R. 2, Box 66, Burlington Drive (02)
Speck, Mrs. Carlson.....3208 University
Stanley, Mrs. John R.....2303 Redding (02)
Stibbins, Mrs. Warren E.....609 Brentwood
Stout, Mrs. Francis E.....102 Berwyn Rd. (04)

T

Taylor, Mrs. Donald.....8 Wildwood Lane
Tharp, Mrs. Donald.....3121 Petty Rd.
Tharp, Mrs. John.....2214 Twickingham Dr.
Tomlin, Mrs. Hugh M.....2920 Beechwood Ave.

V-W

Voss, Mrs. Gert.....77 Warwick Rd.
Ware, Mrs. Herbert.....1700 Glen Ellyn
Weisner, Mrs. Richard
R. R. 3, Box 347, Oaklawn (02)
Wince, Mrs. Leland.....3600 Brook Dr.

Y

Young, Mrs. G. S.....114 Berwyn Rd.

Cooper, Mrs. John H.....R. R. 1, Eaton (47338)
Hinchman, Mrs. Jean.....Parker (47368)
Hill, Mrs. Robert.....Yorktown (47396)
Walker, Mrs. Jack.....R. R. 1, Box 163A,
Yorktown (47396)

DUBOIS COUNTY

Barrow, Mrs. John H..Dale, P. O. Box 128 (47523)
Backer, Mrs. Henry George
Ohio St., Ferdinand (47532)
Erhart, Mrs. Herbert G.....Ferdinand (47532)
Fajardo, Mrs. Manuel
Box 126, Ferdinand (47532)

Huntingburg

(*Zip Code* 47542)

Borges, Mrs. Victor J.....Leland Dr.
Bretz, Mrs. John.....Orchard Ridge
Craig, Mrs. Harry.....R. R. 1
Scales, Mrs. Alfred B.....Holland Rd.
Scales, Mrs. Allen D.....Cedar Heights
Stork, Mrs. Harvey K.....523 First St.

Jasper

(*Zip Code* 47546)

Beaven, Mrs. John.....910 W. 13th St.
Bomalaski, Mrs. Don.....501 W. Ninth St.
Gootee, Mrs. Francis.....R. R. 1
Gootee, Mrs. Thomas.....1328 Dorbett St.
Heck, Mrs. Martin C.....403 W. 15th
Held, Mrs. George A.....716 W. Ninth
Klamer, Mrs. Charles H.....616 W. 13th St.
Ploetner, Mrs. Edward.....1344 Dorbett St.
Salb, Mrs. J. P.....R. R. 5, Box 3A
Wagner, Mrs. Arthur L.....825 W. 13th St.

ELKHART COUNTY

Bristol

(*Zip Code* 46507)

Neidballa, Mrs. E. G.....R. R. 1
Schlosser, Mrs. H. C.
Seven Gables, W. Vistula St., Box 57

Elkhart

(*Zip Code* 46514)

Atwood, Mrs. Wm. H., Jr.....520 Cedar St.
Bender, Mrs. Robert L.....300 Robair Lane
Billings, Mrs. Elmer R.....2022 E. Jackson Blvd.
Bloom, Mrs. George R.....1100 E. Jackson Blvd.
Boling, Mrs. Richard C.....217 Riverdale Dr.
Bowdoin, Mrs. George E.....2725 Vernon Ave.
Campbell, Mrs. Patrick B.....1517 Meadow Lane
Cassim, Mrs. Rechad M.....534 Southwest Blvd.
Classen, Mrs. Pete R. C.....Prairie St. Rd., R. R. 4
Compton, Mrs. Walter A.....2225 Greenleaf Blvd.
Cormican, Mrs. Herbert L.
1950 Rainbow Bend Blvd.
Dovey, Mrs. Edward G., Jr...1604 Springbrook Dr.
Durham, Mrs. Thomas E.....135 S. Vine St.
Echeverria, Mrs. Rodolfo E.....North Shore Dr.
Elliott, Mrs. Thomas A.....5 Kim Court
Finfrock, Mrs. James D.....608 S. West Blvd.
Fleming, Mrs. Claude F.....229 W. Jackson Blvd.
Futterknecht, Mrs. James O...2313 Morehouse Ave.
Gattman, Mrs. G. Beach.....1319 Lawn Ave.
Hannah, Mrs. Jack W.....1906 E. Jackson Blvd.
Harrell, Mrs. Ronald R.....R. R. 5, Box 31-9
Heiser, Mrs. Ervin.....520 South West Blvd.
Heminway, Mrs. Norman L.
1700 Rainbow Bend Blvd.
Horswell, Mrs. R. G.....1629 E. Jackson Blvd.
Hull, Mrs. Arthur W.....3333 Greenleaf Blvd.
Jones, Mrs. Robert B., Jr.
1839 Rainbow Bend Blvd.
Kesim, Mrs. Mufit Husam
1608 Springbrook Drive
Kinter, Mrs. Burton E.....3520 E. Jackson Blvd.
Krause, Mrs. Frederick.....9 Rio Lindo Dr.
Lundt, Mrs. Milo O.....519 S. Second St.
Luther, Mrs. William C.....1422 Kilbourn St.
McArt, Mrs. Bruce A.....1422 E. Mishawaka Rd.
Mark, Mrs. George A.....3139 Frailey Dr.
Markel, Mrs. Ivan J.....215 W. Franklin St.
Martin, Mrs. Paul H.....1519 Strong Ave.
Miller, Mrs. Donald G.....1520 E. Mishawaka Rd.
Miller, Mrs. Galen R.....2229 Thorndale Ct.
Miller, Mrs. Hugh A., Jr.....417 Prospect St.
Miller, Mrs. Samuel T.....174 Witmer Ave.
Mininger, Mrs. Edward P...1118 E. Jackson Blvd.
Mishkin, Mrs. Irving...1809 Rainbow Bend Blvd.
Mishkin, Mrs. Marvin E.
742 W. Bristol St., Apt. C-57
O'Donovan, Mrs. C. J.....2308 Broadmoor Dr.
Paff, Mrs. Wm. A.....1745 Rainbow Bend Blvd.
Paine, Mrs. George E.....329 Meisner Ave.
Pancost, Mrs. Vernon K.....160 Riverview Ave.
Parshall, Mrs. Dale B.....3538 Gordon Rd.
Pletcher, Mrs. William D.....350 Hiawatha Drive
Rouen, Mrs. Robert L.....2002 E. Jackson Blvd.
Rupe, Mrs. Lloyd O.....R. R. 4, Oakland Ave. Rd.
Rupel, Mrs. Dennis F.....130 W. Beardsley Ave.
Scheer, Mrs. Alexander L.....1529 Ash Dr., E.
South, Mrs. Dale R., Jr.....21 St. Joe Manor
Spray, Mrs. Page E.....658 Kilbourn St.
Stubbins, Mrs. William..1703 Rainbow Bend Blvd.
Swihart, Mrs. Danny D.....1219 Greenleaf Blvd.
Swihart, Mrs. Homer R.....1621 E. Jackson Blvd.
Whitlock, Mrs. Coleman M., Jr.
1509 Riverview Dr., R. R. 5
Wilson, Mrs. Orley E.....2505 Greenleaf Blvd.
Work, Mrs. James A., Jr.....22 St. Joseph Manor
Yoder, Mrs. C. Richard..1600 Rainbow Bend Blvd.
Zeitler, Mrs. Philip S.....1509 Meadow Lane

Goshen

(*Zip Code* 46526)

Bender, Mrs. John M.....1303 E. Douglas St.
Bigler, Mrs. Frederick W.....124 Parmley Dr.
Bowser, Mrs. Philip G.....707 S. 7th St.
Chandler, Mrs. Leon H.....412 S. Fifth St.
Freeman, Mrs. Floyd M.....309 E. Washington St.
Gorham, Mrs. Charles E.....118 Gorham
Graber, Mrs. Virgil R.....R. R. 2, Box 107
Gunderson, Mrs. Shaun D.....R. R. 3
Haney, Mrs. Leslie.....R. R. 3
Harris, Mrs. Neil Revere.....628 S. 5th St.
Kennedy, Mrs. Myron S.....R. R. 5, Box 22B
Krabill, Mrs. Willard S.....120 Carter Rd.
Martin, Mrs. Floyd S.....2301 S. Main St.
Massanari, Mrs. Walter S.....211 Egbert Rd.
Price, Mrs. Robert W.....214 South 6th
Smucker, Mrs. Ernest E.....R. R. 5, Bluff Rd.
Troyer, Mrs. Dana O.....1727 S. 13th St.
Troyer, Mrs. George W.....110 Woodlawn Dr.
Turner, Mrs. John P.....507 Greene Road
Wagner, Mrs. David G.....R. R. 5
Westfall, Mrs. George S.....307 W. Kercher Rd.
Yoder, Mrs. Jonathan G.....900 LeRoy St.
Yoder, Mrs. Marion K.....2604 Woodlawn Dr.

Nappanee
(*Zip Code* 46550)

Graber, Mrs. Alvin Ray.....952 E. John St.
Kendall, Mrs. F. M.....654 Woodland
Price, Mrs. Douglas W.....607 E. Van Buren

Fosbrink, Mrs. E. L.....218 S. Huntington, Box 157, Syracuse (46567)
Quilty, Mrs. Thomas J..R. R. 1, New Paris (46553)
Yoder, Mrs. Carl J.
103 Brown St., Middlebury (46540)

Wakarusa
(*Zip Code* 46573)

Abel, Mrs. Robert.....105 E. Harrison
Guttman, Mrs. John B. 109 Broadview Dr.
Miller, Mrs. James R.....P. O. Box 421

FAYETTE-FRANKLIN COUNTIES

Brookville
(*Zip Code* 47012)

Seal, Mrs. Perry F.....901 Main
Smith, Mrs. H. N.....812 Main

Connersville
(*Zip Code* 47331)

Clark, Mrs. Helen Nevin.....401 Western Ave.
Ellis, Mrs. George M.....108 East 10th St.
Gregg, Mrs. Albert F.....900 Oak St.
Hudson, Mrs. Arlington M.....Alquina Rd.
Janes, Mrs. R. G.....8 Dorsett Dr., R. R. 2
Kauffman, Mrs. Robert W.....R. F. D. 2
Kerrigan, Mrs. William F. R. F. D. 6
Lockhart, Mrs. Jack M.....54 West Dr.
Mountain, Mrs. Francis B.....74 Center Dr.
Neukamp, Mrs. Frank H.....R. R. 6
Sanders, Mrs. Bertram W.....1533 Virginia Ave.
Steinem, Mrs. Joseph L.....R. R. 3
Watterson, Mrs. Gerald T.....1704 Virginia Ave.

FLOYD COUNTY

Jeffersonville
(*Zip Code* 47130)

Baxter, Mrs. S. M.....3100 Centralia Ct.
Bowman, Mrs. Leon.....111 Spruce Dr.
Bundy, Mrs. Vernon.....1308 Triangle Dr.
Gentile, Mrs. John P.....3405 Centralia Ct.

New Albany
(*Zip Code* 47150)

Baxter, Mrs. J. W., Jr.....426 Woodrow Ave.
Best, Mrs. Maurice M.....1233 Vance Ave.
Bickers, Mrs. Everett E.....3325 Buffalo Trails
Brown, Mrs. K. H.....1654 Hedden Park
Buchman, Mrs. Marshall.....1824 State St.
Cannon, Mrs. Daniel H.....1203 E. Spring St.
Cook, Mrs. Melvin.....2505 Glenwood Park
Edwards, Mrs. W. F.....615 Beharrel Ave.
Garner, Mrs. William H., Jr.....1510 Sunset Dr.
Garner, Mrs. Wm. H., Sr.....922 E. Spring St.
Hess, Mrs. P. Patrick.....1313 Ridgeway Ave.
Johnson, Mrs. William V.....1540 Sunset Dr.
Jones, Mrs. Thomas.....1647 Hedden Park
LaFollette, Mrs. Donald R.
Box 494-1, R. R. 2, Quarry Road
LaFollette, Mrs. Robert E.....2515 Glenwood Ct.
Nedelkoff, Mrs. Bogdan.....R. R. 2, Box 500
Paris, Mrs. John M.....2003 Lindbergh Ct.
Pierce, Mrs. Gene S.....1425 Bellmeade Dr.
Robertson, Mrs. A. N.....323 E. Ninth St.
Ruoff, Mrs. William.....1109 Lafayette Dr.
Sonne, Mrs. Irvin H.....607 Rose Dr.
Streepey, Mrs. Jefferson I.....1919 DePauw Ave.
Voyles, Mrs. Harry.....425 Beharrel Ave.
Wallace, Mrs. Elmer L.....1804 DePauw Ave.
Wolfe, Mrs. Morton F.....2533 Glenwood Ct.
Wolfe, Mrs. Nelson A.....2007 Graybrook Lane
Worley, Mrs. H. L.....1923 DePauw Ave.
Youngs, Mrs. Paul E.....308 Ellen Court

Higgins, Mrs. John R.
R. R. 2, Box 405-C, Floyds Knobs (47119)
McCullough, Mrs. James
Box 447, Skyline Drive, Floyds Knobs (47119)
Receveur, Mrs. Robert E.
R.R. 1, Box 50-A, Floyds Knobs (47119)

FULTON COUNTY

Miller, Mrs. Virgil C.....P. O. Box 37, Akron (46910)
Kraning, Mrs. Kenneth K.
834 West Shore Dr., Culver (46511)
Rosero, Mrs. M. Geo.....Kewanna (46939)

Rochester
(*Zip Code* 46975)

Herendeen, Mrs. Elbie V.....317 W. Seventh St.
Knochel, Mrs. Wayne.....R. R. 2, Box 119-A
Richardson, Mrs. Chas. L.....R. R. 2, Box 276
Richardson, Mrs. Joseph D.....R. R. 2
Rowe, Mrs. Howard H.....417 W. Ninth St.
Rusler, Mrs. William J.....R. R. 2
Stinson, Mrs. Dean K.....1318 Main St.
Walton, Mrs. F. Richard.....R. R. 2

GIBSON COUNTY

Geick, Mrs. Raymond G...207 N. Main, Ft. Branch (47533)
Marchand, Mrs. Edwin V.....Haubstadt (47539)

Oakland City
(*Zip Code* 47560)

Dye, Mrs. William E.....518 S. Jackson St.

Princeton
(*Zip Code* 47570)

Carpentier, Mrs. Harry F.....319 E. State St.
Folck, Mrs. John K.....528 N. Main St.
Graves, Mrs. Orville M.....125 W. Walnut St.
McCarty, Mrs. Virgil.....403 W. Spruce St.
McElroy, Mrs. Robert S.....404 W. Walnut St.
Peck, Mrs. James F.....605 W. Monroe St.
Weitzel, Mrs. Roland E.....309 W. Spruce St.
Wells, Mrs. William R.....Broadview Addition

GRANT COUNTY

Marion
(*Zip Code* 46952)

Abell, Mrs. Charles F.....915 Wabash Ave.
Adams, Mrs. Luther
V.A. Hospital, Staff Quarters 38
Alderfer, Mrs. Henry.....919 Euclid Ave.
Ansbacher, Mrs. Stefan.....1115 Overlook Rd.
Ayres, Mrs. W. W.....820 Jeffras Ave.
Beck, Mrs. Thomas.....R. R. 4, Box 90
Bennett, Mrs. Ed. R.....V. A. Hospital
Bloom, Mrs. A. Ward.....610 River Rd.
Boldy, Mrs. Mirhan.....1416 Glendale Dr.
Braunlin, Mrs. Robert.....P.O. Box 467
Brown, Mrs. Robert M.....825 Euclid Ave.
Chaney, Mrs. Robert D....2565 W. Breezewood Dr.
Cunningham, Mrs. Robert.....1017 Euclid Ave.
Davis, Mrs. Joseph B.....1315 Sheridan Rd.
Davis, Mrs. Merrill S.....723 Euclid Ave.
Donaldson, Mrs. Miles.....512 Spencer Ave.
Fisher, Mrs. Henry.....R. R. 4
Fisher, Mrs. Pierre J., Jr.....2320 Lantern Lane
Fuelling, Mrs. James....4285 North Road, R. R. 7
Ganz, Mrs. Max.....904 Jeffras Ave.
Goldsmith, Mrs. David.....2711 River Rd.
Grant, Mrs. Arthur M.....3602 Wildwood Dr.

Hummel, Mrs. R. M.....2411 Lommel Lane
Jarrett, Mrs. John C.....3418 Wildwood Dr.
Kershner, Mrs. Charles R...1110 N. Western Ave.
Khalouf, Mrs. Herbert C.....2036 Kem Rd.
Lahr, Mrs. Richard.....815 Jeffras Ave.
Larzelere, Mrs. Henry.....Bocock Rd., R. R. 2
Lavengood, Mrs. Russell W.....Charles Rd. R. R.
Long, Mrs. Max R.....910 Spencer Ave.
Lonngren, Mrs. Dudley.....611 Cardinal Lane
Miller, Mrs. H. Allison.....1010 W. Fourth St.
Musselman, Mrs. L. K.....R. R. 5, Box 239
Pattison, Mrs. John D.....1315 Elm Lane
Pearcy, Mrs. Marcene
2970 North Road, 220 East, R. R. 7
Powell, Mrs. J. P.....127 River Dr.
Reid, Mrs. James D.....932 Gustave Pl.
Renbarger, Mrs. Lester.....2111 Wabash Pike
Rhamy, Mrs. Arthur.....1230 Euclid Ave.
Rhamy, Mrs. Donald E.....R. R. 2, Charles Rd.
Rhorer, Mrs. John G.....711 Wabash Ave.
Shuck, Mrs. William A., Jr.....1114 Overlook Rd.
Simmons, Mrs. Frederick H.....2607 Beech Lane
Skomp, Mrs. Claud E.....1123 Euclid Ave.
Smith, Mrs. Barton T.....515 Val Lane
Smith, Mrs. Eurett E.....R. R. 1, 511 Peconga
Snowhite, Mrs. Arthur B.....610 Cardinal Lane
Thompson, Mrs. B. Jay.....123 River Dr.
Thompson, Mrs. Samuel R.....804 W. Nelson St.
Tomlinson, Mrs. Jerry A.....203 North E. St.
Walton, Mrs. R. Lee.....607 Cardinal Lane
Warren, Mrs. Carroll B.....1211 Euclid Ave.
Weinberg, Mrs. Samuel.....905 Euclid Ave.
Wilson, Mrs. Ned A.....2455 River Rd.
Young, Mrs. Robert G.....1207 Northwood Dr.

Malott, Mrs. Fred.....Converse (46919)
Yale, Mrs. Charles
524 S. Main St., Fairmount (46928)
Garrison, Mrs. L. J.....515 E. Main St., Gas City (46933)
Koontz, Mrs. William A.....334 E. Main, Gas City (46933)
Shoemaker, Mrs. Richard L.....604 N. Third St., Gas City (46933)
Baskett, Mrs. R. J.....412 S. Main St., Jonesboro (46938)
Poehler, Mrs. Frederick C...LaFountaine (46940)
Taylor, Mrs. E. C...226 E. Anson, Upland (46989)
Rifner, Mrs. Eugene..R. R. 1, Van Buren (46991)
McIlwain, Mrs. Robert....484 South Shore, Culver (46511)
Shrock, Mrs. E. E.....Box 187, Amboy (46911)

HAMILTON COUNTY

Karlick, Mrs. Joseph R.....Arcadia (46030)
Donahue, Mrs. C. M.
140 E. Main St., Carmel (46032)
Thomas, Mrs. W. Clayton
80 4th Ave. S.E., Carmel (46032)

Noblesville
(*Zip Code* 46060)

Ambrose, Mrs. J. C.....298 N. Ninth St.
Blackburn, Mrs. Howard..14010 Allisonville Rd.
Hash, Mrs. John S.....R. R. 4
Havens, Mrs. Oscar
R. R. 1, Box 113Q, West Mount Add.
Haywood, Mrs. John G.....Craig Highlands
Kraft, Mrs. Haldon C.....15075 Allisonville Rd.
Lanning, Mrs. R. Adrian.....R. R. 2
Lloyd, Mrs. Joe R.....559 Sunset Dr.
Shanks, Mrs. Ray W.....14050 Allisonville Rd.

Manhart, Mrs. Doyle B.....R. R. 2, Sheridan (46069)
Newby, Mrs. Eugene.....R. R. 1, Sheridan (46069)
Waitt, Mrs. Paul.....406 E. Fifth St., Sheridan (46069)
Connoy, Mrs. Andrew
139 N. Union, Westfield (46074)

HANCOCK COUNTY

Scott, Mrs. Robert.....Charlottesville (46117)
Garrison, Mrs. James.....Cumberland (46229)
Rhynearson, Mrs. Hal R.
306 W. Staat St., Fortville (46040)

Greenfield
(*Zip Code* 46140)

Beeson, Mrs. Wilbur.....209 N. Penn
Endicott, Mrs. Wayne.....115 McClelland
Farrell, Mrs. John J., Jr.....North St., Rd. 9
Henn, Mrs. R. Anthony.....137 W. Michigan
Hunter, Mrs. Donn R.....843 Maple Dr.
Kinneman, Mrs. Robert E.....120 McClelland Dr.
Kirby, Mrs. Ted C.....122 Grandison Rd.
Moenning, Mrs. John E.....1517 Bowman Dr.
Pareja, Mrs. Frank.....1420 Bittersweet
Singco, Mrs. Bienvenido O.....1513 Brunner Dr.
Smith, Mrs. John H.....144 Grandison Rd.
Vingis, Mrs. Bronie A.....705 N. State St.
Woods, Mrs. James R.....18 Lincoln

Allen, Mrs. Joseph.....Morristown (46161)
Cagle, Mrs. Robert.....New Palestine (46163)
Arive, Mrs. Floro F.
6264 Redhaw Lane, Oaklandon (46236)
Miller, Mrs. Joseph A.....R. R. 12, Box 230 Y, Oaklandon (46236)
Kuhn, Mrs. Robert.....Wilkinson (46186)

HENDRICKS COUNTY

Baker, Mrs. Glen W.....R. 1, Box 170-M, Brownsburg (46112)
Black, Mrs. James.....R. 1, Box 167-B, Brownsburg (46112)
Scudder, Mrs. A. N.....24 N. Grant, Brownsburg (46112)
Walker, Mrs. Thomas
R. R. 1, Box 93-A, Brownsburg (46112)

Danville
(*Zip Code* 46122)

Calhoon, Mrs. John.....R. R. 3, Box 1
Cheesman, Mrs. Donald D.....37 Orchard Lane
Coats, Mrs. Eli.....R. R. 3, Box 79E
Gibbs, Mrs. Joseph W.....445 E. Mill St.
Heinlein, Mrs. Carl L.....540 S. Cross
Kerlin, Mrs. Joseph.....160 Urban St.
Kirtley, Mrs. Robert W.....R. R. 3, Box 196
Koch, Mrs. Elmer.....301 S. Bowen
Terry, Mrs. Lloyd.....292 W. Marion

Ellis, Mrs. L. Hall.....Lizton (46149)
Scamahorn, Mrs. Malcolm O.....Pittsboro (46167)

Plainfield
(*Zip Code* 46168)

Cohen, Mrs. Irving.....645 E. Main St.
Haggard, Mrs. David B.....R. R. 2, Box 249
Stafford, Mrs. William C.
P.O. Box 97C, 625 S.E. St.
Warbinton, Mrs. Fred P.....504 S. Carr Road

HENRY COUNTY

New Castle
(*Zip Code* 47362)

Amos, Mrs. Robert L.....924 Lincoln Ave.
Bitler, Mrs. C. C.....603 S. Eleventh St.
Bledsoe, Mrs. James G.....Hillsboro Rd.
Brock, Mrs. J. T.....100 Van Nuys Rd.
Cain, Mrs. David R.....3701 S. Memorial Dr.

Campbell, Mrs. Sam W.....901 McCormack Dr.
Dye, Mrs. Cloyd L.....R. R. 5
Easter, Mrs. James N.....1112 Audubon Rd.
Fisher, Mrs. John E.....1135 Woodlawn Dr.
Foster, Mrs. Ray T.....420 N. Main St.
Harrison, Mrs. Benjamin L.....233 Bundy Ave.
Heilman, Mrs. William C., Jr...1112 St. James Ct.
Hill, Mrs. Kenneth G.....707 Leland
KinKade, Mrs. Paul T.....3306 W. Acre Dr.
Life, Mrs. Homer L.....1107 St. James Ct.
McDonald, Mrs. Frank C.....365 Trojan Lane
McKee, Mrs. Roy G.....606 Fairoaks Rd.
McElroy, Mrs. James S.....1213 Audubon Rd.
Murray, Mrs. William E.....100 Van Nuys Rd.
Paz, Mrs. Luis.....2814 Estes Court, A-E 43
Saint, Mrs. William.....705 Hawthorn Rd.
Smith, Mrs. Mark.....631 S. 11th St.
Steussy, Mrs. Calvin N.....601 Hoosier Dr.
Stricker, Mrs. Paul J.....719 Fair Oaks Dr.
Stout, Mrs. Walter M.....1103 Audubon Rd.
Vivian, Mrs. Donald E.....R. R. 4
Wiggins, Mrs. D. S.....219 S. 12th St.
Wilhelm, Mrs. Guido P.....1114 Lincoln Ave.

Wiatt, Mrs. Leonard H.
108 N. Wash. St., Knightstown (46148)
Stauffer, Mrs. George E.....Mooreland (47360)
Marshall, Mrs. Lloyd....Walnut St., Mt. Summit (47361)
Robertson, Mrs. William S.....213 W. Main St., Spiceland (47385)

HOWARD COUNTY

Smith, Mrs. Charles
10512 Spring Hill Dr., R. R. 1, Carmel (46032)
Denton, Mrs. Larkin D....S. Meridian, Greentown (46936)

Kokomo

(*Zip Code* 46901)

Adams, Mrs. C. J.....1216 W. Superior
Althoff, Mrs. William.....2501 S. Wabash
Alward, Mrs. J. H.....401 W. Walnut
Artis, Mrs. Myrle E.....900 E. Broadway
Ault, Mrs. Carl H.....3015 Dellwood Dr.
Bowers, Mrs. Copeland C.....1530 W. Taylor
Bowers, Mrs. Garvey B.....421 Morningside
Bowers, Mrs. John A.....1535 W. Jefferson
Bowling, Mrs. Richard.....1137 E. Taylor
Bradley, Mrs. Richard V.....3210 Janice Dr.
Brown, Mrs. Richard J.....920 Bellevue Pl.
Cattell, Mrs. Lee M.....1718 W. Walnut
Clarke, Mrs. Elton R.....4320 W. Sycamore
Conley, Mrs. Thomas M.....2811 Dellwood Dr.
Craig, Mrs. R. A.....4105 W. Sycamore Rd.
Craig, Mrs. Reuben.....410 S. Hickory Lane
Das, Mrs. Amal K.....3112 Tallyho Dr.
Doss, Mrs. Jerome....137 Westmoreland Drive E.
Earl, Mrs. Max M.....2210 S. Wabash
Elleman, Mrs. Jack.....414 W. Mulberry
Ericson, Mrs. Homer S.....124 Leafy Lane
Ferry, Mrs. Paul W.....1207 W. Sycamore
Fields, Mrs. Donald L.....3304 Tallyho Dr.
Frazier, Mrs. Jack L.....3208 Tally Ho Dr.
Fretz, Mrs. Richard C.....4701 Mayfield Dr.
Golper, Mrs. Marvin N.....411 Morningside Dr.
Good, Mrs. Richard P.....227 N. Forest Dr.
Grothouse, Mrs. Carl B.....925 Bellevue Place
Guin, Mrs. Jere D.....4401 N. Parkway
Halfast, Mrs. Richard W.....2505 Katherine Ave.
Harshman, Mrs. James....4100 Millerwood Lane
Harvey, Mrs. E. C.....118001 Crestview Blvd.
Higgins, Mrs. Jack W.....4832 N. Parkway
Hutto, Mrs. William H...4815 West Sycamore Rd.
Jewell, Mrs. G. M.....1318 W. Sycamore
Kremers, Mrs. George A.....2401 S. Wabash
Longshore, Mrs. Robert E.....145 Westmoreland
McClure, Mrs. Warren N.....309 Lody Lane
McIndoo, Mrs. R. E.....820 W. Walnut
Michael, Mrs. Robert L.....4610 W. Sycamore Rd.
Moore, Mrs. John M.....1500 Honey Lane
Morrison, Mrs. W. R.....413 Conradt Ave.
Murray, Mrs. Ernest C.....2200 S. Webster
Paris, Mrs. Durward W.....2417 S. Lafountain
Perkins, Mrs. P. L.....4101 Millerwood Lane
Phares, Mrs. Robert W.....1712 S. Malfalfa Rd.
Prather, Mrs. Philip E.....123 Magnolia Dr.
Quakenbush, Mrs. John P.....813 Melody Lane
Radpour, Mrs. Shokri.....4300 Millerwood Lane
Rinehart, Mrs. James...4112 W. Deffenbaugh Rd.
Rudicel, Mrs. Max W.....321 Kingston Rd.
Scherschel, Mrs. Thomas R.....809 Dye Rd.
Schwartz, Mrs. F. C.....5015 W. Sycamore Rd.
Sekulich, Mrs. Milo.....4505 N. Parkway
Shenk, Mrs. Earl M.....306 N. Webster
Smith, Mrs. G. J.....821 E. Dixon
Tate, Mrs. James.....5912 Yale Blvd.
Tignor, Mrs. Sterling P.....3464 Tallyho Dr.
Tofaute, Mrs. John L.....1721 W. Walnut St.
Trimble, Mrs. John.....1704 W. Sycamore
Van Denbark, Mrs. Howard M....5908 Yale Blvd.
Wachob, Mrs. Tom W., Jr.....1121 Highland Dr.
Walton, Mrs. F. Richard....317 N. Armstrong
Wilson, Mrs. Norman K.....1909 Greytwig

Evans, Mrs. Robert W.....Russiaville (46979)

HUNTINGTON COUNTY

Huntington

(*Zip Code* 46750)

Brubaker, Mrs. Harold S.....721 Flaxmill Rd.
Casey, Mrs. Stanley M.....408 E. Market St.
Clark, Mrs. Joseph H.....R. R. 9
Clunie, Mrs. Wm. A.....R. R. 9
Cope, Mrs. Stanton E.....1022 N. Jefferson St.
Doermann, Mrs. Paul E.....Grimm Rd., R. R. 8
Eviston, Mrs. J. Boyd.....1362 Poplar St.
Gill, Mrs. D. Richard.....6 Northway Dr.
Grayston, Mrs. Wallace S.....303 E. Market St.
James, Mrs. Thomas J.....1044 Poplar St.
Marks, Mrs. Howard H.....1120 N. Jefferson St.
Meiser, Mrs. Robert D.....1738 Cherry St.
Miller, Mrs. Wayne S.....R. R. 8
Mitman, Mrs. Floyd B.....1471 Oak St.
Peare, Mrs. Reeve B.....1517 Cherry St.
Wagner, Mrs. Richard W.....Old Andrews Rd.
Wheeler, Mrs. Barth E.....1525 Cherry St.

Cooper, Mrs. B. Trent.....Roanoke (46783)
Bennett, Mrs. J. B.....Warren (46792)

JACKSON-JENNINGS COUNTIES

Brownstown

(*Zip Code* 47220)

Gillespie, Mrs. G. R.....710 Commerce
Scharbrough, Mrs. William.....105 W. Summit
Shields, Mrs. Jack.....721 W. Spring

Crothersville

(*Zip Code* 47229)

Adair, Mrs. W. K.....208 S. Armstrong
Bard, Mrs. Frank B.....305 E. Howard

North Vernon

(*Zip Code* 47265)

Calli, Mrs. Louis J.....408 S. State
Ellis, Mrs. Forrest D.....R. R. 1
Johnson, Mrs. William A.....318 Jennings St.

Seymour

(*Zip Code* 47274)

Baxter, Mrs. Harry..710 West Dr., Sunset Pkwy.
Black, Mrs. J. M...671 Braewick Rd., Sunset Pkwy.
Blaisdell, Mrs. William F.....827 S. Pine St.

Bosch, Mrs. Ralph O..930 South Dr., Sunset Pkwy.
Day, Mrs. Durbin.....515 W. Sixth St.
Graessle, Mrs. H. P...640 East Dr., Sunset Pkwy.
Kamman, Miss Martha.....332 W. Oak St
Knotts, Mrs. Slater.....650 Greenway Court
Linson, Mrs. John C.....1430 Lady Marian Dr.
Martin, Mrs. Guy.....1408 Ewing St.
Ripley, Mrs. John W.....2001 Ewing St.
Wiethoff, Mrs. C. A...615 West Dr., Sunset Pkwy.

JASPER COUNTY

Rensselaer
(*Zip Code* 47978)

Beaver, Mrs. Raymond E.....111 Thompson St.
O'Brien, Mrs. Francis E.....530 Park Ave.
Ockermann, Mrs. Kenneth R.....202 Home St.
Williams, Mrs. Paul A.....402 N. Weston St.

JAY COUNTY

Andrews, Mrs. Frank....R. R. 2, Geneva (46740)
Donnally, Mrs. George....R. R. 1, Geneva (46740)
Rudolph, Mrs. Rosser.....Geneva (46740)
Shroyer, Mrs. Herbert..R. R. 2, Dunkirk (47336)

Portland
(*Zip Code* 47371)

Cripe, Mrs. William H.....507 W. High St.
Fitzpatrick, Mrs. James S.....405 W. Race St.
Gillum, Mrs. Eugene.....W. Votaw St
Keeling, Mrs. F. E.....609 W. Race St.
Lopez, Mrs. Alfonso.....446 W. Arch St.
Schenck, Mrs. Ralph.....R. R. 2, W. 7th St.
Spahr, Mrs. Donald E.....615 W. Race St.
Steffy, Mrs. Ralph M.....321 E. Race St.
Vormohr, Mrs. Joseph F.....1011 S. Meridian St.

Reisz, Mrs. Ronald K.
Fort Recovery, Ohio (45846)

JOHNSON COUNTY

Franklin
(*Zip Code* 46131)

Andrews, Mrs. Hugh K.....R. F. D. 4
Bullers, Mrs. Robert C.....395 S. Home Ave.
Bullington, Mrs. George.....R. F. D. 4
Chappel, Mrs. A. T.....1101 North Dr.
Deppe, Mrs. Charles F.....1215 Park Ave.
Ferrara, Mrs. Joseph F.....1000 E. King St.
Foster, Mrs. R. H. K.....1025 Orchard Lane
Hibbs, Mrs. W. G.....R. F. D. 1
Jones, Mrs. Charles A.....1010 E. Adams Dr
Murphy, Mrs. Harry E.....422 N. Walnut St.
Palmer, Mrs. Harley P.....Forrest Park Dr.
Province, Mrs. Wm. D.....99 N. Water St.
Records, Mrs. Arthur W.....216 E. Jefferson St.
Records, Mrs. John M.....1225 E. King St.
Reynolds, Mrs. Paul.....R. R. 4
Ritteman, Mrs. George.....R. R. 3, Box 19A
Roller, Mrs. Mac.....1100 Hillview Dr.
Stogsdill, Mrs. W. W.....R. R. 4
Walters, Mrs. Jack L.....1205 E. Jefferson St.
Waymire, Mrs. Wm. M.....21 South Dorm Dr.
Wilson, Mrs. Russell.....351 E. King St.

Greenwood
(*Zip Code* 46142)

Brown, Mrs. George E.....404 Beech Park Dr.
Link, Mrs. Charles.....663 Williamsburg Lane
Machledt, Mrs. John.....243 S. Madison
MacQuigg, Mrs. David..El Dorado Estates, R. R. 4
Ogle, Mrs. Robert.....Valley Ln. Ct.
Sheek, Mrs. Kenneth I.....407 S. Forest Dr.
Tiley, Mrs. George.....40 N. Madison
Wesemann, Mrs. Merrill M.....109 Carefree Ct., R. R. 6
Young, Mrs. Joseph W.....904 Beech Park Dr.

Deogracias, Mrs. Francisco D..Edinburgh (46124)

KNOX COUNTY

Vincennes
(*Zip Code* 47591)

Anderson, Mrs. John B.....1222 Forest Hill Dr.
Anderson, Mrs. Richard M.....Monroe City Rd.
Arbogast, Mrs. Paul B.....1420 Old Orchard Rd.
Barrett, Mrs. Thomas L.....2520 Old Orchard Rd.
Bartlett, Mrs. Donald T.....1315 McDowell Rd.
Beckes, Mrs. Ellsworth.....220 N. 5th
Black, Mrs. Boyd K.....1008 State Road 67-N
Cantwell, Mrs. E. R.....P.O. Box 444
Chattin, Mrs. Herbert O.....729 Main St.
Coffel, Mrs. Melvin H.....Simpson Lake
Combs, Mrs. Daniel J.....1325 McDowell Ave.
Curtner, Mrs. Myron L.....216 N. Sixth St.
Dayson, Mrs. Louie O.....R. R. 2
Floyd, Mrs. Malcolm.....R. R. 1
Haswell, Mrs. John N.....1604 Old Orchard Rd.
Hendrix, Mrs. Charles.....1302 Forest Hills Dr.
Jacqmain, Mrs. Ralph J.....Monroe City Rd.
McCormick, Mrs. Hubert D.....518 N. Fourth St.
McDowell, Mrs. M. M.....1322 Audubon Rd.
McMahan, Mrs. Virgil C.....Monroe City Rd.
Miller, Mrs. Charles L.....P. O. Box 201
Murray, Mrs. John.....3207 Hillcrest Rd.
Nichols, Mrs. Robert J.....1906 John R. Rd.
Parmenter, Mrs. Harry B.....205 Elm Lane
Reilly, Mrs. James F.....401 Buntin St.
Shanklin, Mrs. Jack L.....1545 Barnett Lane
Spencer, Mrs. Frederic.....902 Perry St.
Stein, Mrs. Richard H.....1209 Old Orchard Rd.
Stewart, Mrs. Frank W.....Hillcrest Rd.
Vaughn, Mrs. Walter R.....2018 Prospect Ave.
Von der Lieth, Mrs. William C.....R. R. 3
Welch, Mrs. Norbert M.....Monroe City Rd.

KOSCIUSKO COUNTY

Urschel, Mrs. Dan L.....Mentone (46539)
Wilson, Mrs. Wymond B...P. O. Box 421, Mentone (46539)
Pierson, Mrs. Pearl H.....R. R. 1, Silver Lake (46982)
Baum, Mrs. John R.....307 7th St., Winona Lake (46590)

Warsaw
(*Zip Code* 46580)

Arford, Mrs. John E.....1319 E. Center St.
Cron, Mrs. William J.....1548 Country Club Dr.
Fiscus, Mrs. Clifford Wm....R. R. 4, Rolling Hills
Hashemi, Mrs. Hossein.....1306 Ranch Rd.
Haymond, Mrs. George M...945 Country Club Dr.
Keough, Mrs. Thomas F.....322 N. Lake St.
Moser, Mrs. Arthur.....R. R. 3
Murphy, Mrs. Samuel C.....216 South High St.
Parke, Mrs. William.....1203 Country Club Dr.
Pullman, Mrs. George R....1031 Country Club Dr.
Snider, Mrs. Ronald P.....Springhill Acres

LAKE COUNTY

Cedar Lake
(*Zip Code* 46303)

Babcoke, Mrs. Gary.....R. 4, Box 410
Misch, Mrs. William A.....R. R. 4, Box 58

Crown Point
(*Zip Code* 46307)

Han, Mrs. Daniel.....Rt. 7, Box 138K
Mirich, Mrs. Ernest C.....940 W. 66th Ave.
Rudolph, Mrs. Franklin G.....R. R.

East Chicago

(*Zip Code* 46312)

Campagna, Mrs. E. A.....2004 Joyland
Ernst, Mrs. H. C.....4219 Baring Ave.
Grosso, Mrs. William.....4132 Northcote
Niblick, Mrs. James S.....4115 Fir St.
Serna, Mrs. Jesus A.....4316 Parrish Ave.
Shapiro, Mrs. Joseph.....4214 Parrish Ave.

East Gary

(*Zip Code* 46405)

Markle, Mrs. Joseph G.....3143 Ripley

Gary

(*Zip Code* 464 *plus zone number*)

Agana, Mrs. Adriano.....6121 Birch (03)
Almquist, Mrs. C. O.....550 Lincoln St. (02)
Amico, Mrs. P. J.....2119 W. 50th Place (08)
Barton, Mrs. Reginald R...7737 Forrest Ave. (03)
Bastug, Mrs. Erol.....1121 Vermillion St.
Bills, Mrs. Robert N.....534 Lincoln St. (02)
Brincko, Mrs. John.....3537 Harrison St. (08)
Carbone, Mrs. Joseph A.....526 Johnson St. (02)
Dierolf, Mrs. E. J.....630 Montgomery St.
Doumanian, Mrs. H.....3330 Pierce St.
English, Mrs. Hubert M.....575 Taft St. (04)
Gallinatti, Mrs. J. J.....7900 Ash Ave. (03)
Goldstone, Mrs. J.....3360 Pierce St.
Goldstone, Mrs. R. J.....230 Glenpark Ave.
Gregoline, Mrs. Eugene..129 Glen Park Ave. (08)
Halley, Mrs. H. R.....5270 VanBuren St.
Kaltenthaler, Mrs. Albert....5981 Grant Pl. (08)
Kopcha, Mrs. Joseph E.....650 Pierce St. (02)
Lorenty, Mrs. T. B.....3654 Madison St.
Lytwakiwsky, Mrs. A.....8700 Forest Ave.
Manalo, Mrs. F. S.....538 Lincoln St. (02)
Martino, Mrs. Robert S....3000 W. 55th Ave. (08)
Mason, Mrs. Earl J.....2000 W. 5th Ave. (04)
Mather, Mrs. J. Winford..7224 Maple Ave. (03)
Mayorga, Mrs. Alfredo....1811 W. 54th Ave. (08)
Mirro, Mrs. John.....2712 W. 57th Pl.
Oberlander, Mrs. Seymour.....6701 Ash (03)
Ong, Mrs. T. G.....8700 Lakewood Ave.
Ornelas, Mrs. Joseph P...6339 Oakwood Lane (08)
Platis, Mrs. J.....2511 W. 58th St.
Robinson, Mrs. Walter K..500 N. Montgomery St. (03)
Rubin, Mrs. Simon S.....2131 W. Fifth Ave. (04)
Saavedra, Mrs. B.....5796 Marshall Pl. (08)
Sala, Mrs. Joseph.....2333 W. 55th Ave. (04)
Schulz, Mrs. Kurt J.....2521 W. 58th Pl. (08)
Spellman, Mrs. F. W.....6941 Ironwood Ave.
Stimson, Mrs. Harry R...4338 Jefferson St. (08)
Valencia, Mrs. M. M.....7700 Hemlock (03)
Volan, Mrs. Geo. J...430 South Grand Blvd. (03)
Vye, Mrs. R.....139 W. 35th Ave., Apt. 5D
Yast, Mrs. Charles J.....740 Fillmore St.
Young, Mrs. George M..4580 Washington St. (08)
Zucker, Mrs. Edward.....7511 Harold St.

Griffith

(*Zip Code* 46319)

Lundeberg, Mrs. Ralph A.....1211 N. Harvey
Riordan, Mrs. John.....318 W. Glen Park Ave.
Siekierski, Mrs. J. M.....445 N. Broad Street

Hammond

(*Zip Code* 463 *plus zone number*)

Allegretti, Mrs. Michael L..6237 Forest Ave. (24)
Barron, Mrs. Elmer A.....6635 Kansas (23)
Beconovich, Mrs. Robert....6540 Forest Ave. (24)
Cotter, Mrs. Edward R..7225 Knickerbocker Pkwy. (23)
Dragomer, Mrs. A. S.....6629 Carolina Ave. (23)
Eggers, Mrs. H. W.....6542 Hohman (20)
Egnatz, Mrs. Nicholas....820 Highland St. (20)
Elledge, Mrs. Ray.....6415 Forest Ave. (24)
Fischer, Mrs. Burnell.....49 Indi-Illi Park (24)
Gevirtz, Mrs. Milton B...7142 Hohman Ave. (24)
Grabow, Mrs. E. F.....6501 Moraine (24)
Hack, Mrs. Edmund C.....7147 Olcott St. (23)
Hickman, Mrs. A. Lee, Jr.....7412 Knickerbocker (23)
Halum, Mrs. R. G.....7411 Hohman Ave.
Husted, Mrs. Robert G...7248 Forest Ave. (24)
Jones, Mrs. E. S.....50 Kenwood St. (24)
Koransky, Mrs. David S...7048 Forest Ave. (24)
Kretsch, Mrs. Russell W...7214 Hohman Ave. (24)
Marks, Mrs. Ora L.....7111 Olcott Ave. (23)
Mason, Mrs. Richard L.....6915 Magoun (23)
Neal, Mrs. L. W.....7301 Forest Ave. (24)
Panares, Mrs. Solomon V.....4 172nd Pl. (24)
Peck, Mrs. Edward A.....6422 Moraine Ave. (24)
Pilot, Mrs. Jean..7137 Knickerbocker Pkwy. (23)
Polite, Mrs. Nicholas L.....7320 California (23)
Premuda, Mrs. F. F.....7042 Woodmar
Ramker, Mrs. Daniel T...7129 Arizona Ave. (23)
Remich, Mrs. Antone C...6412 Moraine Ave. (24)
Repay, Mrs. W. A..7130 Knickerbocker Pkwy. (23)
Rhind, Mrs. A. W.....7126 Forest Ave. (24)
Rosevear, Mrs. Henry J...6531 Forest Ave. (24)
Row, Mrs. Perrie Q.....6712 Hohman Ave. (24)
Rubright, Mrs. Robert L...7258 Forest Ave. (24)
Schulfer, Mrs. R. J.....1045 River Dr. (24)
Stern, Mrs. S. Lewis.....226 Oakwood (24)
Thegze, Mrs. George A.....7435 Olcott Ave. (23)

Highland

(*Zip Code* 46322)

Bacevich, Mrs. A. J.....8737 Parkway Dr.
Beilke, Mrs. Clifford.....8725 Parkway Dr.
Dumanian, Mrs. Ara V.....8727 Parkway Dr.
Lopez, Mrs. F.....3045 W. 45th St.
Reed, Mrs. Ronald.....2100 Kenilworth
Willardo, Mrs. A. T.....8712 Idlewild

Hobart

(*Zip Code* 46342)

Bernard, Mrs. Marvin R.....6430 Grand Blvd.
Cabrera, Mrs. P. B.....3408 Randolph Pl.
Glover, Mrs. W. J.....420 S. Wabash
Reed, Mrs. John.....445 Kelley
Stookey, Mrs. Richard.....1124 S. State St.

Munster

(*Zip Code* 46321)

Ahn, Mrs. K. J.....1328 Fisher St.
Alt, Mrs. Edward M. Jr.....8804 Baring
Arbeiter, Mrs. Herbert I.....119 Beverly Place
Arrowsmith, Mrs. James L.....8138 Forest Ave.
Benchik, Mrs. Frank A.....8326 Hawthorne Dr.
Bombar, Mrs. Leslie E.....8318 Oakwood
Boys, Mrs. F. F.....8517 Crestwood Ave.
Branco, Mrs. Arthur M.....1224 Melbrook
Brodersen, Mrs. J. D.....7936 Monroe St.
Chael, Mrs. Tom C.....225 Belmont Place
Costello, Mrs. Albert J.....1404 Fisher
Dela Cotera, Mrs. F. G.....1447 MacArthur Blvd.
DePorter, Mrs. L. A.....1448 Melbrook Drive
Egnatz, Mrs. Charles D.....1436 Janice Lane
Espino, Mrs. J. C.....8523 Forest Ave.
Fleischer, Mrs. J. C.....8345 Northcote
Fox, Mrs. J. M.....1448 Oak Park
Galante, Mrs. Albert.....1329 Vivian Lane
Goldenberg, Mrs. Mitchell E.....8212 Euclid
Gross, Mrs. Joseph.....1505 MacArthur
Gustaitis, Mrs. John W.....1843 Crestwood
Harvey, Mrs. David M.....8250 Linden
Hehemann, Mrs. W. V.....8718 Northcote
Kelly, Mrs. G. G.....1335 Elliott Dr.
Kenney, Mrs. Francis.....8131 Forest Ave.
Kim, Mrs. Y. S.....8628 Walnut Dr.
Kott, Mrs. Alexander.....1333 Melbrook Dr.
Kuhn, Mrs. Arthur J.....1535 35th St.
Lanman, Mrs. John U.....1321 Elliott Dr.
Lautz, Mrs. Herbert A.....7943 Forest Ave.

Long, Mrs. Keith J.....1327 Ridgeway
Madlang, Mrs. R. M.....7750 Hohman Ave.
Marks, Mrs. Salvo P.....8320 Parkview Ave.
Marshall, Mrs. W. J.....1306 Elliott Dr.
Mason, Mrs. John C.....1440 Fisher
Min, Mrs. David.....1537 Tulip Lane
Mintz, Mrs. A. M.....1423 Kraft Dr.
Modjeski, Mrs. Raymond J.....1448 Elliott Dr.
Montes, Mrs. H.....7915 Hohman Ave.
Morris, Mrs. W. H., Jr.....8044 Forest Ave.
Paul, Mrs. Eudell G.....7905 Hohman Ave.
Polydefkis, Mrs. D.....8825 Crestwood
Rasch, Mrs. George C.....1519 35th St.
Rieser, Mrs. Aloys.....8205 Oakwood
Rosenthal, Mrs. Carl.....8330 Schrieber Dr.
Santare, Mrs. V. J.....1336 Melbrook
Schlesinger, Mrs. Jacob.....7648 Hohman Ave.
Serrano, Mrs. J. F.....1541 Melbrook St.
Smith, Mrs. Jerald.....1234 Melbrook
Smitley, Mrs. Roger P.....1519 Janice Lane
Snyder, Mrs. Jerome.....1210 Park Drive
Sroka, Mrs. Stanley J.....8516 Hawthorne Dr.
Stevens, Mrs. Edwin W.....8627 Beech
Sweany, Mrs. S. K.....8030 Jackson
Teplinsky, Mrs. Louis.....1526 Twelve Oak Dr.
Trachtenberg, Mrs. Lee.....8742 Northcote
Valderrama, Mrs. Hugo.....1325 MacArthur
Vitacca, Mrs. Rocco.....7635 Forest Ave.
Walker, Mrs. Adolph.....1504 Park Dr.
Wooden, Mrs. Thomas F.....8354 Parkview

Angeles, Mrs. Uldarico A.
Box 908, Ogden Dunes (46368)
Dimitroff, Mrs. Lambro
1021 Forest Hills, Calumet City, Ill. (60409)
Feldner, Mrs. Ronald P.
17717 Bernardine, Lansing, Ill. (60438)
Gordon, Mrs. M.
903 Maple, Flossmoor, Ill. (60422)
Milos, Mrs. Robert J.
151 Shore Dr., Portage (46368)
Pappas, Mrs. Edward T.
6424 Arthur, Merrillville (46307)
Psomatakis, Mrs. E.....189 Graymoor Lane,
Olympia Fields, Ill. (60461)
Sroka, Mrs. O. G.....17216 Wentworth Ave.,
Lansing, Ill. (60438)
Steward, Mrs. P. W.
102 Maple St., Lowell (46356)
Tyrrell, Mrs. J.
16041 S. Ellis, South Holland, Ill. (60473)

LaPORTE COUNTY

LaPorte

(*Zip Code* 46350)

Backer, Mrs. George P.....1533 Michigan Ave.
Datzman, Mrs. Basil J.....1421 Indiana Ave.
Durham, Mrs. Lowell J.....205 Forest Dr.
Elshout, Mrs. Clem H.....104 First St.
Feinn, Mrs. Harry S.....1703 Michigan Ave.
Kelsey, Mrs. Robert M., Jr.....1305 Indiana Ave.
Kepler, Mrs. Robert W.....1529 Michigan Ave.
Kim, Mrs. Joon S.....2205 Woodlawn Dr.
Lansford, Mrs. Kenneth G.....205 Canterbury Dr.
Larson, Mrs. Goyt O.....902 E. 18th St.
Mladick, Mrs. Edward A.....314 Holton Rd.
Moore, Mrs. William G.....2203 Southwest Rd.
Mueller, Mrs. Edwin C.....117 Evergreen Dr.
Oak, Mrs. David D.....1104 Andrew Ave.
Philbrook, Mrs. Seth S.....212 Forest Dr.
Richter, Mrs. John C.....2020 Beechwood Ct.
Sanchez, Mrs. Jose.....2424 Monroe St.
Sirugo, Mrs. Aldo C.....202 Forest Dr.
Smith, Mrs. John.....1533 Weller
von Asch, Mrs. George.....2030 Michigan Ave.
Wolf, Mrs. Wm. E.....Lakewood Lair

Mannion, Mrs. Rodney A.
2016 Juneway, L.B., Michigan City (46360)

LAWRENCE COUNTY

Bedford

(*Zip Code* 47421)

Austin, Mrs. Richard P.....1315 15th St.
Crosby, Mrs. Reid C.....11 Saddler Court
Duncan, Mrs. Raymond E.....311 Eastwood Dr.
Dusard, Mrs. Joseph C.....1107 N. St.
Edmonds, Mrs. Kendrick T.....438 Sycamore
Emery, Mrs. Charles B.....Brook Knoll
Fountaine, Mrs. Thomas J.....1620 18th St.
Hawkins, Mrs. Richard D.....228 Eastlake Drive
Kasting, Mrs. Gerald E.....Parkview Addition
Kerr, Mrs. Donald M.....1415 20th St.
McPike, Mrs. Joseph.....1103 Lincoln Ave.
Morrow, Mrs. Robert J.....R. 5, Brook Knoll
Mount, Mrs. James L.....1611 Windwood Dr.
Noe, Mrs. William R.....118 Woodhill Dr.
Reuter, Mrs. John W.....Brook Knoll, R. 5
Scherschel, Mrs. John P.....1713 H St.
Sorrells, Mrs. George W., Jr.....212 Lori Lane
Waldo, Mrs. Guy H., Jr.....R. 5, Brook Knoll
Wohlfeld, Mrs. J. B.....1224 15th St.
Woolery, Mrs. Richard H.....2020 Denson Ave.

Benham, Mrs. Lawrence E.....R. R. 2, Springville (47462)

MADISON COUNTY

Leroy, Mrs. A. G.....Alexandria (46001)

Anderson

(*Zip Code* 46011 *unless otherwise indicated*)

Aagesen, Mrs. W. J.....3 Wind Ridge Rd.
Abell, Mrs. William A.....2536 W. 12th St.
Allen, Mrs. Lawrence.....27 River Forest
Armington, Mrs. Charles L.
304 Beverly Terr. Apts. (16)
Austin, Mrs. Charles E.....1612 Westwood Dr.
Baughn, Mrs. William L.....1517 Winding Way
Beeler, Mrs. Frank K.....20 Overlook Dr.
Bixler, Mrs. Donald P.....1611 Van Buskirk Rd.
Blassaras, Mrs. Crist A.....916 Dresser Dr.
Bowers, Mrs. Richard C.....1110 Greenway Dr.
Buckles, Mrs. David L.....44 Knoll Rd.
Bush, Mrs. E. R.....19 Northway Court
Caudill, Mrs. Rodney.....311 W. Eighth St. (16)
Conrad, Mrs. Ernest M.. 2124 Meridian St. (14)
Denny, Mrs. Melvin H.....1103 Dresser Dr.
Doenges, Mrs. James L.....Whitehall Place
Donaldson, Mrs. Frank C.....2 Wind Ridge Rd.
Drake, Mrs. James R.....2210 W. 12th St.
Drake, Mrs. John C.....920 N. Madison Ave.
Drennen, Mrs. Robert V...1230 E. Chesterfield Dr. (12)
Dulin, Mrs. Basil B.....1120 Maryland Drive
Ellis, Mrs. Seth W.....1324 W. 8th St., Apt. D
Elsten, Mrs. Wayne A.
1333 Maryland Dr., Forest Manor
Erehart, Mrs. Archie D.....2214 W. Ninth St.
Faust, Mrs. Howard, Jr.....R. R. 5, Box 178-C
Ferguson, Mrs. Donald H.....3430 Redwood Rd.
Gahimer, Mrs. Joseph E.....1515 Greenway Dr.
Gante, Mrs. Henry W.....Vicker Apts., #304
Gholz, Mrs. Lawrence.....3421 Laurel Lane
Gray, Mrs. William J.....45 Tweedy Lane
Hart, Mrs. William D.....1720 Edgewood Dr.
Hensler, Mrs. Benton.....13 Wind Ridge Rd.
Jarrett, Mrs. Paul.....2541 North Shore Dr.
Jones, Mrs. Albert T.....3316 Cherry Rd.
Kiely, Mrs. John T.....1011 Raible
King, Mrs. Charles R.....6414 Rosalind Lane
King, Mrs. Joseph W.....1646 Corlett Way
Kopp, Mrs. William R.....2410 W. 12th St.
Lamey, Mrs. Paul T.....1740 W. 10th St.

Land, Mrs. Richard.....713 Winding Way
Larmore, Mrs. Joseph L.....1301 Winding Way
Long, Mrs. Paul L.....828 Dresser Dr.
Metcalf, Mrs. George B...830 W. Eighth St. (16)
Miethke, Mrs. Richard.....3324 Cherry Rd.
Moneyhun, Mrs. James E.....1815 Ivy Dr.
Morris, Mrs. Robert A.....410 Golf Club Rd.
Neale, Mrs. Alfred E.....725 Forest Dr.
Nesbit, Mrs. Leonard L.....60 River Forest
Patterson, Mrs. William K.....3 South Park Dr.
Polhemus, Mrs. Warren C.....1300 W. 11th St.
Price, Mrs. Ambrose M..3821 St. Rd. 9, North (12)
Reynolds, Mrs. Ralph E.....1716 Winding Way
Rosenbaum, Mrs. Lloyd E.....804 Dresser Dr.
Ross, Mrs. Guy E.....1124 N. Madison Ave.
Sheldon, Mrs. Suel A.....W. Cross Street Rd.
Stamper, Mrs. Jos. H..619 State Rd. 67 West (13)
Stamper, Mrs. Robert J.....R. R. 6, Box 78A
Starks, Mrs. William O.....1525 Winding Way
Stinson, Mrs. William M.....17 River Forest
Szumilas, Mrs. Peter P.....38 River Forest
Taylor, Mrs. James A.....3232 Maryland Dr.
Tierney, Mrs. Wm. J.....1646 Corlettway
Wagoner, Mrs. John R.....3522 Hawthorne Rd.
Webb, Mrs. Harry D.....1308 Maryland Dr.
Weiss, Mrs. Louis L.....1225 N. Madison Ave.
Whitaker, Mrs. Jack D.....R. R. 5, Box 178-D
Wilkinson, Mrs. Roger L.....404 Central Way
Williams, Mrs. Francis M.....1012 Park Rd.
Williams, Mrs. Robert H...715 North Shore Blvd.
Wishard, Mrs. Fred B.....815 West 8th St. (16)
Woodbury, Mrs. C. R.....R. R. 4, Box 410

Bishop, Mrs. Harry A.....Frankton (46044)
Williams, Mrs. Robert D.....Markleville (46056)
Doles, Mrs. Ted S....R. R. 2, Middletown (47356)
Foley, Mrs. Phillip D.....613 N. 10th St., Middletown (47356)
Begley, Mrs. Robert W.
R. R. 2, Box 220-A, Pendleton (46064)
McLaughlin, Mrs. C. B..R. R. 2, Pendleton (46064)
Van Ness, Mrs. William.216 S. Main, Summitville (46070)

MARION COUNTY

Duncan, Mrs. Stuart J.....1005 Churchman Ave., Beech Grove (46107)
Link, Mrs. Goethe.....Box 84, Brooklyn (46111)
Foster, Mrs. Lee N.
R. R. 2, Box 428, Carmel (46032)
Hasewinkel, Mrs. Carroll W.
R. R. 2, Box 354, Carmel (46032)
Kendall, Mrs. William R.....60 Wildwood Dr., Carmel (46032)
Karsell, Mrs. William A.....10518 Hussey Lane, Carmel (46032)
Megenhardt, Mrs. Dennis S.....R. R. 1, Box 5, Carmel (46032)
Nolin, Mrs. Richard T..R. R. 2, Box 323D, Carmel (46032)
Permer, Mrs. Erwin....R. R. 1, Box 619-F, Carmel (46032)
Schaffer, Mrs. Edward V.....Box 614-A, R. R.1, Carmel (46032)
Van Tassel, Jr., Mrs. C. J.
11607 Williams Cr. Dr., Carmel (46032)
Brown, Mrs. Earl S.
R. R. 4, Box 70, Greenwood (46142)
Thurston, Mrs. Floyd
700 Woodale Terrace, Greenwood (46142)

Indianapolis

(*Zip Code* 462 *plus zone number*)

A

Albertson, Mrs. Frank.....5318 N. Bosart (20)
Aldrich, Mrs. Harry D.....5805 Sherman Dr. (20)
Allen, Mrs. Robert K.....737 Sherwood Dr. (40)
Alley, Mrs. Thomas W...107 Kenwood Circle (60)
Alvis, Mrs. David.....7738 Kenworthy Dr. (60)
Alvis, Mrs. Edmond O.....474 W. 92nd St. (60)
Anshutz, Mrs. William M..6340 Braemore Rd. (20)
Antreasian, Mrs. Berj.....5465 Mark Lane (26)
Appel, Mrs. Richard H.....122 E. 61st St. (20)
Applegate, Mrs. Geo. W....9033 Buckeye Ct. (60)
Arbogast, Mrs. John L. 3933 Washington Blvd. (5)
Armer, Mrs. Robert M...4208 Cold Springs Rd. (8)
Avery, Mrs. George O...5321 N. Kessler Blvd. (8)

B

Bachmann, Mrs. Arnold J.....1615 Oles Drive (8)
Bader, Mrs. Joseph.....7007 N. Tuxedo (20)
Bakemeier, Mrs. Otto H..5535 E. St. Clair St. (19)
Bakemeier, Mrs. Robert E.
6037 Castelbar Circle (20)
Balch, Mrs. James E.....6829 Willow Rd. (20)
Balch, Mrs. James F., Jr.
1811 Hamilton Lane (80)
Ball, Mrs. Joseph E.....6612 E. Ninth St. (19)
Baptisti, Mrs. Arthur, Jr....700 N. Alabama (4)
Barnes, Mrs. Gilbert H...5513 Hedgerow Dr. (26)
Bastnagel, Mrs. William F.
5430 Washington Blvd. (20)
Batman, Mrs. Gordon W.
6906 N. Delaware St. (20)
Battersby, Mrs. J. Stanley..6001 Sunset Lane (8)
Bauer, Mrs. Thomas B...7685 Clarendon Rd. (60)
Baumeister, Mrs. Herbert E. ...4421 E. 75th (50)
Baxter, Mrs. John P. ..7247 Whitehall Dr. (26)
Beasley, Mrs. Thos. J.....715 E. 70th Place (20)
Beck, Mrs. Evart M.....6445 N. Olney St. (20)
Becker, Mrs. Harry G...5641 Haverford Ave. (20)
Beeler, Mrs. John W.....7974 N. Illinois St. (60)
Belt, Mrs. James H.....8652 Emerald Lane (60)
Benedict, Mrs. Paul F.....2550 Blue Grass Dr. (8)
Bennett, Mrs. Ivan F.
8452 Green Braes, N. Dr.(34)
Bhagwandin, Mrs. Harry O.
9205 E. Troy Ave. (39)
Bibler, Mrs. Lester D.
4360 N. Pennsylvania St. (5)
Blackwell, Mrs. Donald S...3322 Lincoln Court (8)
Blatt, Mrs. A. Ebner....5330 N. Illinois St. (8)
Boling, Mrs. Fred F..3333 Melbourne Rd. S. Dr. (8)
Boling, Mrs. Grover C., Jr.
6205 Bramshaw Rd. (20)
Booth, Mrs. Boynton H...5735 Braewick Rd. (26)
Bowman, Mrs. George W.
5634 Carrollton Ave. (20)
Boxell, Mrs. John F.....7614 Woodside Dr. (60)
Boyer, Mrs. Floyd A.....136 S. Wittfield St. (19)
Brady, Mrs. Thomas A., Jr.
225 Wellington Rd. (60)
Brayton, Mrs. John R.
3128 E. Fall Creek Blvd., N. Dr. (5)
Brayton, Mrs. Lee.....5540 N. Illinois St. (8)
Brickley, Mrs. Richard A.
4530 Crooked Creek Ridge Dr. (08)
Brodie, Mrs. Donald W.
10207 Indian Lake Blvd., N. Dr. (36)
Brooks, Mrs. Fred.....1660 Cunningham Dr. (24)
Brown, Mrs. Archie E.
4145 Melbourne Rd., W. Dr. (8)
Brown, Mrs. David E....7344 Lakeside Dr. (78)
Brown, Mrs. DeWitt W., Jr.
4363 Cold Springs Rd. (8)
Brown, Mrs. Earl R., Jr.
5450 Channing Rd. (26)
Brown, Mrs. Gordon T.....8170 Oakland Rd. (40)
Brown, Mrs. Wendell E.....3750 N. Gale St. (18)
Browning, Mrs. James S.
7961 Windcombe Blvd. (40)
Brueckmann, Mrs. F. Robert
5280 Channing Rd. (26)
Burdette, Mrs. Harold....6310 Glencoe Dr. (60)

C

Cahn, Mrs. Hugo....5535 N. Pennsylvania St. (20)

Call, Mrs. Herbert F.....710 E. 57th St. (20)
Campbell, Mrs. H. E., Jr.
7650 Spring Mill Rd. (60)
Campbell, Mrs. Robert L.
8990 W. 82nd St., R. R. 16 (78)
Caputi, Mrs. Saverio..5115 N. Meridian St. (8)
Chattin, Mrs. William R.
4825 Cavendish Rd. (20)
Chernish, Mrs. Stanley M...4403 Radnor Rd. (26)
Christie, Mrs. Marvin C.
3340 E. Loretta Drive (27)
Clark, Mrs. Geo. A.....620 Forest Blvd. (40)
Clark, Mrs. Lawson J.
2425 E. Kessler Blvd., E. Dr. (20)
Cobb, Mrs. Clarence M...9146 Haverstick Rd. (40)
Coggeshall, Mrs. Warren E.
6305 Bramshaw Rd. (20)
Conway, Mrs. Glenn.....2235 E. Garfield Dr. (3)
Cortese, Mrs. James V.....6302 Minlo Dr. (27)
Cortese, Mrs. Thomas A., Jr.,
5316 Turtle Creek, E. Dr. #7 (27)
Cortese, Mrs. Thomas A., Sr.
3525 Payne Dr. (27)
Costin, Mrs. Robert L..8023 Morningside Dr. (40)
Countryman, Mrs. Frank 5633 Central Ave. (20)
Cronin, Mrs. H. Joseph
7843 Windcombe Blvd. (40)
Cross, Mrs. David G.....3001 Redfern Dr. (27)
Culbertson, Mrs. Clyde G.....6060 Park Ave. (20)
Cullen, Mrs. P. Kent.....1207 Timberlane (60)
Cullen, Mrs. Paul.....5115 Graceland (8)
Cure, Mrs. Charles W...414 W. Kessler Blvd. (08)
Currie, Mrs. Robert W.....512 E. 57th St. (20)
Curry, Mrs. R. Louis.....7250 N. Chester (40)

D

Daley, Mrs. Edward H.
5118 East Dickson Road (26)
Dallas, Mrs. F. R.....3649 E. 71st St. (20)
Dalton, Mrs. Wm. W.....4205 Otterbein Ave. (27)
Daly, Mrs. Joseph M.....5969 Singleton Ave. (27)
Davidson, Mrs. N. Cort....2811 W. 96th St. (68)
Davis, Mrs. Sam J.....230 W. 64th (60)
Dearmin, Mrs. Robert M..6616 Spring Mill Rd. (60)
DeArmond, Mrs. Albert M.
5401 N. Delaware St. (20)
Deever, Mrs. John W.....6801 S. East St. (27)
Denny, Mrs. James W.
6633 Spring Brook, N. Dr. (19)
DeWester, Mrs. Gerald M.
2802 Lindbergh Dr. (27)
Dill, Mrs. Charles W.....4111 S. Sherman Dr. (27)
Dill, Mrs. Myron K.....5145 N. Meridian (08)
Dillon, Mrs. John F.....7489 N. Illinois (60)
Dolan, Mrs. Patrick A.....9038 Chestnut Ct. (60)
Donahue, Mrs. James....945 Spannwood Rd. (08)
Donato, Mrs. Albert M...5915 Lawrence Dr. (26)
Doran, Mrs. J. Hal.....3705 N. Denny St. (18)
Doughty, Mrs. Samuel R...5258 Channing Ct. (26)
Douglas, Mrs. William T.
5737 Wildwood Ave. (20)
Dryden, Mrs. Gale E...5835 N. Tacoma Ave. (20)
Dugan, Mrs. William M.
5747 Rolling Ridge Rd. (20)
Dugan, Mrs. William ..7521 Mohawk Lane (60)
Dunkin, Mrs. Ramon S.....5916 Lieber Rd. (8)
Dyar, Mrs. Edwin W., Jr.....120 Arden Dr. (20)
Dyar, Mrs. Robert W.....8161 Oakland Rd. (40)
Dyke, Mrs. Richard W.....542 W. 83rd (60)

E

Eaton, Mrs. Edwin R.
7334 Glenview, W. Dr. (50)
Eaton, Mrs. Lyman D...R. R. 19, Box 487Y (80)
Ebert, Mrs. J. Wayne....1125 Southview Dr. (27)
Echt, Mrs. Charles R.....8003 Hoover Rd. (60)
Egbert, Mrs. Herbert L.....419 W. 63rd St. (60)
Eicher, Mrs. Palmer O.
4401 N. Washington Blvd. (5)
Eldridge, Mrs. Gail E.....6377 Sunset Lane (60)
Elkins, Mrs. James P.....2045 Lick Creek Dr. (3)
Ellis, Mrs. Bert E.....3910 E. 57th St. (20)
Ellis, Mrs. William N.....4908 E. 46th Street (26)
Emhardt, Mrs. John T.....3305 Brill Rd. (27)
Evans, Mrs. Paul V...3715 E. Briarwood Dr. (40)

F

Fausset, Mrs. C. Basil
3016 Lake Shore Dr. #B (05)
Feeney, Mrs. Martin T...772 Brookview Dr. (42)
Ferry, Mrs. Francis A...935 E. Southern Ave. (3)
Finneran, Mrs. Joseph C.....1250 E. 80th St. (40)
Fischer, Mrs. A. Alan.....2515 Knollwood Dr. (8)
Flanders, Mrs. Robert, Jr.
7232 Sylvan Ridge Rd. (40)
Flanigan, Mrs. Meredith B. 3305 Rutledge Dr. (8)
Flora, Mrs. Joseph O.....5604 Rockville Rd. (24)
Folkening, Mrs. Norval C.....5501 Camden (27)
Fortuna, Mrs. Frank....533 Mellowood Dr. (17)
Fouts, Mrs. Paul J.....8393 N. Illinois St. (60)
Franklin, Mrs. William L.....33 E. 37th St. (5)
Freed, Mrs. Carl A.....4334 Springwood Trail (8)
Freeman, Mrs. Leslie W...5601 E. St. Clair (19)
French, Mrs. Richard N., Jr.
3025 Green Hills Lane, S. Dr. (22)
Fry, Mrs. Robert D.....5717 Broadway (20)
Fulton, Mrs. William H.
1934 Remington Dr. (27)
Funkhouser, Mrs. A. G.....2505 E. 57th St. (20)

G

Gabovitch, Mrs. Edward R. 595 Holiday Lane (60)
Garber, Mrs. J. Neill..7036 N. Pennsylvania (20)
Garceau, Mrs. George J.....1164 Ivy Lane (20)
Gardner, Mrs. Austin L.
7701 N. Pennsylvania (40)
Gardner, Mrs. Buckman
530 Willow Spring Rd. (40)
Garner, Mrs. W. Stanley.5209 Brief Run Dr. (26)
Garrett, Mrs. Robert A....95 Wellington Rd. (60)
Gastineau, Mrs. Frank M.
2926 Lakeshore Dr., Apt. A (05)
Geider, Mrs. Roy A.
5816 Pleasant Run Pkwy., N. Dr. (19)
Geisler, Mrs. Hans E...7085 N. Pennsylvania (20)
Gick, Mrs. Herman H.....451 Eastern Ave. (1)
Gifford, Mrs. Fred E...5125 N. Meridian St. (8)
Gillespie, Mrs. Charles F..4530 Berkshire Rd. (26)
Gillespie, Mrs. Jacob E.....4426 Broadway (5)
Gilliland, Mrs. John E.
6034 E. St. Joseph St. (19)
Girod, Mrs. Donald A..3515 Melbourne Circle (08)
Glover, Mrs. John L.....4124 Sunmeadow Lane (8)
Goldman, Mrs. Samuel....428 Woodmere Dr. (60)
Gormley, Mrs. Joseph J.
4560 Crooked Creek Ridge Dr. (8)
Gosman, Mrs. James H.
4491 Washington Blvd. (5)
Graham, Mrs. Edward W.
6036 Riverview Dr.(08)
Graham, Mrs. John D...6315 Old Orchard Rd. (26)
Gray, Mrs. Howard R.....2625 Knollwood Dr. (8)
Grayson, Mrs. Ted L.....8163 Round Hill Ct. (60)
Greene, Mrs. Morgan E.
2014 Winchester Dr. (27)
Greist, Mrs. John H.
4343 Washington Blvd. N. (5)
Grief, Mrs. Robert.....7208 N. Grand (26)
Griffin, Mrs. Leslie.....3203 W. 57th St. (8)
Griffith, Mrs. Richard S.
2002 Cunningham Rd. (24)
Grisell, Mrs. Ted L...5211 Brendon Ridge Rd. (26)
Grosz, Mrs. Hanus J.....4054 Sawyer St. (26)
Gruber, Mrs. Charles M., Jr.
3102 Kessler Blvd., E. Dr. (20)
Gustafson, Mrs. Gerald S.
5768 N. Pennsylvania St. (20)

H

Habegger, Mrs. E. Dale....3120 W. 51st St. (8)

Hackney, Mrs. Victor C...5262 Olympia Dr. (08)
Hadley, Mrs. David.5601 N. Pennsylvania St. (20)
Haggard, Mrs. Edmund B.
5914 N. Emerson Ave. (20)
Hall, Mrs. Frank M.
8633 N. Pennsylvania St. (40)
Hall, Mrs. Jack H.....5960 Braewick Rd. (26)
Hampshire, Mrs. Donald R.
7979 Morningside Dr. (40)
Hann, Mrs. E. Carl ...5218 Laurel Hall Dr. (26)
Hanna, Mrs. Thomas A.....5009 W. 15th St. (24)
Harcourt, Mrs. Allan K.
5418 Allisonville Rd. (20)
Harcourt, Mrs. Robert S...6408 Braemore Rd. (20)
Harding, Mrs. M. Richard.5440 Channing Rd. (26)
Harger, Mrs. Robert W...46 West 52nd Street (8)
Haslinger, Mrs. Clarence J.
2818 Barberry Lane (05)
Hatfield, Mrs. Nicholas W...5851 E. 54th Pl. (26)
Hawk, Mrs. James H.....400 E. 43rd St. (5)
Hays, Mrs. Everett L.....2607 Manker Ave. (3)
Healey, Mrs. Robert J.
5559 Washington Blvd. (20)
Hedrick, Mrs. Philip W.....9232 N. Delaware (40)
Helmen, Mrs. Charles H.....5269 Roland Dr. (08)
Heimburger, Mrs. Robert F.
4462 Central Ave. (05)
Helmer, Mrs. O. M.....5015 N. Illinois St. (8)
Helveston, Mrs. Eugene M...7241 Mirrion Rd. (40)
Hendricks, Mrs. Fred A..5867 N. New Jersey (20)
Hepburn, Mrs. Charles K.
7570 Morningside Dr. (40)
Heubi, Mrs. John E.....6904 Park Ave. (20)
Hickam, Mrs. John B...7050 N. Pennsylvania (20)
Hickman, Mrs. Jack W.
3736 Spring Hollow Rd. (8)
Hill, Mrs. Herbert..4422 Melbourne, W. Dr. (8)
Hill, Mrs. James K.....2507 Bluffwood Dr. (8)
Himelstein, Mrs. N. Harvey
5250 Olympia Dr. (8)
Hogan, Mrs. Michael A.
7330 Steinmeier Dr. (50)
Holland, Mrs. William M.
5244 N. Pennsylvania (20)
Holman, Mrs. Jerome E., Jr.
5930 Central Ave. (20)
Hood, Mrs. Ainslee A...1810 Rosedale Drive (27)
Hopkins, Mrs. Bruce.....1910 E. 109th (80)
Howell, Mrs. Joseph D.....4514 E. 79th St. (50)
Hoyt, Mrs. Millard L...5725 Hunterglen Rd. (26)
Hubbard, Mrs. Jesse D.....4330 Black Oak Dr. (8)
Hull, Mrs. Ronald H.....6252 Bramshaw Rd. (20)
Hummons, Mrs. Francis D.
4045 Clarendon Rd. (8)
Hurteau, Mrs. William W...201 West 75th St. (60)

I-J

Irwin, Mrs. Glenn W., Jr. 8025 N. Illinois St. (60)
James, Mrs. C. E..4504 Hidden Orchard Lane (8)
Jay, Mrs. Arthur N.....6409 Consulate Ct. #1718
Jestadt, Mrs. John J.....6349 Johnson Rd. (20)
Jewett, Mrs. Joe H.....5803 Sherman Ave. (20)
Jinks, Mrs. Clifford H.....1831 E. 61st St. (20)
Jobes, Mrs. James E.....4265 Knollton Rd. (08)
Johnson, Mrs. Earl H...550 W. 77th St. N. Dr. (60)
Johnson, Mrs. A. Cedric, Jr.
4550 Melbourne Rd. (8)
Johnson, Mrs. Thomas W.....351 W. 63rd St. (60)
Jones, Mrs. David E...5433 Hawthorne Dr. (26)
Jones, Mrs. George..8933 Southeastern Ave. (39)
(Wanamaker)
Jontz, Mrs. Jon P.....3725 Chevoit Pl. (5)
Joseph, Mrs. Rex M.....620 Hickory Lane (27)
Jowitt, Mrs. Richard H.
5390 Brendonridge Rd. (26)
Judd, Mrs. Russell L.....5327 Mark Lane (26)

K

Kahn, Mrs. Howard L.....321 W. 62nd (60)
Kaiser, Mrs. James L.....333 E. Beverly Dr. (5)
Katterjohn, Mrs. James C.
9035 Pickwick Dr. (60)
Keenan, Mrs. George B.
2015 E. Thompson Rd. (27)
Keever, Mrs. Charles H., Sr.
9016 Keever Rd., R. R. 18, Box 289 B (24)
Kendrick, Mrs. Wm. M...735 Round Hill Rd. (60)
Kennedy, Mrs. Hunter F....5790 E. Michigan (19)
Kennedy, Mrs. Joseph T.
5316 Brendonridge Rd. (26)
Kenney, Mrs. David B.....4546 Dickson Rd. (26)
Kenzler, Mrs. Jack I.....6040 E. 65th Place (20)
Kerner, Mrs. Donald J...1929 N. Senate #31 (02)
King, Mrs. Harold K...5430 Channing Rd. (26)
King, Mrs. Robert D.....6100 Fall Creek Rd. (20)
Kingsbury, Mrs. John K.
5776 E. Michigan St. (19)
Kirtley, Mrs. William R...7447 N. Park Ave. (40)
Kissel, Mrs. Wesley A...3721 Briarwood Dr. (40)
Kitterman, Mrs. Harry E.
5108 Graceland Ave. (08)
Klain, Mrs. Benjamin V.
826 Park Central Ct. N., Apt. D (60)
Klutinoty, Mrs. George.2275 Wynnedale Rd.(8)
Kneidel, Mrs. J. H.....918 E. 57th St. (20)
Knowles, Mrs. Charles Y.
7621 Ivywood Dr., Apt. B (50)
Kohlstaedt, Mrs. Kenneth G...645 E. 80th St. (40)
Kooiker, Mrs. John E.....3540 Watson Road (5)
Koons, Mrs. Karl M.
5767 N. Pennsylvania St. (20)
Koons, Mrs. Karl M., Jr.
5725 Brookwood Rd. (26)
Kornafel, Mrs. Laddie H...6201 College Ave. (20)
Kurlander, Mrs. Gerald J...433 Woodmere Dr. (60)
Kwitny, Mrs. I. J.....5504 Rue Marceau (20)

L

LaDine, Mrs. Clarence B...5417 N. Meridian (8)
Lamb, Mrs. Emmett B...1180 Golden Hill Dr. (8)
Lamb, Mrs. Russell W....4636 N. Capitol Ave. (8)
Lamber, Mrs. Chet
4000 N. Meridian, 11-D (08)
Lang, Mrs. Jay W.....54 S. Johnson Ave. (19)
Lasich, Mrs. Anthony R....5320 Channing Rd. (26)
Lawrence, Mrs. James M....4548 Manning Rd. (8)
Leasure, Mrs. J. Kent.....5823 Brockton Dr. (20)
Leffler, Mrs. William T.....250 E. 70th St. (20)
Lehman, Mrs. Evan L.....5929 Carvel (20)
LeMaster, Mrs. Theodore R.
5257 Hedgerow Dr. (26)
Leser, Mrs. Ralph U.....5434 Ashurst St. (20)
Levi, Mrs. Leon....6902 N. Pennsylvania St. (20)
Lewis, Mrs. Paul S.....6380 W. Ohio St. (24)
Lewis, Mrs. Robert J...5800 Lawrence Dr. (26)
Lichtenberg, Mrs. Melvin
8520 Canterbury Sq. East Apt. A. (60)
Liebschutz, Mrs. Norman H.
6739 Woodmere Ct. (60)
Lindenborg, Mrs. Paul G.
6431 Creekside Lane (26)
Lindseth, Mrs. Richard E...2903 W. 52nd St. (08)
Lingeman, Mrs. Raleigh E.
4235 N. Pennsylvania (5)
Loehr, Mrs. Wm. M...1426 E. Kessler Blvd. (20)
Logan, Mrs. Patrick C.
5414 Washington Blvd. (20)
Lord, Mrs. Glenn C.....7437 Holliday Dr. W. (60)
Lord, Mrs. Thomas J.....55 E. 70th St. (20)
Lo Sasso, Mrs. Alvin M.....6037 W. 25th St. (24)
Love, Mrs. George N. 5331 Washington Blvd. (20)
Lowe, Mrs. John C.....5405 Roxbury Rd. (26)
Luginbill, Mrs. Howard
820 Kessler Blvd., W. Dr. (08)
Lukemeyer, Mrs. George T.
8395 N. Illinois (60)
Lunsford, Mrs. Thomas E.....215 E. 71st St. (20)
Luros, Mrs. J. Theodore....156 Fairway Dr. (60)

M

McAlpine, Mrs. Richard J...8102 Oak Hill Dr. (50)
McAree, Mrs. Francis E.
5521 Overbrook Circle (26)
McBride Mrs. James S.....720 E. 80th St. (40)
McCallum, Mrs. Donald C...5610 E. 56th St. (26)
McCallum, Mrs. Robert N...1151 Pimbury Ct. (60)
McCartney, Mrs. Donald H. 410 East 56th St. (20)
McClain, Mrs. Edwin S.
416 W. 77th St. (60)
McCormick, Mrs. Charles O., Jr.
4240 Glencairn Lane (26)
McDougal, Mrs. Robert A.
5339 Hedgerow Dr. (26)
McGrath, Mrs. Michael F.
6183 Washington Blvd. (20)
McIntyre, Mrs. James M.
7360 Hazelwood Ave. (60)
McNutt, Mrs. Cyrus C.....5438 Lowell Ave. (19)
McQuiston, Mrs. Ralph J...6120 Lawrence Dr. (26)
Mackey, Mrs. John E.....940 W. 58th St. (8)
Madden, Mrs. Robert J.....1420 Audubon Rd. (19)
Malloy, Mrs. Francis E. Jr.
7050 Kingswood Circle (56)
Mandelbaum, Mrs. Isidore
803 Springmill Lane (60)
Manion, Mrs. Marlow W.
5132 N. New Jersey St. (5)
Manning, Mrs. Randolph
202 E. 75th St. (40)
Marks, Mrs. John S., Jr.
6848 N. Pennsylvania (20)
Marshall, Mrs. Albert L., Jr.
7802 Allisonville Rd. (50)
Marshall, Mrs. Cavins R...4103 N. Illinois St. (08)
Martz, Mrs. Carl D.....7926 Hawthorne Ct. (26)
Masters, Mrs. John M.....34 E. 46th St. (5)
Masters, Mrs. Robert J.....330 W. 106th St. (90)
Matthew, Mrs. W. Burleigh
800 W. Kessler Blvd. (8)
Matthews, Mrs. B. J.....966 North Graham (19)
Matthews, Mrs. William M.
5215 Knob Lane (26)
Maxam, Mrs. Beverly T. 6220 Sunset Lane (60)
Maxwell, Mrs. Sam B...7433 Irvington Ave. (50)
Meiks, Mrs. Lyman T.
4203 N. Pennsylvania St. (5)
Melin, Mrs. John R.....2628 Knollwood Dr. (8)
Mericle, Mrs. Earl W. 8455 Washington Blvd. (40)
Mertz, Mrs. John H. O.
4725 Kessler Blvd., N. Dr. (8)
Michael, Mrs. Isaac E.....5208 Roland Dr. (8)
Middleton, Mrs. H. N...3828 Rookwood Ave. (8)
Miller, Mrs. Jerry A.....1430 Brewster Rd. (60)
Miller, Mrs. Lee H...5441 Brendonridge Rd. (26)
Miller, Mrs. Roscoe E.....7400 W. 88th St. (78)
Mitchell, Mrs. Earl N.
1222 N. Irvington Ave. (19)
Moak, Mrs. Glenn D.....2155 Weslynn Dr. (8)
Moe, Mrs. John F.....4360 Swanson Dr. (08)
Moore, Mrs. Donald F. 1315 West 10th Street (7)
Moore, Mrs. Harold T...5802 Allisonville Rd. (20)
Moores, Mrs. William B...2205 Durham Dr. (20)
Moriarty, Mrs. John.....6130 Smock Dr. (27)
Morrison, Mrs. Lewis E., II
5751 Wildwood Ave. (20)
Morton, Mrs. Joseph L.....3272 W. 42nd St. (8)
Moss, Mrs. H. C.
4802 North Washington Blvd. (5)
Mouser, Mrs. Robert W...5545 N. Meridian St. (8)
Muller, Mrs. Lullus P.
5675 Washington Blvd. (20)
Murray, Mrs. Raymond H.
2522 Blue Grass Dr. (08)

N

Nagan, Mrs. Robert F.....555 Somerset Dr. (60)
Nasser, Mrs. William K.
5420 N. Grandview Dr. (08)
Nay, Mrs. Richard M.....5525 N. Meridian (8)
Need, Mrs. David J.....530 Phaeton Pl. (27)
Need, Mrs. Louis T.....3627 Bluff Rd. (17)
Need, Mrs. R. L.....3905 Byrd Dr. (27)
Nester, Miss Lena Laura
5324 N. Pennsylvania St. (20)
Newman, Mrs. Daniel M.....8080 N. Illinois (60)
Nie, Mrs. Louis W...3525 Delaware Commons (20)
Nohl, Mrs. John M.....5410 Eastridge Dr. (19)
Nolan, Mrs. Robert B...5616 N. Pennsylvania (20)
Norris, Mrs. Max S.....8899 Pickwick Dr. (60)
Nourse, Mrs. Myron H.
8064 Morningside Dr. (40)
Nugent, Mrs. Edwin J...6840 N. Delaware St. (20)
Nurnberger, Mrs. John I.
5215 Washington Blvd. (20)

O

O'Brian, Mrs. Earl J.
4525 Crooked Creek Ridge Rd. (8)
Ochsner, Mrs. Harold C.
4565 Cold Spring Rd. (8)
Offutt, Mrs. Andrew C. 750 N. Campbell Ave. (19)
Olvey, Mrs. Ottis N.....5428 Central Ave. (20)
Otten, Mrs. Claude F..5222 Washington Blvd. (20)
Overley, Mrs. Toner M., Jr.
8333 N. Illinois St. (60)
Owen, Mrs. John E.....4429 N. Illinois St. (8)
Owens, Mrs. Tracy C.....2823 N. Meridian St. (8)

P

Palmer, Mrs. Robert W....4802 Laurel Circle (26)
Pantzer, Mrs. John G., Jr.....100 Gregg Rd. (60)
Parker, Mrs. George F., Jr.
1502 N. Emerson (19)
Parks, Mrs. Herbert E..1641 N. Priscilla Ave. (18)
Parr, Mrs. Robert L.....4407 Dickson Rd. (26)
Paulissen, Mrs. George T...741 E. Markwood (27)
Pauszek, Mrs. Robert B.
6815 Creekside Lane (20)
Paynter, Mrs. Morris B...115 Roberts Rd. (17)
Peck, Mrs. Franklin B., Jr.
8181 Lincoln Blvd. (40)
Peirce, Mrs. James D.
5027 Washington Blvd. (5)
Perez, Mrs. H. C.....3938 Rue Renoir (20)
Peters, Mrs. Robert J. D.
3203 E. Michigan St. (1)
Pickett, Mrs. Robert D...4713 Millersville Rd. (26)
Pierce, Mrs. Emmett....1034 N. Bolton Ave. (19)
Pilcher, Mrs. Jack..2810 Barbary Lane "B" (05)
Pile, Mrs. Stafford, W., Jr.
9469 Compton Ave.(40)
Pittman, Mrs. John N.....136 E. 43rd St. (5)
Popplewell, Mrs. Arvine G.
141 E. Southport Rd. (27)
Powell, Mrs. Richard C...5359 Hedgerow Dr. (26)
Pribble, Mrs. Robert H...5717 Roxbury Circle (26)
Price, Mrs. Francis W.
550 East Edgewood Ave. (27)
Price, Mrs. Walter S.
2106 Hawkesbury Lane, Apt. 8 (60)
Pryor, Mrs. Richard C.
5016-F Allisonville Rd. (05)

R

Raber, Mrs. Robert M.....265 Williams Ct. (60)
Rader, Mrs. George S.....3778 E. 62nd St. (20)
Rafalski, Mrs. Thomas A.
3135 Shady Grove Court (22)
Ragan, Mrs. William D...2157 Wilshire Road (8)
Ramage, Mrs. Walter F.
5440 Shelbyville Road (27)
Ramsey, Mrs. Frank B.....1401 W. 52nd St. (8)
Rapp, Mrs. George F.....650 E. 80th St. (40)
Rawls, Mrs. George H.....4226 N. Illinois (08)
Reed, Mrs. Thomas E.....5417 Roxbury Rd. (26)
Rees, Mrs. Russel C..1010 Charleston, W. Dr. (19)
Reid, Mrs. Charles A.....6506 Madison Ave. (27)
Reitz, Mrs. Lawrence A.....5250 Roland Dr. (8)

Rice, Mrs. Frederic A.....5240 Nob Lane (26)
Rice, Mrs. Raymond D.....722 Pine Dr. (60)
Rice, Mrs. Raymond M.
7799 E. Holliday Drive (60)
Rice, Mrs. Ronald B...5251 Washington Blvd. (20)
Rich, Mrs. Richard.....5236 Hedgerow Dr. (26)
Richardson, Mrs. Thad T.
6126 E. St. Joseph St. (19)
Ridolfo, Mrs. Anthony S.....6139 Maren Dr. (24)
Robb, Mrs. John A...5151 N. Pennsylvania St. (5)
Rochlin, Mrs. I.....212 E. 71st St. (20)
Roesch, Mrs. Ryland....5439 Shorewood Dr. (20)
Rogers, Mrs. Donald L.
2618 Bluffwood Dr., W. (8)
Roll, Mrs. John W.....6340 Bramshaw (20)
Roller, Mrs. Charles W.....2301 Garfield Dr. (3)
Romberger, Mrs. Floyd T., Jr..10 W. 64th St. (60)
Rosenak, Mrs. Bernard D.
5254 N. Delaware St. (20)
Rosenberg, Mrs. Gabriel J...1821 W. 74th Pl. (60)
Ross, Mrs. Alexander T. 6050 Knyghton Rd. (20)
Ruddell, Mrs. Keith R..1201 Golden Hill Drive (8)
Rudesill, Mrs. Robert L. 5311 N. Pennsylvania (20)
Rupel, Mrs. Ernest.....5735 N. Meridian (8)
Ryan, Mrs. Glen V.
3168 E. Fall Creek Pkwy., N. Dr. (5)

S

Sabens, Mrs. James A...5354 N. Meridian St. (08)
Sage, Mrs. Russell A...7531 Morningside Dr. (40)
Sanders, Mrs. Fred....6154 Forest View Dr. (08)
Sappenfield, Mrs. Ralph S.....7102 Dean Rd. (40)
Schechter, Mrs. John S...6333 Glen Coe Dr. (60)
Schlaegel, Mrs. T. F.....4536 Dickson Rd. (26)
Schlegel, Mrs. Donald M....3944 Cranbrook (40)
Schmalhausen, Mrs. A. N.
6227 Hillcrest Lane (20)
Schneider, Mrs. Carl J.....340 N. Kenyon (19)
Schneider, Mrs. Paul A.....5718 Roxbury Ct. (26)
Schnute, Mrs. Richard 5460 Broadmoor Plaza (8)
Schuchman, Mrs. Gabriel..5944 Central Ave. (20)
Schumacher, Mrs. Richard R.
1624 Nashua Court (60)
Schuster, Mrs. Dwight.4503 Washington Blvd. (5)
Scofield, Mrs. John B.....9014 Pickwick (60)
Scott, Mrs. Jasper P.....5840 Winthrop Ave. (20)
Scott, Mrs. John R.....7966 N. Illinois St. (60)
Scott, Mrs. Robert P.
5715 N. Pennsylvania St. (20)
Searight, Mrs. John L.....5830 University (19)
Seaman, Mrs. Charles F. 5353 Channing Rd. (26)
Sedam, Mrs. Herbert L. 4819 Millersville Rd. (26)
Sellmer, Mrs. George.....8760 Driftwood (40)
Sexson, Mrs. Hiram T...5455 N. Meridian St. (8)
Shafer, Mrs. Marion R. 6290 Allisonville Rd. (20)
Shapiro, Mrs. Burton J. 525 Woodmere Dr. (60)
Sheeley, Mrs. William F.
3801 N. Meridian St. (05)
Shipley, Mrs. Edward C...5504 Hawthorne Dr. (26)
Shullenberger, Mrs. Wendell A.
4535 Central Ave. (5)
Shumacker, Mrs. Harris B., Jr.
6834 N. Pennsylvania St. (20)
Sicks, Mrs. Okla W.....607 E. 82nd (40)
Sigmond, Mrs. Harvey..3245 N. Pennsylvania (5)
Sims, Mrs. J. Lawrence....3723 N. Gale St. (18)
Sluss, Mrs. David.....3657 Washington Blvd. (5)
Smith, Mrs. E. Rogers.....160 W. 47th St. (08)
Smith, Mrs. Ray C. Jr.
6405 Landborough, N. Dr. (20)
Smith, Mrs. Roy Lee..1427 West Stop 11 Rd. (17)
Sobat, Mrs. William.....7424 Bentley Dr. (24)
Solomon, Mrs. Reuben A.
5330 N. Pennsylvania (20)
Soper, Mrs. Hunter A.
5325 Green Braes, E. Dr. (34)
Sovine, Mrs. Joe W.....8182 N. Illinois St. (60)
Spahr, Mrs. John F., Jr.
3014 Green Hills Lane, N. Dr. (22)
Sparks, Mrs. Alan L.
5466 N. Pennsylvania St. (20)
Spears, Mrs. John M.....6910 Shelby (27)
Speckman, Mrs. Glenn H.....5242 Park Ave. (20)
Sputh, Mrs. Carl B., Jr.
5671 Rolling Ridge Rd. (20)
Stansbury, Mrs. Wm. E.....5601 E. 21st (18)
Stephens, Mrs. Donald E.....5555 Broadway (20)
Stoelting, Mrs. V. K.....4706 Laurel Circle (26)
Stone, Mrs. Alvin T.....6295 N. Tuxedo (20)
Stone, Mrs. David.....5453 Ashurst (20)
Storey, Mrs. D. Edmund
808 Forest Blvd., N. Dr. (40)
Storms, Mrs. Roy B.....5041 Central Ave. (5)
Stouder, Mrs. Stephen R...4567 Lincoln Rd. (08)
Strang, Mrs. Wm. C.....7760 Cree Trail (50)
Streeter, Mrs. Ralph T.....5265 N. Meridian (8)
Stucky, Mrs. Elsworth K.
4528 N. Meridian St. (8)
Stump, Mrs. Loyd K.....6375 Brixton Lane (20)
Suelzer, Mrs. John.....4538 Sylvan Rd. (8)
Suess, Mrs. Robert E.....6926 Johnson Rd. (20)
Swan, Mrs. John R.....320 Arden Dr. (20)
Szynal, Mrs. John S....4705 Andover Square (26)

T

Talbott, Mrs. Dan E..6470 N. Michigan Rd. (68)
Tanner, Mrs. Henry S.
4461 N. Pennsylvania St. (5)
Taube, Mrs. Jack I...4353 N. Pennsylvania St. (5)
Taylor, Mrs. Clifford C.
3720 Briarwood Dr., E. (40)
Taylor, Mrs. Frederic W.....40 E. 43rd St. (5)
Teague, Mrs. Frank W.....555 W. Pine Dr. (60)
Tether, Mrs. J. Edward.....4839 E. 56th St. (20)
Tharpe, Mrs. Ray G.....6161 Sunset Lane (8)
Thatcher, Mrs. Hugh K., Jr...408 E. 45th St. (5)
Thoman, Mrs. Rex L.....7338 N. Chester (40)
Thomas, Mrs. Charles R.
9009 E. Southport Rd. (27)
Thomas, Mrs. Fred A.....5827 Broadway (20)
Thomas, Mrs. Lowell I.....28 W. Hampton Dr. (8)
Thomas, Mrs. Morris E.
6215 Spring Mill Rd. (60)
Thompson, Mrs. Paul D.
6605 Eden Roc Crest (20)
Thompson, Mrs. Wayne.6519 Creekside Lane (20)
Throop, Mrs. Frank B..4134 Sunmeadow Lane (8)
Thurston, Mrs. A. L.....4078 Central Ave. (5)
Tinsley, Mrs. Walter B., Jr.
4505 Melbourne Rd. (8)
Tinsley, Mrs. Walter B., Sr. 5638 Broadway (20)
Tondra, Mrs. John M.....4511 Broadway (5)
Torrella, Mrs. Jose A.....5721 W. 18th St. (24)
Trudgen, Mrs. Spencer F.....9085 Pickwick (60)
Trusler, Mrs. Harold M.
6150 N. Meridian St. (8)
Trusler, Mrs. H. Marshall
8750 Coventry Road (60)
Tucker, Mrs. Warren S.
5338 N. Pennsylvania St. (20)
Tyner, Mrs. Harlan H.....3663 N. Delaware (5)

U-V

Ullom, Mrs. Ralph.....520 Wayside Dr. (60)
Van Meter, Mrs. C. Powell
4942 Allisonville Road, Apt. A (05)
Vollrath, Mrs. Victor J.
7980 N. Pennsylvania St. (40)
Von Der Haar, Mrs. Gerard
5604 Surrey Hill Rd. (26)
Vore, Mrs. Robert E.....3710 Cheviot Place (5)

W

Wainscott, Mrs. Clinton S.
5332 Channing Road (26)
Walker, Mrs. George.....7950 Sargent Rd. (56)
Walther, Mrs. Joseph E.
4266 N. Pennsylvania St. (5)
Walton, Mrs. William M.
8007 N. Illinois St. (60)

Warneke, Mrs. Charles.....2533 Ryan Dr. (20)
Warriner, Mrs. James B...990 N. Bolton Ave. (19)
Warvel, Mrs. John H.....1101 W. 91st St. (60)
Weller, Mrs. C. A...3954 N. Adams, Apt. 395 (05)
West, Mrs. Joseph L.....355 W. 62nd St. (60)
Westfall, Mrs. B. Kemper, Jr.
4001 N. Meridian St. (8)
Wheeler, Mrs. David E.
6100 Old Shelbyville Rd. (27)
White, Mrs. Donald J..7218 Sylvan Ridge Rd. (40)
White, Mrs. Douglas H., Jr.
7405 Frederick Dr. East (60)
White, Mrs. John B.....5850 High Fall Rd. (26)
Wilkens, Mrs. Irvin W.
4820 E. Pleasant Run Pkwy., N. Dr. (1)
Williams, Mrs. C. L...6268-G. Adams Blvd. E. (20)
Williams, Mrs. Harold.5536 Overbrook Circle (26)
Williams, Mrs. Howard S., Jr.
3824 N. Delaware St. (05)
Williams, Mrs. Hugh L...6231 Knyghton Rd. (20)
Wirey, Mrs. Harold R...4906 S. Sherman Dr. (27)
Wise, Mrs. William R...4360 Kessler, N. Dr. (08)
Wishard, Mrs. William N. Jr.
25 E. 40th St. 7B (05)
Witham, Mrs. Robert
827 C Park Central Dr. N. (60)
Wolfram, Mrs. Don J.
5716 N. Pennsylvania St. (20)
Wood, Mrs. Donald E...6467 W. Holliday Dr. (20)
Woolling, Mrs. Kenneth R..5751 Central Ave. (20)
Wray, Mrs. James B.
4707 Briar Patch Court (50)
Wrege, Mrs. Malcolm..5411 Shorewood Dr. (20)
Wright, Mrs. J. Wm., Jr.
4220 Knollton Rd. (8)
Wunsch, Mrs. Charles M.
6941 Washington Blvd. (20)
Wyttenbach, Mrs. John E..5808 Eastview Ct. (50)

Y-Z

Yacko, Mrs. Michael L.
5341 N. Channing Rd. (26)
Yingling, Mrs. Robert J..5322 Hedgerow Dr. (26)
Young, Mrs. John E.....5920 Lawrence Dr. (26)
Young, Mrs. John M.
4535 Marcy Lane, No. 261 (5)
Zell, Mrs. Evertson H...4747 Millersville Rd. (26)
Zerfas, Mrs. Charles.....11702 Maze Rd. (59)

Iske, Mrs. Paul G.....R. R. 1, Paragon (46166)
Dyken, Mrs. Mark L.
R. R. 2, Box 169A, Zionsville (46077)
Kalsbeck, Mrs. John E...R. R. 2, Box 168, Zionsville (46077)
Miller, Mrs. John D...R. R. 1, Box 176, Zionsville (46077)
Overley, Mrs. Ross
Hunt Club Rd., Zionsville (46077)
Pennington, Mrs. Walter E.
Indiana Baptist Home, R. R. 1, Zionsville (46077)
Myers, Mrs. Roy V.....7710 Beta Circle, West Palm Beach, Fla. (33406)
Reed, Miss Ann.....3820 Gulf Blvd., St. Petersburg Beach, Fla. (33706)
Reed, Mrs. Philip B.....3820 Gulf Blvd., St. Petersburg Beach, Fla. (33706)

MARSHALL-STARKE COUNTY

Hampton, Mrs. James N...R. R. 2, Argos (46501)
Bowen, Mrs. Otis R...304 N. Center St., Bremen (46506)
Burket, Mrs. Cecil R.....121 E. Grant St., Bremen (46506)
Stine, Mrs. Marshall.420 Shumaker Dr., Bremen (46506)
Hippensteel, Mrs. Russell R.
936 South Shore Rd., Culver (46511)

Knox

(*Zip Code* 46534)

Henry, Mrs. Howard J.....R. R. 1
Ingwell, Mrs. Guy B.....402 E. Lake St.
McClure, Mrs. Clark.....R. R. 1
Palmer, Mrs. Allen.....303 E. Lake St.

Plymouth

(*Zip Code* 46563)

DeJesus, Mrs. Jose.....Marlow Place
France, Mrs. Lloyd C.....R. R. 2
Guild, Mrs. Kent.....R. R. 5
Kubley, Mrs. James.....LaPorte St.
Reno, Mrs. Edward.....700 Ferndale St.
Rimel, Mrs. James F.....909 Bayless
Robertson, Mrs. James S.....1081 Highland Ct.
Stoller, Mrs. Harry.....R. R. 5
Vore, Mrs. L. W.....R. R. 4, Myers Lake

MONTGOMERY COUNTY

Crawfordsville

(*Zip Code* 47933)

Cooksey, Mrs. Thomas L.....205 Marshall
Daugherty, Mrs. Fred N.....415 W. Main St.
Haller, Mrs. Thomas C.....38 Delmar Dr.
Howland, Mrs. Carl B.....R. R. 1
Humphreys, Mrs. John W.....1309 Durham Dr.
Kirtley, Mrs. James M.....615 Thornwood Rd.
Peacock, Mrs. Norman F.....111 Wallace Ave.
Pierson, Mrs. Robert H.....305 E. Main St.
Richards, Mrs. Edgar E.....Danville Rd., R. R.
Shannon, Mrs. Wesley E.....6 Locust Hill Dr.
Sharp, Mrs. John L.....1113 Durham Dr.
Stephens, Mrs. James P.....1407 Durham Dr.
Taylor, Mrs. Joann M...Washington Manor Apts.

Smith, Mrs. Byron J.....Kingman (47952)
Blix, Mrs. Fred.....Ladoga (47954)
Rusk, Mrs. Hubert M.....Box 36, Wallace (47988)

MORGAN COUNTY

Martinsville

(*Zip Code* 46151)

Brubeck, Mrs. Robert.....610 Valley Drive
Drake, Mrs. Ellery T.....Box 110
Eisenberg, Mrs. David....Box 310, Sunnyside Dr.
Gray, Mrs. Leon.....589 Valley Drive N.
Miller, Mrs. Ray D.....R. R. 8, Box 475
Miller, Mrs. Robert J.....R. R. 3, Box 180
Ostheimer, Mrs. George.....700 Valley Dr.
Pitkin, Mrs. McKendree C...440 E. Washington St.
Turner, Mrs. Maurice A.....490 East Pike St.
Van Wienen, Mrs. John.....439 N. Jefferson
Willan, Mrs. Horace R.....109 S. Jefferson
Winter, Mrs. William.....415 N. Jefferson

Mooresville

(*Zip Code* 46158)

Comer, Mrs. Charles W.....R. R. 2
Comer, Mrs. Kenneth E.....R. R. 2

Murphy, Mrs. M. G.....Box 167, Morgantown (46160)
Wilson, Mrs. Oliver R.
Box 65, R. R. 3, Morgantown (46160)

NOBLE-LaGRANGE COUNTIES

Mattox, Mrs. Dean L.....R. R. 1, Box 116, Howe (46746)
Bowman, Mrs. Charles
Meadow Lanes, Kendallville (46755)
Bryan, Mrs. Robert
Kimmells, South Shore, Kendallville (46755)
Greenlee, Mrs. Joseph A., Jr.
439 Water St., Kendallville (46755)

Gutstein, Mrs. Richard R.
120 Diamond, Kendallville (46755)
Hepner, Mrs. Herman
408 S. Main, Kendallville (46755)
McIntosh, Mrs. Jean M.
312 S. State St., Kendallville (46755)
Messer, Mrs. Frank W.
328 S. Oak St., Kendallville (46755)
Seybert, Mrs. Joseph D.
117 S. Riley, Kendallville (46755)
Slough, Mrs. Thomas
703 E. Mitchell St., Kendallville (46755)
Stevens, Mrs. Adam
W. Diamond St., Kendallville (46755)
Williams, Mrs. H. O.
735 Mitchell St., Kendallville (46755)
Studebaker, Mrs. Lloyd R.....325 W. Spring St., LaGrange (46761)
Hooker, Mrs. Donald J...406 S. Main St., Ligonier (46767)
Stone, Mrs. Robert C.....501 S. Main St., Ligonier (46767)
Stultz, Mrs. Quentin F...3 Hawthorn Dr., Ligonier (46767)
Fipp, Mrs. A. L.....Rome City (46784)

OWEN-MONROE COUNTIES

Bloomington

(*Zip Code* 47401 *unless otherwise indicated*)

Austin, Mrs. Rayburn C.....114 S. Grant (03)
Baxter, Mrs. Neal E.....515 Hawthorne Drive
Bomba, Mrs. Brad.....1333 Sare Rd.
Booze, Mrs. James.....R.R. 3, Fieldcrest
Borland, Mrs. Raymond M...R. R. 3, Box 51 (03)
Buckingham, Mrs. R. E.....705 S. Fess
Byrne, Mrs. Louis.....Cameron Ave., R. R. 3
Creek, Mrs. J. A.....1404 Sare Road
Ellis, Mrs. Robert.....% Dr. Robert Ellis, Bloomington Hosp.
Emery, Mrs. Charles B., Jr.....1100 S. High St.
Estes, Mrs. Ambrose.....701 Highland Ave.
Farr, Mrs. James.....1310 Pickwick Place
Fowler, Mrs. R. Ross....R. 3, Pleasant Ridge Rd.
Fugelso, Mrs. E. S.....207 Heritage Rd.
Geiger, Mrs. Dillon.....1704 N. Fee Lane
Hammer, Mrs. J. William.....701 S. Jordan
Hardtke, Mrs. Eldred F.....1400 Pickwick Place
Hibner, Mrs. Kermit Q.....1306 Pickwick Pl.
Holland, Mrs. Philip T.....1001 S. Jordan
Holtzman, Mrs. Paul W.....1203 Pickwick Place
Houshmand, Mrs. Cyrus....102 N. Glenwood Ave.
Howard, Mrs. James.....2825 N. Dunn
Howard, Mrs. Wm. F.....1212 S. High St.
Hrisomalos, Mrs. Frank.....228 S. Hillsdale
Ley, Mrs. Glen D.....4425 Blackstone Court
Lyons, Mrs. R. E.....South Walnut Rd.
McClary, Mrs. Charles.....1411 Sare Rd.
McIntire, Mrs. C. R.....2424 Dunn
McKeen, Mrs. Charles.....Bitner Wood
Manifold, Mrs. Harold.....1310 Nancy
Marchant, Mrs. Clarence.....350 S. College
Mather, Mrs. Glenn.....1215 S. Brooks Dr.
Middleton, Mrs. Thomas.....210 Gilbert
Milan, Mrs. Joseph F.....2207 Govenanter Dr.
Miller, Mrs. John M.....1402 Winfield Rd.
Mitchell, Mrs. James P.....815 Meadowbrook
Morford, Mrs. Guy.....2511 E. 2nd St., Apt. #6
Owens, Mrs. Walter.....4531 Sheffield Ct.
Pizzo, Mrs. Anthony.....R. R. 3, Sare Road
Poolitsan, Mrs. George.....1217 E. First St.
Ramsey, Mrs. Hugh.....619 E. First
Ratts, Mrs. Larry.....1909 Viva Drive
Rieger, Mrs. I. Taylor.....654 Woodcrest Dr.
Robinson, Mrs. Robert.....2708 Browncliff
Rogers, Mrs. Otto F.....804 E. 8th
Rollins, Mrs. Thomas.....815 S. Rose (03)
Ross, Mrs. James.....R. R. 1, Box 55A
Ruff, Mrs. Jerard.....2303 Fritz Dr.
Schaffer, Mrs. James J.....4227 Penn Ct.
Schell, Mrs. H. Richard.....1401 Maxwell Lane
Schilling, Mrs. Richard.....868 Woodcrest
Schultheis, Mrs. Richard.....Maple Grove R. 7
Seagle, Mrs. W. Courtney.....4236 Cambridge
Sibbitt, Mrs. Joseph W.....818 Sheridan
Smith, Mrs. Herschel S.....200 Glendora Dr.
Spencer, Mrs. B. A.....Mt. Gilead Road
Stangle, Mrs. Wm. J.....2305 E. Second
Stoner, Mrs. Harold E.....R. R. 2, Box 314
Stouder, Mrs. Charles E.
R. R. 7, Forest Park Heights
Surian, Mrs. Michael.....100 N. Park Ridge Rd.
Taraba, Mrs. Ralph.....211 E. Martha St.
Topolgus, Mrs. James N.....1015 Atwater Ave.
Way, Mrs. James A.....Nashville Road
White, Mrs. John P.....814 Meadowbrook Dr.

Brown, Mrs. M. S.
348 N. Washington, Spencer (47060)
Skrentny, Mrs. Thomas T.....R. R. 2, Greencastle Road, Spencer (47060)

PARKE-VERMILLION COUNTIES

Clinton

(*Zip Code* 47842)

Evans, Mrs. Fred J.....R. R. 1
Herzberg, Mrs. Milton.....545 S. Fourth St.
Somerville, Mrs. John W...P. O. Box 264, R. R. 2

Webb, Mrs. L. C.....Dana (47847)

Rockville

(*Zip Code* 47872)

Beebe, Mrs. Milton O., Jr.....9 Valley Dr.
Bloomer, Mrs. Richard S.....502 W. York St.
Swaim, Mrs. J. Franklin.....Rockville

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R.....Sixth St., Cannelton (47520)
Gilbert, Mrs. Robert G.
15 Clifton Heights, Cannelton (47520)
Snyder, Mrs. Earl.....Troy (47588)

Tell City

(*Zip Code* 47586)

Herr, Mrs. William J.....Boyd Road
James, Mrs. Nicholas A.....740 Ninth St.
Lally, Mrs. Bernard.....918 Main St.
Lohoff, Mrs. Lewis C.....425 10th St.
Neifert, Mrs. Noel L.....1118 Blum St.
Ress, Mrs. Gene E.....1540 13th St.
Smith, Mrs. Fred, Jr.....Smith Hill
Ward, Mrs. Robert A.....507 Main St.

PUTNAM COUNTY

Veach, Mrs. Richard L.....Bainbridge (46105)
Ellett, Mrs. John, Jr...Box 126, Coatesville (46121)
Jacobs, Mrs. Rene M...Box 153, Coatesville (46121)
Viera, Mrs. J. Thomas.....R. R. 2, Coatesville (46121)

Greencastle

(*Zip Code* 46135)

Dettloff, Mrs. Frederick R.....300 Highfall Ave.
Haggerty, Mrs. Fred.....406 Melrose Ave.
Johnson, Mrs. James B.....314 Highfall Ave.
Lett, Mrs. James.....335 Greenwood
Marvel, Mrs. Robert J.....R. R. 2
Roof, Mrs. Roger.....713 Highridge
Schauwecker, Mrs. Cleon M.....R. R. 3
Steele, Mrs. Dick J.....207 Northwood Blvd.
Tipton, Mrs. William R.....103 Northwood Blvd.
Wiseman, Mrs. V. Earle.....6 Durham Ave.

RANDOLPH COUNTY

Farmland
(*Zip Code* 47340)

Nixon, Mrs. Byron.....312 N. Main
White, Mrs. Harvey E.....200 S. Main

Shallenberger, Mrs. H. R.....Modoc (47358)

Union City
(*Zip Code* 47390)

Chambers, Mrs. Carol R.....1000 N. Columbia St.
Chambers, Mrs. Leroy B.....200 Carter St.
Landon, Mrs. David J.....R. R. 2, Box 75
Phipps, Mrs. Leland K.....R. R. 1, Box 63A
Reid, Mrs. Robert W.....706 W. Division
Wagoner, Mrs. B. D.....409 N. Columbia St.

Winchester
(*Zip Code* 47394)

Dininger, Mrs. William S.....303 S. Main St.
Engle, Mrs. Russell B.....R. R. 2
Painter, Mrs. Lowell W.....507 S. Main St.
Slick, Mrs. C. R.....512 S. Oak St.
Sparks, Mrs. Paul W.....R. R. 2

RUSH COUNTY

McNabb, Mrs. George B.....Carthage (46115)
Smith, Mrs. Stephen D.
304 N. Washington, Knightstown (46148)
Worth, Mrs. C. Willard.....Milroy (46156)

Rushville
(*Zip Code* 46173)

Atkins, Mrs. C. C.....A-410 N. Perkins
Corpe, Mrs. Kenneth F.....R. R. 4
Ellis, Mrs. Davis W.....1102 Sugar Hill Dr.
Green, Mrs. Frank H.....516 N. Morgan
McKee, Mrs. Harry G.....1109 N. Arthur St.
McKee, Mrs. Harry.....R. R. 6
Norris, Mrs. Marvin.....1107 N. Main St.
Shanks, Mrs. Roy E.....1110 N. Morgan

ST. JOSEPH COUNTY

O'Malley, Mrs. Patrick.....17198 Linda St., Granger (46530)
Houser, Mrs. D. S.
24751 N. Riley Rd., North Liberty (46554)

Mishawaka
(*Zip Code* 46544)

Barone, Mrs. C. V.....59053 Bremen Highway
Bogan, Mrs. Wm. C.....15641 Robin Lane
Chamberlain, Mrs. Donald S...54712 Merrifield Dr.
Cline, Mrs. Kenneth L.....58600 Summit Ridge
Ganser, Mrs. Richard A.....1020 Wilson Blvd.
Gerig, Mrs. E. Lavern.....713 W. 11th St.
Orr, Mrs. W. Robert.....1335 Prospect Dr.
Reed, Mrs. Robert.....903 Homewood
Rosenwasser, Mrs. Jacob.....834 Lincoln Way E.
Schaphorst, Mrs. Richard A...514 Lincoln Way E.
Spalding, Mrs. David L.....926 Wilson Blvd.
Stringer, Mrs. D. D.....1035 Lincoln Way E.
Templeton, Mrs. Ames R.....516 Clay
Tirman, Mrs. W. S.....15640 Winding Brook Dr.
Walters, Mrs. Charles E.....16166 Ireland Rd.
Whitlock, Mrs. Merle E.....2118 Linden
Wind, Mrs. Joseph.....54652 Winding Brook
Wurster, Mrs. H. C.....221 E. Third St.
Zimmer, Mrs. Henry J.....333 Edgewater Dr.

South Bend
(*Zip Code* 466 *plus zone number*)

A

Acker, Mrs. Robert B...103 S. Ironwood Dr. (15)
Arisman, Mrs. R. K.....1651 N. Riverside Drive, Apt. E. (16)

B

Bartsch, Mrs. Harvey L..61397 S. Miami Rd. (14)
Beach, Mrs. Norman.....1617 Inwood Rd. (14)
Bechtold, Mrs. Samuel E.....313 Pendle St. (37)
Bell, Mrs. H. D.....1357 E. Champeau St. (17)
Bennett, Mrs. Jene R..1826 E. Jefferson Blvd. (17)
Berke, Mrs. Robert D..1420 E. Jefferson Blvd. (17)
Biasini, Mrs. Ben A.....19585 Glendale Rd. (37)
Bickel, Mrs. David A...1335 E. Wayne St. N. (15)
Birmingham, Mrs. P. J... 61490 Meadowlark Lane (14)
Bixler, Mrs. Louis C.....1817 Portage Ave. (16)
Bodnar, Mrs. Leslie M.....1843 Portage Ave. (16)
Bogan, Mrs. Wm. C.....1512 Hass Dr. (35)
Borough, Mrs. Lester D.
24030 Cleveland Rd. (28)
Brechtl, Mrs. H. J.....2305 E. Washington (15)
Buchanan, Mrs. Wallace D. 1326 E. Wayne St., N. (15)
Buechner, Mrs. Fred W..603 W. Marion St. (01)
Buslee, Mrs. Roger M...524 S. Twyckenham (15)
Butts, Mrs. Milton A.....744 N. Jacobs St. (17)

C

Cassady, Mrs. John R....2225 Riverside Dr. (16)
Cassady, Mrs. J. Vernal....2216 E. Madison (15)
Chamblee, Mrs. Roland W.....53287 Ironwood Rd. (35)
Clark, Mrs. William H.....1227 Garland Rd. (14)
Clark, Mrs. Stanley A.
1242 E. Jefferson Blvd. (17)
Colip, Mrs. George D.....260 David St. (37)
Cook, Mrs. Gordon C...1620 Southwood Ave. (15)
Cox, Mrs. A. Charles....17430 Darden Rd. (37)
Custer, Mrs. Edward W..52383 N. Laurel Rd. (37)

D

Davis, Mrs. Edward A.....52820 Kenilworth Rd. (37)
Devetski, Mrs. Robert L..1325 E. Washington (17)
DeVoe, Mrs. K. R.....52978 Highland Dr. (35)
Dietl, Mrs. Ernest L...3318 Springbrook Dr. (14)
Dingley, Mrs. Albert, Jr.....1309 E. Wayne St. S. (15)
Dodd, Mrs. Robert D.....1510 Tudor Lane (14)
Dolezal, Mrs. Bernard J....425 W. North Shore Dr. (16)
Donnelly, Mrs. Everett F. 1246 E. Jefferson Blvd. (17)
Dunlap, Mrs. D. Logan....123 W. North Shore Dr. (17)

E

Eades, Mrs. R. Charles
1616 E. Jefferson Blvd. (17)
Edwards, Mrs. Bernard..1134 Ridgedale Rd. (14)
Egan, Mrs. Sherman L.....944 Riverside Dr. (16)
Engel, Mrs. Howard R..1845 Ridgewood Circle (17)
English, Mrs. J. Paul.3116 Robinhood Lane (14)
Erickson, Mrs. G. Walter....3012 Robinhood Lane (14)
Erickson, Mrs. Lester G....1212 E. Woodside (14)

F

Feferman, Mrs. Martin E..125 S. Esther St. (17)
Feldman, Mrs. Max.....1310 E. Fairview (14)
Filipek, Mrs. Walter J..2513 Lincoln Way W. (28)
Firestein, Mrs. Ben Z...125 W. Marion St. (01)
Firestein, Mrs. Ray....502 N. Ironwood Dr. (15)
Fish, Mrs. Edson C.....19054 Summers Dr. (37)
Foley, Mrs. Hansel.....1314 Leeper (17)
Forrest, Mrs. O. Norman..1138 E. Wayne St. (17)
Frank, Mrs. Herbert....2616 S. Twyckenham Dr. (14)
Frank, Mrs. L. L., Jr.....1750 N. Wilbur (28)
Frank, Mrs. L. L., Sr.
534 N. Lafayette Blvd. (01)
Frey, Mrs. William B.....1714 E. Bader (17)
Friedman, Mrs. Morris S...1617 E. Jefferson Blvd. (17)

G

Gaffney, Mrs. Raymond A...3215 York Road (14)
Ganser, Mrs. Ralph.....101 N. Conestoga (15)
Gates, Mrs. George E...411 W. North Shore Dr. (17)
Gilman, Mrs. Marcus M...1925 E. Jefferson Blvd. (17)
Graf, Mrs. John P.....53260 Placid Dr. (37)
Green, Mrs. G. Richard..1515 E. Wayne St. (15)
Green, Mrs. George F.....754 Country Club Lane (15)
Green, Mrs. Norval E..1726 E. LaSalle Ave. (17)

H

Haley, Mrs. George M.
1131 E. Jefferson Blvd. (17)
Hamilton, Mrs. Charles O.
1418 E. Washington Ave. (17)
Harris, Mrs. C. Glenn....53175 Oakton Dr. (35)
Haugseth, Mrs. Ellsworth K...820 N. Ironwood Dr. (15)
Hawkins, Mrs. Glen E.....17280 Parker Ave. (35)
Helmer, Mrs. John..315 W. North Shore Dr. (17)
Hildebrand, Mrs. J. O...1637 Southbrook Dr. (14)
Hill, Mrs. Wallace C.....248 S. Hawthorne (17)
Holloway, Mrs. Richard J.....18799 Arapaho (37)
Holtzman, Mrs. Norman...1621 Hoover Ave. (15)
Horvath, Mrs. George A.
18825 Cherokee Lane (37)
Hyde, Mrs. Carroll C.....1521 E. Colfax Ave. (17)

J-K

Jankowski, Mrs. Ernest B...2230 Ribourde (28)
Kamm, Mrs. Bernard A..125 W. Marion St. (01)
Karn, Mrs. John W.....1535 Wall St. (15)
Kieffer, Mrs. William J...1113 E. Wayne St. (17)
Krueger, Mrs. John E.....620 E. Peashway (17)
Kuhn, Mrs. Frederick L.....1725 Inwood Dr. (18)

L

Lamb, Mrs. Leonard.....1321 E. Wayne St. (15)
Lane, Mrs. William....1301 N. Michigan St. (17)
Lester, Mrs. Vern L.
2500 Topsfield Rd. #205 (14)
Levatin, Mrs. Bernard I..1814 Churchill Dr. (17)
Levkoff, Mrs. Abner H...1815 E. Jefferson Blvd. (17)
Lionberger, Mrs. John R. 1419 E. Jefferson Blvd. (17)
Liss, Mrs. Emanuel C.....1683 N. Riverside Dr., Apt. B (16)
Lockhart, Mrs. Philip B...1611 Wayne St. E. (15)

M

Macias, Mrs. Rafael..1330 E. Jefferson Blvd. (17)
Macri, Mrs. Paul A.....1601 E. Cedar (17)
Magnuson, Mrs. Charles W.
19919 E. Ireland Rd. (14)
Mahank, Mrs. Camiel C.
747 Country Club Lane (15)
Martin, Mrs. Charles....1438 Ridgedale Rd. (14)
Marquis, Mrs. Gordon.....329 Wakewa (17)
Martinov, Mrs. William E.....1421 Wall St. (15)
Mason, Mrs. Bernard A.....2719 Marine St. (14)
Mauzy, Mrs. Merritt C.....1740 Hass Dr. (35)
MacLeod, Mrs. John K.....930 Simon Court (15)
McCraley, Mrs. William J.....1737 Belmont Ave. (15)
McQuade, Mrs. John....52361 Portage Hwy. (28)
Metcalfe, Mrs. Grant E.
101 S. Conestoga Lane (17)
Mott, Mrs. C. A.....2733 Lincoln Way West (28)
Mueller, Mrs. Hilbert M...3525 Windingwood Dr. (15)

N-O

Neher, Mrs. John L.....17371 Cleveland Rd. (35)
Nelson, Mrs. Raymond E.....1909 E. Madison St. (17)
Nelson, Mrs. Robert.....104 S. Hawthorne (17)
Olson, Mrs. Donald T.....1806 Cedar St. (17)
Olson, Mrs. Kenneth L.....1228 E. Woodside Ave. (14)
Oren, Mrs. William.....1149 E. Belmont (15)

P

Parsons, Mrs. Robert....1464 Ridgedale Rd. (14)
Pascuzzi, Mrs. Chris A...1930 Dorwood Dr. (17)
Pauszek, Mrs. Thomas B...916 Riverside Dr. (16)
Petrass, Mrs. Andrew....22027 Liberty Highway (19)
Phelps, Mrs. Stephen R.
15655 Winding Brook Dr. (44)
Plain, Mrs. George.....17836 Ponader Dr. (35)
Plain, Mrs. George L.....1857 N. College St. (28)
Pyle, Mrs. H. Dale....115 N. Sunnyside Ave. (17)

R

Richards, Mrs. Dean.....1210 N. Garland St. (14)
Rigaux, Mrs. Armand.....1622 E. Madison (17)
Rosenheimer, Mrs. George M...1425 E. Woodside (14)
Rubens, Mrs. Eli.....1240 E. Irvington (14)

S

Sanderson, Mrs. Robert B...238 S. Hawthorne Dr. (17)
Sandock, Mrs. Louis F.....235 S. Esther St. (17)
Sandoz, Mrs. Harry H.
2500 Topsfield Dr. Apt. 705 (14)
Saucelo, Mrs. Bart M.....2254 Portage Ave. (28)
Schiller, Mrs. Herbert A...1813 E. Cedar St. (17)
Schlossberg, Mrs. V. E.....2719 Corby Blvd. (17)
Scott, Mrs. Frank M.....1220 E. Woodside (14)
Selby, Mrs. K. E.....1327 E. Wayne St. N. (15)
Sensenich, Mrs. R. L.....128 S. Scott St. (25)
Sellers, Mrs. Francis....814 Oakridge Dr. (17)
Sharp, Mrs. Merle C...17780 Waxwing Lane (35)
Shriber, Mrs. Wm. H.....1512 E. Madison (17)
Shriner, Mrs. Richard....53362 Juniper Rd. (37)
Sisson, Mrs. Norvel D...1614 Oak Park Dr. (17)
Skillern, Mrs. Scott....1553 Southbrook Dr. (14)
Sobol, Mrs. Zbigniew.....19072 Summers Dr. (37)
Stiver, Mrs. Dan D.....1127 E. Wayne St. N. (15)
Stogdill, Mrs. William J.....520 N. Coquillard Dr. (17)
Stratigos, Mrs. Joseph S...527 N. Lafayette (01)
Sweeney, Mrs. Robert.....1203 Sunnymede (15)

T

Thompson, Mrs. John M..1618 E. Cedar St. (17)
Thornton, Mrs. M. J.....125 W. Marion St. (01)
Tirman, Mrs. Wallace S.....1224 E. Wayne St., N. (15)
Troyer, Mrs. Marlin.....17700 Ireland Rd. (14)

V-W-Z

Van Fleit, Mrs. W. E.....1617 E. Cedar St. (17)
Weiss, Mrs. Eugene
1605 E. Washington Ave. (17)
White, Mrs. Donald G.....60857 Miami Rd. (14)
Wilson, Mrs. James L...1161 N. Riverside Dr. (16)
Wilson, Mrs. James M.....1507 E. Wayne (15)
Zeiger, Mrs. Irvin L.....P.O. Box 2574

SHELBY COUNTY

Davis, Mrs. John A.....Flat Rock (47234)
Nigh, Mrs. R. M.....Fairland (46126)

Shelbyville

(*Zip Code* 46176)

Arata, Mrs. Lucian A.....327 W. Broadway
Dalton, Mrs. Wilson L.....1712 Culbertson Rd.
Deupree, Mrs. William D.....50 W. Mechanic St.
Gehres, Mrs. Robert W.....610 Shelby St.
Green, Mrs. William.....R. R. 2, Morristown Rd.
Inlow, Mrs. Paul M.....53 W. Washington St.
Inlow, Mrs. Robert.....424 Lockerbie

Inlow, Mrs. W. D.....Spring Hill Rd.
McFadden, Miss Marian.....28 W. Mechanic St.
Miller, Mrs. Richard C.....17 W. Mechanic
Moheban, Mrs. Joseph.....Spring Hill Rd.
Phares, Miss Frances.....408 S. Harrison
Richard, Mrs. Norman F.
Country Club Heights, R. R. 2
Scott, Mrs. V. Brown.....R. R. 2, N. Riley Hwy.
Silbert, Mrs. David B.....1100 Fairfield Dr.
Spindler, Mrs. Robert D.....165 W. Mechanic St.
Tindall, Mrs. William R.....616 S. Harrison
Tower, Mrs. James H., Jr...239 W. Washington St.
Whitcomb, Mrs. Roger F.....218 W. Broadway

TIPPECANOE COUNTY

Lafayette

(*Zip Code* 479 *plus zone number*).

Babb, Mrs. Forrest J.....2106 S. Ninth St. (05)
Bridge, Mrs. Barton C.....22 Thise Court (05)
Buhrmester, Mrs. Harry C...Freiberger Lane (05)
DuBois, Mrs. Ramon B...519 Calvert Lane (05)
Engeler, Mrs. James E.....21 Lori Lee Dr. (05)
Frey, Mrs. Harley H., Jr...505 Calvert Lane (05)
Fritch, Mrs. John M.....1619 S. Fifth St. (05)
Harvey, Mrs. Bennett B...2908 Beverly Lane (04)
Horswell, Mrs. Richard R.....2312 Dakota Rd.
Karberg, Mrs. Richard J.....1212 El Prado (05)
Klepinger, Mrs. Harry E.....909 N. 21st St. (04)
Landis, Mrs. Charles B.....505 S. 17th St. (01)
Lempke, Mrs. Lloyd W.....29 Stayman Ct. (05)
McAdams, Mrs. Hugh B...2110 Birch Lane (05)
McPherson, Mrs. Richard C.....30 Thise Court (05)
Neumann, Mrs. Kenneth O..1410 S. 18th St. (05)
Ralston, Mrs. Marc A.....2121 Sunrise (04)
Randall, Mrs. Thomas A.....40 Redwood Ct. (04)
Ratcliff, Mrs. Frank W.....1000 Wea Ave. (05)
Scheeres, Mrs. Jacob W.....516 S. 9th St. (01)
Sholty, Mrs. William M..Shadeland Farm Rd. (04)
Smith, Mrs. Lowell C.....615 Lingle (01)
Stolz, Mrs. Thomas.....R. R. 1, (06)
Trout, Mrs. Carl J.....800 State St. (01)
Underwood, Mrs. George M.....2540 Lafayette Dr. (05)
Wong, Mrs. Norman F.....3632 Kohl Rd. (05)

West Lafayette

(*Zip Code* 47906)

Baker, Mrs. John R.....2321 Carmel Dr.
Beuerman, Mrs. Virgil A.....509 Emily St.
Bolin, Mrs. Robert C.....908 Windsor Dr.
Brady, Mrs. Kingdon.....612 Terry Lane
Bush, Mrs. Jack A.....180 Creighton Rd.
Canganelli, Mrs. Vincent G.....108 Mohawk Lane
Carpenter, Mrs. Robert S.....492 Littleton St.
Cartwright, Mrs. G. W.....401 Sharon Rd.
Davis, Mrs. Howard B.....833 Hillcrest Rd.
Elliott, Mrs. Paul W.....348 W. Stadium Dr.
Fields, Mrs. Don C.....1321 N. Grant
Foster, Mrs. John.....105 Knox Dr.
Gripe, Mrs. Richard P...2179 Tecumseh Park Lane
Hannemann, Mrs. Robert E.....812 Avondale
Heid, Mrs. George J.....515 Park Ridge Dr.
Hughes, Mrs. Anson.....1712 Sheridan
Hughes, Mrs. Richard R.....908 Carrollton Blvd.
Hunter, Mrs. Dean M.....2828 Barlow St.
Keplinger, Mrs. James.....136 E. Navajo
Klatch, Mrs. Ben Z.....1415 Woodland Dr.
Lind, Mrs. Jaap Jan.....902 Rose Lane
McFadden, Mrs. James M.....1424 N. Salisbury
Marvel, Mrs. Howard R.....136 Arrowhead Dr
Mather, Mrs. Charles R.....1815 Ravina Rd.
Mather, Mrs. Robert L.....321 Leslie Ave.
Mentzer, Mrs. William.....125 Knox Dr.
Mount, Mrs. William M.....217 Pawnee Dr.
Peyton, Mrs. Frank W.....612 Ridgewood
Raymond, Mrs. James R.....3016 Georgeton Road
Riggs, Mrs. W. A.....507 Sharon Rd.
Sherman, Mrs. David E.
427 S. Sharon Chapel Rd.
Shively, Mrs. John L.....205 Lindberg Ave.
Spurlock, Mrs. F. H.....1625 Western Dr
Stahl, Mrs. Edward T.....324 Park Lane
Trout, Mrs. David J.....101 Myrtle Dr.
Weller, Mrs. Wendell A.....153 Pathway Lane

Weller, Mrs. Ralph.....Box 38, Rossville (46065)

VANDERBURGH COUNTY

Evansville

(*Zip Code* 477 *plus zone number*).

A

Acre, Mrs. Robert R.....665 St. Mary's Dr. (15)
Adler, Mrs. Ray N.....1660 Lincoln Ave. (14)
Adye, Mr. Wallace M.....320 Inwood Dr. (11)
Alexander, Mrs. John E.
2895 Washington Ave. (14)
Allen, Mrs. William.....8203 Newburgh Rd. (15)
Anderson, Mrs. Milton H.
6901 Newburgh Rd. (15)
Antes, Mrs. Earl H...1201 Bonnie View Dr. (15)
Arendell, Mrs. Robert E...700 Helfrich Lane (12)
Austin, Mrs. Eugene W.....721 Colony Rd. (15)

B

Baker, Mrs. Mason R.....4500 E. Cherry St. (15)
Baker, Mrs. Sam B.....217 Montclair Court (15)
Barnhart, Mrs. Willard T...507 S. Boeke Rd. (14)
Beck, Mrs. Robert E.....6000 Newburgh Rd. (15)
Beisel, Mrs. Larry H...450 S. Audubon Dr. (15)
Bender, Mrs. Martin J..2416 Bayard Park Dr. (14)
Bendush, Mrs. Cecil L.....699 Blue Ridge Rd. (15)
Bennett, Mrs. Abner P...961 Blue Ridge Rd. (15)
Bissonnette, Mrs. Roger P...911 Colony Rd. (15)
Bloss, Mrs. Bryant A.....8700 Whetstone (11)
Boone, Mrs. Robert D....417 S. Alvord Blvd. (14)
Brakel, Mrs. Frank, Jr.....1429 Oriole Dr. (15)
Britt, Mrs. Robert L...6317 Newburgh Rd. (15)
Brockmole, Mrs. Arnold W.
5901 New Harmony Rd. (12)
Brooks, Mrs. Edwin.....5620 Kratzville Rd. (10)
Bryan, Mrs. Stanton L..3211 E. Mulberry St. (15)
Buddrus, Mrs. David.....508 S. Boeke Rd. (14)
Buehner, Mrs. Donald F.....1200 Bonnie View Dr. (15)
Burger, Mrs. Thomas C.....3915 Washington Ave. (15)
Burnikel, Mrs. Ray H.....960 S. Rotherwood Ave. (14)
Burress, Mrs. Clyde.....10100 Old St. Rd. (11)

C

Carlson, Mrs. Ralph F..1350 Bayard Park Dr. (14)
Clark, Mrs. Thomas W...820 S. Meadow Rd. (15)
Clouse, Mrs. Paul A.....5801 Newburgh Rd. (15)
Coleman, Mrs. Joseph E...2831 Wayside Dr. (11)
Colvin, Mrs. Robert.....2048 Polaris (15)
Combs, Mrs. Herman....Middle Mt. Vernon Rd.
R. R. 1, Box 245 (12)
Cooper, Mrs. Waller W.....4410 Oak St. (15)
Corcoran, Mrs. P. J. V.....2412 E. Chandler Ave. (14)
Cox, Mrs. J. Bruce.....7116 E. Chestnut (15)
Crawford, Mrs. James
631 Blue Ridge Dr. W. (15)
Crevello, Mrs. Albert J.....807 S. Burkhardt Rd. (15)
Cullnane, Mrs. Chris W.....3020 Mt. Vernon Ave. (12)

D

Davidson, Mrs. Harold H..800 Blue Ridge Rd. (15)
Davis, Mrs. Kenneth.....900 S. Burkhart (15)
Deems, Mrs. Meyers
6830 Arcadian Highway (15)
Denzer, Mrs. Edward K.....540 Scenic Dr. (15)

Denzer, Mrs. William O....2329 E. Chandler (14)
Dieckman, Mrs. Herbert S.
10 Johnson Place (14)
Dimmett, Mrs. James.....524 Plaza Dr. (15)
Dodd, Mrs. R. K.....1705 S. New Green River Rd. (15)
Durkee, Mrs. Melvin S.....615 Trinity Dr. (15)
Dycus, Mrs. Walter A.....3400 Koring Rd. (12)
Dyer, Mrs. Wallace K...812 St. James Blvd. (14)

E

Ebin, Mrs. J. L.....8500 Whetstone (11)
Engel, Mrs. Edgar L.....1411 E. Park Dr. (14)

F

Faith, Mrs. Ira L.....950 Blue Ridge Rd. (15)
Faul, Mrs. Henry J.....725 S. Willow Rd. (14)
Faw, Mrs. Melvin L.....2400 E. Chandler (14)
Fenneman, Mrs. Robert J.
Box 145, R. R. 8, Old St. Rd. (11)
Fitzsimmons, Mrs. Elvin L..500 S. Boeke Rd. (14)
Fitzsimmons, Mrs. Sam.....901 S. Boeke (14)

G

Garland, Mrs. Edgar A.....719 Plaza Dr. (15)
Garst, Mrs. Garland.....4131 Lincoln Ave. (15)
Gaul, Mrs. L. Edward.....18 Johnson Pl. (14)
Geller, Mrs. Samuel.....R. R. 8, Box 143-A (11)
Getty, Mrs. William H..1810 Mt. Auburn Rd. (12)
Giorgio, Mrs. Douglas J.....916 S. Burkhardt Rd. (15)
Gourieux, Mrs. E. DeVerre
7500 Taylor Ave. (15)
Griep, Mrs. Arthur H...5414 Madison Ave. (15)
Grimm, Mrs. William C...513 S. Rotherwood Ave. (14)
Guckien, Mrs. Joseph.....2301 E. Powell (14)

H

Hachmeister, Mrs. Charles W.
5050 Lincoln Ave. (15)
Hammond, Mrs. R. Case
6820 Arcadian Hwy. (15)
Hare, Mrs. Daniel M.....5029 Lincoln Ave. (15)
Hargett, Mrs. Isaac....8006 Heather Court (14)
Harned, Mrs. Ben King, Jr.....6301 Lincoln Ave. (15)
Harris, Mrs. Robert L.....870 S. Boeke Rd. (14)
Hart, Mrs. L. Paul.....622 Trinity Dr. (15)
Hartley, Mrs. Clarence A., Jr.....300 Hesmer Rd. (11)
Hassel, Mrs. Walter.....3712 Herndon Dr. (11)
Healy, Mrs. Cornelius E.
430 Kings Valley Rd. (11)
Healy, Mrs. William.....3915 Bellemeade (15)
Heimburger, Mrs. Irvin L.
7700 Newburgh Rd. (15)
Heinrich, Mrs. Weston A..1408 Lincoln Ave. (14)
Hendershot, Mrs. Eugene L...7006 Newburgh Rd. (15)
Hermayer, Mrs. Stephen....1316 Bonnie View Dr. (15)
Herrmann, Mrs. Gordon T..218 S. Spring St. (14)
Herzer, Mrs. Clarence C.....211 E. Mill Rd. (11)
Himebaugh, Mrs. Gilbert J.....408 S. Alvord Blvd. (14)
Hobgood, Mrs. James L...7527 Taylor Circle (15)
Hoover, Mrs. J. Guy
8701 Old Petersburgh Rd. (11)
Hovda, Mrs. Richard B...800 St. James Blvd. (14)
Huggins, Mrs. Victor S...520 S. Alvord Blvd. (14)
Hyatt, Mrs. Gilbert T...1616 Mt. Auburn Rd. (12)

J-K

Johnson, Mrs. Harold V..1303 Masker Pk. Dr. (12)
Johnson, Mrs. Stephen L.
2215 Lincoln Ave. (14)
Kelley, Mrs. John B.....1420 Lark Dr. (15)
Kessler, Mrs. Robert..1200 Harrelton Court (15)
Kiechle, Mrs. Fred L.....726 S. E. First St. (13)
Krueger, Mrs. Tom P...1517 Glen Moor Rd. (15)

L

Langsam, Mrs. Charles L.
4511 Bellemeade Ave. (15)
Lashley, Mrs. Donald.....1406 Martin Lane (15)
Laubscher, Mrs. Clarence A.
1201 Laubscher Rd. (10)
Lawler, Mrs. John.....520 S. Roosevelt (14)
Lawrence, Mrs. Joseph C.
1362 E. Chandler Ave. (14)
Liebundguth, Mrs. Henry..5206 Lincoln Ave. (15)
Lessure, Mrs. Alfred P...400 S. Audubon Dr. (5)
Logan, Mrs. Jesse R.....503 First Ave. (10)
Longstaff, Mrs. John....830 Canterbury Dr. (15)

M

MacKenzie, Mrs. Pierce....2300 E. Gum St. (14)
McCool, Mrs. Joe H.....1 Woodmere Lane (11)
McDonald, Mrs. Joseph D..4300 Lincoln Ave. (15)
Marvel, Mrs. James A.....312 Royal Ave. (15)
Mathews, Mrs. James R....901 Meadow Rd. (15)
Miller, Mrs. LaVerne B.....501 Scenic Dr. (15)
Miller, Mrs. Milton J.....8201 Newburgh Rd. (15)
Mills, Mrs. Fred E.....555 S. Kelsey Ave. (14)
Mino, Mrs. Robert A.....2808 N. Shore Dr. (11)
Mullican, Mrs. Wm.....855 S. St. James (14)

N

Newnum, Mrs. Raymond L....545 Oriole Dr. (15)
Newton, Mrs. Roger.....1400 Lark Dr. (15)
Nicholson, Mrs. Raymond W.
1467 Southfield Rd. (15)
Nonte, Mrs. Leo R.....714 S. Willow Rd. (14)

O

Oswald, Mrs. Robert H.....2423 Lincoln Ave. (14)

P

Pastor, Mrs. Julius W..5901 Washington Ave. (15)
Pavlick, Mrs. Theodore J.
4212 Jennings Lane (12)
Pemberton, Mrs. Jack J.
6300 Falstead Rd. (12)
Pollard, Mrs. Walter S.
5809 Green Meadow Rd. (15)
Porro, Mrs. Francis W.....909 S. Villa Dr. (14)
Present, Mrs. Julian D.....201 S. Parker Dr. (14)
Pugh, Mrs. Willis L.....5200 Lincoln Ave. (15)

R

Ratcliff, Mrs. Forest..506 S. St. James Blvd. (14)
Ratcliffe, Mrs. Albert W.
510 S. E. First St. (13)
Reich, Mrs. Clarence E.
1209 N. Fulton Ave. (10)
Richey, Mrs. Clifford O.
407 Congress Ave. (15)
Rietman, Mrs. H. Jerome..2325 Lincoln Ave. (14)
Ritchie, Mrs. William D.
5201 Stringtown Rd. (11)
Ritz, Mrs. Albert S.....765 S. Boeke Rd. (14)
Rosenblatt, Mrs. Bernard B.
626 St. James Blvd. (14)
Royster, Mrs. Robert A.....34 Johnson Place (14)
Rudolph, Mrs. Kenneth.....742 Plaza Dr. (15)
Rusche, Mrs. Thomas J...5089 Tippecanoe Dr. (15)
Russell, Mrs. Richard H...1015 Harrelton Ct. (15)

S

Schimmelpfennig, Mrs. Robert W.
3014 Washington Ave. (14)
Schirmer, Mrs. Robert H.....4300 Kasson (12)
Schneider, Mrs. Charles P.
2924 W. Maryland St. (12)
Sheehan, Mrs. E. Gregg.....934 York Rd. (15)
Shively, Mrs. Wyant J....950 Hillsdale Rd. (11)
Siegel, Mrs. Lyle.....500 Oriole Dr. (15)
Sims, Mrs. Larry W.....1401 Greenfield Rd. (15)
Sinn, Mrs. Charles M.....1509 Redwing Dr. (15)
Slaughter, Mrs. Howard C.
651 St. Mary's Dr. (15)

Slaughter, Mrs. John C...622 College Hwy. (14)
Smith, Mrs. Roy M.....417 Senate (11)
Spain, Mrs. Thomas....801 S. E. Third St. (13)
Sprecher, Mrs. Herman C.
6601 Newburgh Rd. (15)
Springstun, Mrs. W. Russel..854 Lodge Ave. (14)
Stallings, Mrs. Hugh A..7601 Newburgh Rd. (15)
Stewart, Mrs. L. Ray....852 S. Alvord Blvd. (14)
Strueh, Mrs. Paul E.....1207 Harrelton Ct. (15)
Swan, Mrs. Robert E.....540 Oriole Dr. (15)

T

Tuholski, Mrs. James M.
6213 Newburgh Rd. (15)
Tweedall, Mrs. Daniel C...900 S. Meadow Rd. (15)
Ulrey, Mrs. Robert P.....130 E. Mill Rd. (11)

V-W

Venables, Mrs. A. J.....420 Runnymeade (14)
Vincent, Mrs. William.....7300 E. Powell (15)
Visher, Mrs. John W.
510 E. Mt. Pleasant Rd. (11)
VonderHaar, Mrs. Thomas E.
901 S. Burkhardt Rd. (15)
Wait, Mrs. Raymond B...3825 Diamond Ave. (11)
Walker, Mrs. William F...1220 Cullen Ave. (15)
Walter, Mrs. Robert F.
1514 S. Kentucky Ave. (14)
Warner, Mrs. Charles L.
4120 Bellemeade Ave. (15)
Weiss, Mrs. H. G.....1014 E. Powell Ave. (14)
Welborn, Mrs. Mell B...1832 Mt. Auburn Rd. (12)
Westerman, Mrs. Richard L.
1615 Mt. Auburn Rd. (12)
Wilhelmus, Mrs. C. Kenneth
6929 Newburgh Rd. (15)
Wilhelmus, Mrs. Gilbert M.
5901 Newburgh Rd. (15)
Willison, Mrs. George W..605 St. Mary's Dr. (15)
Wilson, Mrs. David.....615 Willow Rd. (14)
Wilson, Mrs. John D.....921 Colony Rd. (15)
Wilson, Mrs. Ralph.....1522 Audubon Dr. (15)
Wynn, Mrs. Justice F...651 S. Weinbach Ave. (14)

Y-Z

Young, Mrs. C. Curtis, Jr...2327 Lincoln Ave. (14)
Zeier, Mrs. Francis G.....3708 Mulberry (15)
Zunker, Mrs. Heinz.....829 S. Hebron (15)

Stover, Mrs. Wendell C.
20 Lake Shore Drive, Boonville (47601)
Crist, Mrs. John R.....320 Emmick, Mt. Vernon (47620)
Hirsch, Mrs. H. L...801 Williams Dr., Mt. Vernon (47620)
Vogel, Mrs. John L...530 E. Fifth St., Mt. Vernon (47620)
Rusche, Mrs. Henry J.....Hwy. 261, Newburgh (47630)
Woodward, Mrs. Ben E.
#6 Orchard Lane, R. R. 1, Newburgh (47630)
Zwickel, Mrs. R. E.....Darby Hills, Newburgh (47630)
Ropp, Mrs. Harold E...Church St., New Harmony (47631)
Smith, Mrs. Gordon L.....R. R. 2, New Harmony (47631)
Boyle, Mrs. Carroll....R. R. 2, Wadesville (47638)

VIGO COUNTY

Speas, Mrs. Robert C...Box 22, Seelyville (47878)

Terre Haute

(Zip Code 478 plus zone number)

A

Anderson, Mrs. W. C.....380 S. 22nd St. (03)
Ault, Mrs. Roy J.....200 Lakeview Dr. (03)

B

Bloxdorf, Mrs. John W...203 Madison Blvd. (03)
Blum, Mrs. Leon L.....3200 Ohio Blvd. (03)
Bopp, Mrs. Henry W., Jr...73 Allendale Pl. (02)
Bopp, Mrs. Henry W., Sr...132 Barton Ave. (03)
Bopp, Mrs. James.....330 Hamilton Dr. (02)
Boyd, Mrs. H. Clark.....44 Long Ridge Rd. (02)
Bristol, Mrs. H. M. S.....2326 Tippecanoe (03)
Brown, Mrs. Robert R...2544 N. Ninth St. (02)
Burkle, Mrs. Robert J...128 Gardendale Rd. (03)

C-D

CaJacob, Mrs. Melville E...1000 S. Sixth St. (07)
Caldwell, Mrs. M. V.....R. R. 7, Box 449 (03)
Carpenter, Mrs. Donald J...6879 Carlisle Rd. (38)
Chau, Mrs. Andrew Y. S.....9 Monroe Blvd. (03)
Connerley, Mrs. Marion L...2824 Ohio Blvd. (03)
Conway, Mrs. Thomas J.....207 Barton Ave. (03)
Cristee, Mrs. James W.....1530 S. 6th St. (02)
Crockett, Mrs. Wayne A.....3601 Ohio Blvd. (03)
Davis, Mrs. Paul E.....1910 Boston (05)
Dierdorf, Mrs. Fred.....103 S. 23rd St. (03)
Drummy, Mrs. W. W., Jr....231 Fruitridge (03)
Duckwall, Mrs. Bertram F.
115 McKinley Blvd. (03)
Dunn, Mrs. Latimer.....2500 N. Ninth (04)
Dyer, Mrs. G. Wallace.....2710 Wilson Dr. (03)

E-F

Freed, Mrs. John E., Jr...2425 N. Eighth St. (04)
Freed, Mrs. John E., Sr.....2408 N. 10th St. (04)

G

Gerrish, Mrs. Don A.....5206 Clinton Rd. (05)
Gilbert, Mrs. Ivan.....2641 Crawford St. (03)
Goodman, Mrs. Hubert T.
220 Gardendale Rd. (03)
Gossom, Mrs. Donn R.....1904 Ohio Blvd. (03)

H

Haslem, Mrs. John R.
1700 S. Fruitridge Ave. (03)
Hetherington, Mrs. John A...2501 Woodsmall Dr.
Hogan, Mrs. Thomas W.....3505 Ohio Blvd. (03)
Humphrey, Mrs. Paul E...2631 N. Ninth St. (04)

J-K

Johnson, Mrs. Edward..313 Terre Vista Dr. (03)
Johnson, Mrs. Paul D., Jr.....62 AllenDale (02)
Kabel, Mrs. Robert N.....2201 Ohio Blvd. (03)
Kunkler, Mrs. Arnold W...147 Monterey Ave. (03)
Kunkler, Mrs. William C...1119 S. Center St. (07)

L

LaBier, Mrs. C. Russell....R. R. 5, Box 405 (01)
Lancet, Mrs. Robert O.....20 Nitche Dr. (03)
Lee, Mrs. James C.....12 32nd St. Ct. (03)
Lenyo, Mrs. Ludimere...700 Delaware Ave. (04)
Lowenstein, Mrs. W. L.....1909 Ohio Blvd. (03)
Lyons, Mrs. L. Mason.....123 S. 21st St. (03)

M

McBride, Mrs. Noel S.....67 Allendale Pl. (02)
McCrea, Mrs. Fred R.....2517 N. Eighth St. (04)
McEwen, Mrs. James W.....107 Wren Dr. (03)
McLaughlin, Mrs. Gorden...R. R. 3, Box 128 (02)
Malone, Mrs. L. A.....2511 N. Ninth St. (04)
Mankin, Mrs. William....175 Lakeview Dr. (03)
Mason, Mrs. Lester M.....66 Allendale Pl. (02)
Mattox, Mrs. Don M.....240 Hamilton Dr. (03)
Mattox, Mrs. Ernest.....240 Hamilton Dr. (03)
Meissel, Mrs. Robert L.....154 Hamilton Dr. (03)
Miklozek, Mrs. J. E.....2204 Ohio Blvd. (03)
Mitchell, Mrs. A. M.....333 S. 22nd St. (08)
Mitchell, Mrs. John R.....2421 Ohio Blvd. (03)
Musselman, Mrs. Glen..7222 Wabash Ave. (03)

N-O-P

Nay, Mrs. Ernest O.....29 S. 20th St. (03)
Neudorff, Mrs. Louis G....213 Barton Ave. (03)
Oliphant, Mrs. Robert W.....8 31st St. Ct. (03)
Pearce, Mrs. Roy V.....269 S. 26th St. Dr. (03)
Peterson, Mrs. D. D.....74 Doe Dr. (04)

R

Reed, Mrs. Robert C.....205 Lakeview Dr. (03)
Reynolds, Mrs. Richard J...72 Allendale Pl. (02)
Richart, Mrs. James V.....336 Hamilton Dr. (03)
Rourke, Mrs. Robert F.....R. R. 25, Box 460 (03)
Rubin, Mrs. Milton M.....2401 Ohio Blvd. (03)

S

Sayers, Mrs. Frank E.....436 Bluebird Dr. (03)
Sherb, Mrs. Burton E...211 Gardendale Rd. (03)
Schott, Mrs. Edward J.....653 Oak St. (07)
Schumaker, Mrs. Robert A.
3498 Margaret Ave. (02)
Scully, Mrs. William E.....2649 Oak St. (03)
Showalter, Mrs. John R., Jr.
2511 N. Eighth St. (04)
Siebenmorgen, Mrs. Paul 2515 N. Seventh St. (07)
Silverman, Mrs. Norman M.
1142 S. Center St. (02)
Sison, Mrs. Vicente G.....5656 Heritage Dr. (03)
Stoelting, Mrs. J. Lewis..1919 N. Seventh St. (07)
Strecker, Mrs. William L...88 Allendale Pl. (02)
Sullivan, Mrs. John M.....2242 College Ave. (03)

T-V

Topping, Mrs. Malachi C...75 Gardendale Rd. (03)
Vance, Mrs. William C...4951 Dixie Bee Rd. (02)
Veach, Mrs. William L.....101 Allendale Pl. (02)

W-Z

Weber, Mrs. Joseph.....2121 N. 11th St. (04)
West, Mrs. Roger F.....86 Potomac (03)
White, Mrs. James V.....R. R. 1, Box 271 (01)
Wiedemann, Mrs. Frank E.
Terre Haute House (01)
Wilson, Mrs. Fred L.....1124 S. Center St. (02)
Yates, Mrs. Donald L.....100 Berkley Dr. (03)
Zwerner, Mrs. Paul F...2510 N. Eighth St. (04)

WAYNE-UNION COUNTIES

Hill, Mrs. Paul G...5 N. Foote St., Cambridge City (47327)
Kenyon, Mrs. Emil..303 Mulberry, Cambridge City (47327)
Barton, Mrs. Willoughby M.
200 N. Morton, Centerville (47330)
Shepard, Mrs. Fred F.....College Corner, Ohio (45003)
Lewis, Mrs. J. Frank.....Liberty (47353)
McWilliams, Mrs. William B.....R. R. 4, Liberty (47353)

Richmond

(*Zip Code* 47374)

Adney, Mrs. Frank.....214 S. E. Parkway
Ake, Mrs. Loren.....220 S. 18th St.
Allen, Mrs. Robert T.....212 S. 21st St.
Anderson, Mrs. Robert C...Richmond State Hosp.
Ballenger, Mrs. William E.....3002 Dorothy Lane
Banez, Mrs. Ramon V.....1908 Valley Dr.
Blossom, Mrs. Paul W.....620 S.W. 21st St.
Brooks, Mrs. G. Tanner
Earlham Dr. at S.W. 5th
Cabigas, Mrs. Jose S.....2022 S. "A" St.
Clouse, Mrs. John Franklin.....414 West Dr.
Coble, Mrs. Frank H.....R. R. 3, Box 38
Curiel, Mrs. Hector J.....2707 S. "G" St.
Daggy, Mrs. James R.....47 S. 24th St.
Deanovic, Mrs. Frank W.....3012 Park Ave.
Dehner, Mrs. John R.....10 Sunset Dr.
Dingle, Mrs. Paul E.....206 S. 32nd St.
Dreyer, Mrs. Ralph W.....4111 Backmeyer Rd.
Ebbinghouse, Mrs. Tom.....13 Parkway Lane
Gibson, Mrs. Alois E.....209 S. 16th St.
Guthrie, Mrs. James R.....3112 S. E. Parkway
Harmon, Mrs. Carl J.....6 Keystone, Apt. 6
Hibner, Mrs. Dan W.....50 S. 24th St.
Johnson, Mrs. George M.....115 S. 23rd St.
Lee, Mrs. Glen Ward.....Greenmount Pike
Ling, Mrs. John F.....6 Parkway Lane
Loomis, Mrs. Charles H.....Garwood Rd.
McIlroy, Mrs. Richard J.....Richmond State Hosp.
Mader, Mrs. John H.....1528 Chester Blvd.
Meredith, Mrs. Elwood J.....205 S. 19th St.
Miller, Mrs. Harold L.....560 Tingler Rd.
Millis, Mrs. Arthur B.....2301 S. "A" St.
Paraiso, Mrs. Antonio Q.....3410 N. "A" St.
Park, Mrs. Byron J.....220 S. 24th St.
Plasterer, Mrs. Edward D.....212 S. 16th St.
Porter, Mrs. George S.....1 North Lane
Ramsdell, Mrs. Glen A.....501 Henley Rd. S.
Schmitt, Mrs. Robert W.....25 Circle Dr.
Sherer, Mrs. Kenneth E.....4 Parkway Lane
Shields, Mrs. Tom S.....2203 S. "E" St.
Short, Mrs. John A.....409 S.W. "I" St.
Snyder, Mrs. Morris C.....212 S. 22nd St.
Spellmeyer, Mrs. John C.....3811 Pinehurst Dr.
Stepleton, Mrs. John D.....4220 Bockmeyer Rd.
Stilwell, Mrs. William R.....2607 S. "C" Pl.
Sweet, Mrs. Howard E.....Garwood Rd.
Warren, Mrs. Robert J.....1624 Reeveston Rd.
Warrick, Mrs. Francis B.....2106 South "B" St.
Weitemier, Mrs. Raymond A.....25 S. 25th St.
Wertenberger, Mrs. Morris..779 Greenmount Pike
Wiland, Mrs. Olin K.....4375 S. "C" St.
Wynegar, Mrs. David E.....Richmond State Hosp.
Zore, Mrs. Joseph J.....14 Parkway Lane

WELLS COUNTY

Bluffton

(*Zip Code* 46714)

Blair, Mrs. Richard G.....226 W. South St.
Boonstra, Mrs. Charles E.
1110 Highland Pk. Circle
Bradley, Mrs. Louis F.
Country Club Addition, R. R. 4
Caylor, Mrs. Charles H.....1220 Sycamore Lane
Caylor, Mrs. Truman E.....920 River Rd.
Collins, Mrs. Jack T.....R. R. 3
Cook, Mrs. Robert G.....1225 Summit Ave.
Dorrance, Mrs. Thomas O.....302 Northwood Dr.
Eisaman, Mrs. Jack L.....1011 Riverview Dr.
Huebner, Mrs. Gilbert.....1120 River Rd.
Huffman, Mrs. Galen....Box 27, River Road East
Jackson, Mrs. Charles E.....1012 Riverview Dr.
Jaurnig, Mrs. Russell R.
% Caylor-Nickel Clinic, 303 S. Main St.
Johnston, Mrs. Robert L.....811 S. Morgan
Kephart, Mrs. S. Bruce.....P. O. Box 12
Lohmuller, Mrs. Herbert.....512 W. Market St.
McCaslin, Mrs. Charles.....717 Riverview Dr.
Matzen, Mrs. Richard N.....R.R. 3
Mayock, Mrs. Peter P.....225 W. Central Ave.
Meier, Mrs. Donald W.....1205 Summit Ave.
Mudrony, Mrs. Jeno.....R. R. 4
Panos, Mrs. Constantine G.....Elm Grove Road
Phillips, Mrs. John F.....411 W. Washington
Pietz, Mrs. David G.....R. R. 3
Rusher, Mrs. Merrill W.....920 Ranch Rd.
Shaw, Mrs. Glenn R.....926 Riverview Dr.
Sorg, Mrs. David.....734 Fort Wayne Rd.
Steckbeck, Mrs. Robert L.....1110 Summit Ave.
Strehler, Mrs. Donald A.....R. R. 4
Symon, Mrs. William E.....632 S. Main St.
Talbert, Mrs. Pierre C.....508 W. Cherry St.
Yoder, Mrs. Richard P.....931 S. Wayne St.
Willard, Mrs. Richard D.....540 Dustman Rd.

WHITE COUNTY

Derhammer, Mrs. George L.....Brookston (47923)

Monticello

(*Zip Code* 47960)

Beck, Mrs. David C.....R. R. 3
Carney, Mrs. John.....R. R. 2
Dickerson, Mrs. W. Martin....218 E. Market St.
Fields, Mrs. Max L.....R. R. 3
Hibner, Mrs. Nolan A.....214 S. Illinois
Jehanyar, Mrs. M. Ali.....R. R. 5
McClure, Mrs. Stanley E.....R. R. 1
Morris, Mrs. Warren V.....R. R. 3

WHITLEY COUNTY

Minick, Mrs. Linus J.....N. Line St., Churubusco (46723)

Columbia City

(*Zip Code* 46725)

Hamilton, Mrs. Thomas G.....R. R. 3
Heritier, Mrs. C. Jules.....700 Hill Dr.
Langohr, Mrs. John L.....321 N. Main St.
Lehmberg, Mrs. Otto F. C.....706 West Park Dr.
Niccum, Mrs. Warren L.....Grove Park
Reid, Mrs. Donald B.....West Park Dr.
Roth, Mrs. James R.....323 N. Chauncey St.
Thompson, Mrs. Frank M.....526 E. Jefferson
Vogel, Mrs. John L.....Grove Park
Wait, Mrs. Jerome H.....R. R. 5
Wilson, Mrs. John S.....R. R. 3

Stalter, Mrs. Gaylord W...North Webster (46555)
Garber, Mrs. Paul A.
305 E. Seminary, Greencastle (46135)
Huffman, Mrs. Verlin P.
701 State St., South Whitley (46787)

MEMBERS-AT-LARGE

Apple, Mrs. Eddie R.
503 W. Market St. Salem, Washington (47167)
Artz, Mrs. Richard W.
606 Darling, Angola, Steuben (46703)
Bacala, Mrs. Jesus C.
878 N. Gardner, Scottsburg, Scott (47170)
Bailey, Mrs. Edwin B.
129 Vincennes St., Linton, Greene (47441)
Beardsley, Mrs. Frank A.
751 E. South St., Frankfort, Clinton (46041)
Bethea, Jr., Mrs. R. O.
Main St., Farmersburg, Sullivan (47850)
Blessinger, Mrs. Louis H.
738 N. Capitol Ave., Corydon, Harrison-Crawford (47112)
Bogardus, Mrs. Carl R.
Kyana Farm, R. R. 11, Austin, Scott (47102)
Burkhardt, Mrs. Boyd
328 N. West St., Tipton, Tipton (46072)
Brockman, Mrs. Wilfred J.....R. R. 3, Box 16B, Corydon, Harrison-Crawford (47112)
Broshears, Mrs. K. P.
900 E. Vincennes St., Linton, Greene (47441)
Cameron, Mrs. Don F.
313 E. Maumee, Angola, Steuben (46703)
Carneal, Mrs. Thomas E.
305 S. Market St., Winamac, Pulaski (46996)
Castro, Mrs. Ignacio B., Jr.,
685 Wanda St., Scottsburg, Scott (47170)
Coddens, Mrs. A. L.
R. R. 1, Fowler, Benton (47944)
Coleman, Mrs. Floyd B..Waterloo, DeKalb (46793)
Compton, Mrs. George L.
221 N. Independence, Tipton, Tipton (46072)
Compton, Mrs. R. L.
1867 Trevilian Way, Louisville 5, Ky. (40205)
Dunham, Mrs. H. H.
1025 Manchester, Wabash, Wabash (46992)
Eiler, Mrs. Paul A.
R. R. 2, North Manchester, Wabash (46962)
Encinas, Mrs. Senen J.
704 S. Main St., English, Orange (47118)
Ericson, Mrs. Harold L.
Box 366, Windfall, Tipton (46076)
Farag, Mrs. Rafik S. F.
913 Tulip Dr., Peru, Miami (46970)
Farmer, Mrs. Charles R. R. R. 3, Sugarland Road, Washington, Daviess-Martin (47501)
Farris, Mrs. John J.....2 Brettwood Dr., Washington, Daviess (47501)
Fisher, Mrs. John E.,
206 E. Main St., Attica, Fountain (47918)
Fong, Mrs. Theodore C. C.....316 Bellaire Dr., Madison, Jefferson (47251)
Freeland, Mrs. Bill E.....12 E. Boehringer St., Batesville, Ripley (47006)
Graves, Mrs. Noel S.....R. R. 5, Box 272, Madison, Jefferson (47250)
Hall, Mrs. Donald L.
R. R. 1, Petersburg, Pike (47567)
Hagan, Mrs. Marion.....Main St., French Lick, Orange (47432)
Haller, Mrs. Robert L...Kempton, Tipton (46049)
Hanneken, Mrs. V. J.....119 Highland Dr. Wabash, Wabash (46992)
Hare, Mrs. Francis W.....R. R. 5, Madison, Switzerland (47250)
Harvey, Mrs. John C.....405 S. Main St., Auburn, DeKalb (46706)
Hathaway, Mrs. Clayton B.
410 N. Broadway, Butler, DeKalb (46721)
Hathaway, Mrs. William H.,.....710-A East Cedar St., South Bend, St. Joseph (46617)
Heaton, Mrs. Elton.....1950 Valley Vista Court, Madison, Jefferson (47250)
Hines, Mrs. John H.....Auburn, DeKalb (46706)
Hisrich, Mrs. Lloyd W.
6 Henry St., Batesville, Ripley (47006)
Hoffman, Mrs. Max N.....227 Elm Dr., Covington, Fountain (47932)
Hollenburg, Mrs. Edward L.
613 Tippecanoe Dr., Winamac, Pulaski (46996)
Hopkins, Mrs. L. H.....318 S. Main St., Versailles, Ripley (47042)
Huckleberry, Mrs. Irvin E...502 W. Mulberry St., Salem, Adams (47167)
Jinnings, Mrs. Loren..807 S. Lee, Garrett, DeKalb (46738)
Kantzer, Mrs. F. B.....608 E. Keyser St., Garrett, DeKalb (46738)
Keseric, Mrs. N. E.....211 Virginia Ave., French Lick, Orange (47432)
Kincaid, Mrs. Raymond.....R. R. 1, Tipton, Tipton (46072)
Kurtz, Mrs. Wm. A.....R. R. 1, Tipton, Tipton (46072)
Laird, Mrs. L. A.....17715 Gulf Blvd., St. Petersburg, Fla. (33708)
Libunao, Mrs. Artemios, Versailles, Ripley (47042)
Lindsay, Mrs. H. B.....1108 Bedford Rd., Washington, Daviess (47501)
Lynch, Mrs. Otis R.
Marengo, Crawford (47140)
Manship, Mrs. C. Stanley.....R. R. 1, Hardinsburg, Washington (47125)
Maris, Mrs. Lee J.
606 Brady St., Attica, Fountain (47918)
Martin, Mrs. Samuel W.....R. R. 1, Corydon, Harrison (47112)
Mason, Mrs. Donald G.
401 E. Maumee, Angola, Steuben (46703)
Maurer, Mrs. Robert
1115 N. Meridian, Brazil, Clay (47834)
May, Mrs. R. Milton..Laconia, Harrison (47135)
McCalla, Mrs. C. X. III.....Box 151, Paoli, Orange (47454)
McClain, Mrs. Marvin L.
384 E. McClain, Scottsburg, Scott (47170)

McConnell, Mrs. William C.
512 N. Meridian, Sunman, Ripley (47041)
Mehne, Mrs. Richard G.
R. R. 1, Brazil, Clay (47834)
Moses, Mrs. Robert..Worthington, Greene (47471)
Mount, Mrs. Mathias S.
148 S. Lewis St., Bloomfield, Greene (47424)
Neathamer, Mrs. Thomas A...675 N. Gardner St., Scottsburg, Scott (47170)
Omstead, Mrs. Milton
110 S. Sixth St., Petersburg, Pike (47567)
Pearson, Mrs. William E.
290 N. Wabash, Wabash, Wabash (46992)
Person, Mrs. Theodore C.....600 N. Main, Veedersburg, Fountain (47987)
Petrich, Mrs. Peter.....Attica, Fountain (47918)
Pierce, Mrs. Wm. J.....R. R. 1, Bruceville, Knox (47516)
Raney, Mrs. Ben.....370 E. Vincennes St., Linton, Greene (47441)
Rang, Mrs. Robert H.....1306 Bedford Rd., Washington, Daviess-Martin (47501)
Rausch, Mrs. Norman W.....620 S. Superior St., Angola, Steuben (46703)
Rendel, Mrs. H. E.....Holiday House, R. R. 3, Peru, Miami (46970)
Ringer, Mrs. William A.
408 E. Pike, Attica, Fountain (47918)
Rogers, Mrs. E. E.....311 S. Main St., Auburn, DeKalb (46706)
Scheurich, Mrs. Virgil.....R. R. 1, Oxford, Benton (47971)
Schoolfield, Mrs. Wm. E.....543 S. Maple St., Orleans, Orange (47452)
Schrepferman, Mrs. Wayne
R. R. 2, Hamilton, Steuben (46742)
Scott, Mrs. Irvin H.....320 W. Washington, Sullivan, Sullivan (47882)
Seat, Mrs. Marshall H...310 Hefron, Washington, Daviess (47501)
Sennett, Mrs. W. K.....Macy, Miami (46951)
Seward, Mrs. George.....201 W. Main St., North Manchester, Wabash (46962)
Silvers, Mrs. L. Michael.....R. R. 2, North Manchester, Wabash (46962)
Sixbey, Mrs. M. Dean
Box 68, Chili, Miami (46926)
Sloan, Mrs. W. Keith..340 Bunton Lane, Madison Switzerland (47251)
Smith, Mrs. Lloyd H.....R. R. 2, Briarwood Add., N. Manchester, Wabash (46962)
Snyder, Mrs. Parker W.....159 W. Sixth St., Peru, Miami (46970)
Stephens, Mrs. Lowell R.....P. O. Box 185, Covington, Fountain (47932)
Stoops, Mrs. Jean T.....563 N. Miami, Wabash, Wabash (46992)
Stouder, Mrs. Albert E.....407 S. West St., Kempton, Tipton (46049)
Suzuki, Mrs. T. T.....505 E. Washington St., Covington, Fountain (47932)
Tower, Mrs. T. Kermit
Campbellsburg, Pike (47108)
Wills, Mrs. Max.....320 W. 11th St., Auburn, DeKalb (46706)
Woner, Mrs. John.....390 "A" St. N. E., Linton, Greene (47441)
Work, Mrs. Bruce A.....451 Harvard Terrace, Frankfort, Clinton (46041)
Zink, Mrs. Robert.....502 Broadway, Madison, Switzerland (47250)

1969 ROSTER

INDIANA SOCIETY MEDICAL SERVICE REPRESENTATIVES
INDIANAPOLIS CHAPTER

OFFICERS, 1969

President	Les Nagley
Vice President	John Brown
Secretary	Charles A. Sutton
Treasurer	Moody Cross

ABBOTT LABORATORIES, INC.			
Robert C. Roach	3244 Ashway Dr.	46224	291-3941
James P. Smith	P.O. Box 363, Carmel	46032	846-2450
AMES COMPANY			
Dwight A. Gosling	623 Emerson Rd., Carmel	46032	846-6874
ARMOUR PHARMACEUTICAL COMPANY			
Ellis Caudill	3652 Birchwood	46205	923-4102
ARNAR-STONE			
Joe F. "Pete" Surratt	Rt. 2, Brownsburg	46112	769-3865
BREON LABORATORIES			
Harold B. Robertson	6140 N. Sherman Dr.	46220	255-7492
BRISTOL LABORATORIES			
W. C. Hammond	78 Chickade Dr., Lake Lasalle, Morgantown, Ind.	46160	597-5121
John C. Lacopo	5521-D Versaille Dr.	46227	783-1206
C. Roger Massa (DM)	6368 Green Leaves Rd.	46220	251-4647
James H. Riddle	2914 Consulate Lane	46224	293-6931
Robert H. Thayer	455 E. Clinton St., Frankfort	46041	654-6655
BURROUGHS-WELLCOME & CO.			
J. E. Borgmann	7226 N. Parker Ave.	46240	253-1015
John Brown	307 W. Gray Road, Carmel	46032	846-1437
CENTRAL PHARMACAL CO.			
D. J. "Donn" Moore	11217 Fogelson Court	46229	894-7305
John Thomas	5916 Schoolwood Dr.	46224	291-8306
CENTURY PHARMACEUTICALS, INC.			
Ross A. Deardorff	6383 Monitor Dr.	46220	251-4602
CARNICK LABORATORIES			
Gary Jenkins	150 Merrimac Pl.	46224	892-4281
CIBA PHARMACEUTICAL CO.			
Herman F. Radtke	5809 Winston Dr.	46226	547-7922
DOME CHEMICALS, INC.			
Robert Swift	1325 W. Main St., Carmel	46032	846-5540
ENDO LABORATORIES, INC.			
Robert Lawalin	9331 Granville Lane	46219	898-2403
Charles A. Sutton	13617 N. Meridian St., Carmel	46032	846-5000
FLEMING & CO.			
Vic Windle	4913 Karen Dr.	46226	547-7217

GEIGY PHARMACEUTICALS			
Joseph R. Cook	3821 E. 61st	46220	251-2084
HOECHST PHARMACEUTICAL CO.			
Chuck Wencel	145 Southlane Dr., New Whiteland	46184	535-4008
INDIANAPOLIS PHARMACEUTICAL CO.			
Paul Love	3501 Brookside Parkway, S. Dr.	46201	631-7233
LEDERLE LABORATORIES			
John Berck	4929 W. 52nd St.	46254	291-0357
McNEIL LABORATORIES, INC.			
W. C. Dollens	4226 N. Meridian St.	46208	283-2121
Charles T. Love	4450 Guilford Ave.	46205	283-5015
MALLARD, INC.			
Homer Suprenant	941 Mellowood	46227	989-1826
MARION LABORATORIES			
Al Cushing	3607 Wellington Ave.	46226	897-0460
Howard Murray	6124 Hillside	46220	257-6051
MASSENGILL CO.			
Wm. E. Massengill	604 Turtle Creek, S. Dr., Apt. 8	46227	786-2372
MERCK SHARP & DOHME			
Thomas Moriarty	7132 Maplewood Dr.	46227	784-9152
Henry Pahlke	8311 Rumford Rd.	46219	898-7722
MODERN DRUGS			
K. E. Hoy, Sr.	1139 Reid Pl.	46203	632-7148
K. E. Hoy, Jr.	1139 Reid Pl.	46203	632-7148
NEISLER LABORATORIES			
Jon Young	2611 Dell Zell Dr.	46220	252-3542
NATIONAL DRUG CO.			
Wm. R. Schertzinger	500 Crescent Ct., Frankfort	46041	654-6606
ORTHO PHARMACEUTICAL CORP.			
Bill McKimmie	9865 Lakewood Dr. W.	46280	846-6881
Gunnar Tysklind	1449 Orchard Park, N. Dr.	46280	291-7334
PARKE DAVIS & CO.			
Al Griffin	4520 Devon Ct.	46226	547-2802
M. O. Hollingsworth	6446 Brokenhurst	46220	251-2422
PFIZER LABORATORIES			
Joe Gorham	3014 E. Berwyn	46203	784-5524
Milt Stamper	7441 Galloway Ave.	46250	849-5753
PITMAN-MOORE CO.			
E. O. "Bill" Hoy	8940 Frontenac Rd.	46226	898-4824
Terry Guttrich	1247 Stockton	46260	255-2324
Joseph F. Keers	3217 N. Winfield	46222	923-1789
Wm. C. McCrory	6244 Park Ave.	46220	255-6552
PURDUE FREDERICK CO.			
George Snider	6476 N. Parker Ave.	46220	251-8114
ROERIG & CO.			
Vic Market	5640 Kilmer Lane	46250	849-3012
Les Nagley	5845 E. Michigan St.	46219	356-4398
Larry Latimer	914 Easy St.	46227	881-0827
RORER, INC., WILLIAM H.			
James H. Herrmann	5337 Brendon Park Dr.	46226	546-3717
John Karnes	423 N. Harbison Ave.	46219	898-2923

SANDOZ PHARMACEUTICAL CO.				
Ken W. McCall	1848	Weslynn Dr.	46208	255-4748
SCHERING CORPORATION				
Rollan W. Perry	5743	Boy Scout Rd.	46226	546-7960
SEARLE, G. D. & CO.				
Ron E. Fritz	6510	Whitethorn Ct.	46220	253-8531
Robert W. Schulz	2404	DePauw Rd.	46227	787-5169
SQUIBB & SONS, E. R.				
Joe E. Ewing	4702	E. 35th St.	46218	547-8907
Ivel Larmer (DM)	4809	E. 70th St.	46220	251-3631
STANDARD DRUG PRODUCTS				
Wallace MacLellan	6716	Cricklewood Rd.	46220	849-3172
STRASENBURGH LABORATORIES				
Duffy Redmond	3617	N. Riley	46218	545-0670
STUART CO.				
Robert W. Smith	1525	106th St.	46280	846-1097
TESTAGAR (FELLOWS) & CO.				
Don Franklin	6102	S. Rural Dr.	46227	784-2873
USV PHARMACEUTICAL CORPORATION				
John Porter	3040	Barnard St.	46268	293-2799
WAMPOLE LABS.				
Robert J. Johnson	R.R. #2, Box 91,	Shelbyville	46176	392-3334
WARNER-CHILCOTT				
William Shannon	2919	S. Parker	46203	787-9865
Ronald E. Strakis	3125	S. Tibbs	46241	244-9722
WARREN-TEED PHARMACEUTICALS, INC.				
Herschell H. Lammey	1161	E. 56th St.	46220	255-1646
WINTHROP LABORATORIES				
Moody Cross	5621	Ralston Ave.	46220	253-6718
John L. Jones (DM)	5816	N. Meridian St.	46208	253-6881
John J. Malloy	5008	Leone Dr.	46226	545-0235
Wynne Kent Porter	9203	E. 42nd St.	46226	898-8499

1969 ROSTER
MEDICAL SERVICE REPRESENTATIVES
FORT WAYNE, INDIANA

OFFICERS, 1969

President	James C. Long
Vice President	John W. Click
Secretary-Treasurer	Ernie Haustveit

ABBOTT LABORATORIES, INC.		
Thomas Didion	6432 Lampwick Lane	485-5618
Edwin W. Nicholson	1142 9 Trailsnorth	637-6483
ARMOUR PHARMACEUTICAL COMPANY		
Larry L. Haver	112 S. Main St.	542-7075
ARNAR-STONE		
Bill Snyder	502 Wallace, Garrett	
AYERST LABORATORIES		
James C. Long	6904 Blake Dr.	432-3901
BRISTOL LABORATORIES		
John P. Kirby	119 Tanglewood Dr., New Haven	749-5989
CENTRAL PHARMACAL CO.		
Wm. R. Kochheim	4908 Ridgedale Dr.	485-8687
CIBA PHARMACEUTICAL COMPANY		
G. Tom Wilson	835 Hamilton Ave.	456-9452
DORSEY LABORATORIES		
Harlan Huffman	Kendallville	347-1109
EATON LABORATORIES		
Richard A. Fair	1130 North Dr.	483-0817
GEIGY PHARMACEUTICALS		
Bill M. Smith	6406 Galaxy Dr.	485-8308
LEDERLE LABORATORIES		
Charles D. Osborn	1040 Lincoln Hwy., East New Haven	749-0331
MERCK, SHARP & DOHME		
Ernie Haustveit	5444 Archwood Lane	484-9754
MERRELL, WM. S.		
James S. F. Beckstein	5035 Twilight Lane	485-4446
NATIONAL DRUG CO.		
John W. Click	1413 Melrose Ave.	422-8857
NEISLER LABORATORIES		
Dudley Safford	4306 Oakhurst	485-3410
ORTHO PHARMACEUTICAL CORP.		
Tom Jackson	7605 Antebellum Blvd.	749-5513
PFIZER LABORATORIES		
Bill Faughn	2518 Florida Dr.	848-6586
Don Spoelker	420 Fairwick Lane, Apt. #2	744-3647
RIKER LABORATORIES		
Gary Graham	1803 Poinsette Dr.	428-5231
ROCHE LABORATORIES		
Ronald Ranus	1018 Kenwood Ave.	484-0195
J. B. ROERIG & CO.		
Marc Connor	3534 Montagne	456-2402
SANDOZ PHARMACEUTICAL CO.		
Richard R. Bennett	10415 Thiele Rd.	747-3239

SAVAGE LABORATORIES		
John Grogan	410 Dori Lynn Dr., Apt. D	746-9796
SCHERING CORPORATION		
Max F. Robison	1718 Kenwood Ave.	484-5864
SMITH, KLINE & FRENCH		
Steve M. Bender	3802 Nokomis Rd.	747-0752
SMITH, MILLER & PATCH		
John Fleming	6616 Bittersweet Dr.	748-7680
THE UPJOHN CO.		
David L. Beiser	5004 Maple Ridge Dr.	485-8408
Ron Schrock	3329 Congress Ave.	440-0954
WALLACE LABORATORIES		
Carl E. Simon	447 Englewood	443-9722
WARNER - CHILCOTT		
Fred Roberts	Garrett	357-3776
WESTERFIELD LABORATORIES		
James E. Simon	714 Stratford Rd., New Haven	749-2169
WINTHROP LABORATORIES		
Robert E. Erdmann	6932 Omaha Court	432-3128
WYETH LABORATORIES		
Joe W. Maksl	5612 Winchester Rd.	747-2900

Space Reserved for Your Change-of-address Notes

EDGE INDEX

= AB
– C
= D
– EF
= G
– H
= IJK
– L
= M
– N
= OPQR
– S
= TUV
– WX YZ

= A
– B
= CD
– EF
= GH
– IJK
= L
– M
= NO
– PQ RS
= T UV
– WX YZ

= WOMAN'S AUXILIARY

In this section there are two rows of symbols on the page edges. The top row of symbols will identify members listed A to Z. The bottom row of symbols will identify members names listed by county.

LICENSE NO. MACHOL EDGE INDEX. U.S. PATENT NO. 2680630 TEN FOREIGN PATENTS ISSUED

HOW TO USE THE EDGE INDEX

Bend the book nearly double and hold it in your right hand as shown.

Locate the listing you want in the Edge Index.

Match up the 1 or 2 line symbol next to the listing you have selected with the corresponding 1 or 2 dot symbol on the page edge.

OPEN THERE.

1969 Yearbook

The Journal of the Indiana State Medical Association

State Elected Officials 678

State Health Organizations 680

Indiana Accredited Schools of Professional Nursing 688

Community Centers for the Mentally Retarded 690

Indiana Accredited Practical Nursing Schools 692

Professional Medical and Allied Organizations 698

Voluntary Organizations 702

I.U. School of Medicine, Heads of Departments 703

Approved Hospitals in Indiana 705

Approved Mental Hospitals 709

Licensed Nursing Homes in Indiana 710

Outpatient Mental Health Facilities in the State of Indiana: 1969 ... 726

Poison Control Centers in Indiana and Adjacent States 730

Disease Prevention by Immunization and Chemoprophylaxis 736

Class A Narcotic Drugs 742

Deaths of Indiana Physicians in 1968 746

Presidents of ISMA Since Its Organization 748

Constitution and Bylaws of the ISMA 750

Principles of Medical Ethics of the American Medical Association 765

Indiana Delegation in Congress

UNITED STATES SENATORS

Senior Senator—Hon. R. Vance Hartke
(D) 1010 Kerns Court, Falls Church, Virginia

Junior Senator—Hon. Birch E. Bayh, Jr.
(D) Terre Haute, Indiana

Address them at Senate Office Building, Washington, D. C. 20025

UNITED STATES REPRESENTATIVES

First District—Hon. Ray J. Madden
(D) 578 Broadway, Gary

Second District—Hon Earl F. Landgrebe
(R) R. R. 2, Valparaiso

Third District—Hon. John Brademas
(D) 750 Leland Ave., South Bend

Fourth District—Hon. E. Ross Adair
(R) 1145 W. Foster Pkwy., Fort Wayne

Fifth District—Hon. Richard L. Roudebush
(R) R. R. 3, Box 23A, Noblesville

Sixth District—Hon. William G. Bray
(R) 489 N. Jefferson, Martinsville

Seventh District—Hon. John T. Myers
(R) Covington

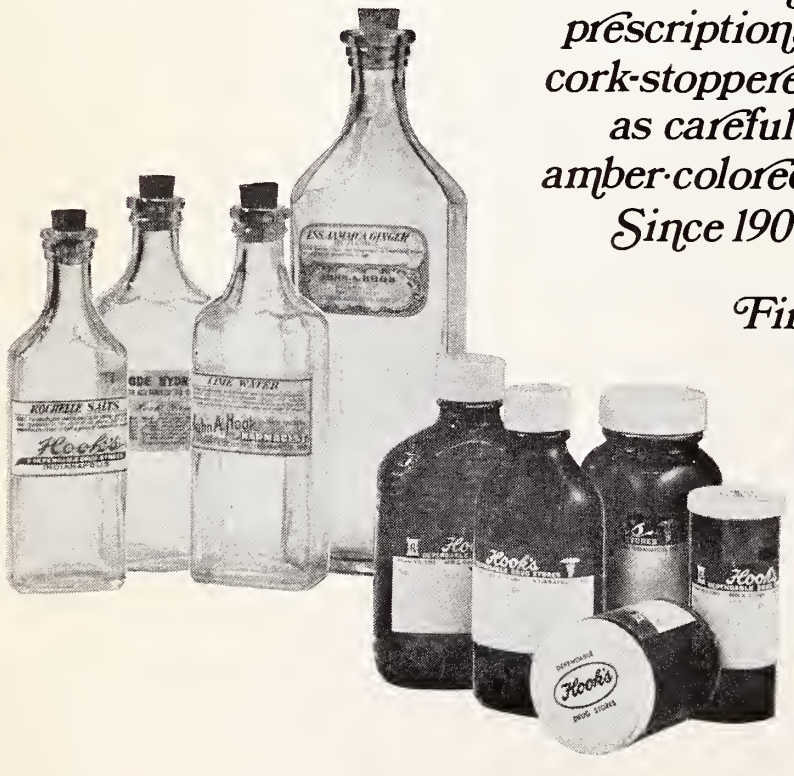
Eighth District—Hon. Roger H. Zion
(R) R. R. 3, Erskine Lane, Evansville

Ninth District—Hon. Lee H. Hamilton
(D) 2336 Sycamore, Columbus

Tenth District—Hon. David W. Dennis
(R) 610 W. Main St., Richmond

Eleventh District—Hon. Andrew Jacobs, Jr.
(D) 508 29th St., Indianapolis

Address them at House Office Building, Washington, D. C. 20025



In 1900, we poured our prescriptions carefully into old-fashioned, cork-stoppered bottles. Today, they go... just as carefully... into modern, protective amber-colored containers. Why? It's simple. Since 1900, Hooks has always been...

First of all, Drug Stores

Hook's
DEPENDABLE DRUG STORES

State Officers

Office	Incumbent	Politics	Room Number
Governor	Edgar D. Whitcomb	R	206
Lieutenant Governor	Richard E. Folz	R	332
Secretary of State	William N. Salin	R	201
Treasurer of State	John K. Snyder	R	242
Auditor of State	Mrs. Trudy S. Etherton	R	240
Attorney General	Theodore L. Sendak	R	219
Supt. of Public Instruction	Richard D. Wells	R	227
Clerk of Supreme Court	Kendal Mathews	R	217
Reporter of Supreme Court and Appellate Court	Mary Lou Wertzler	R	416 ◄

A limited quantity of June Yearbooks and 1969 Rosters are available at the JOURNAL OFFICE, 3935 N. Meridian, Indianapolis. 46208. Place your order now.

Roster: $3.00 each.

Yearbook: $5.00 each.



State Health Organizations

DEPARTMENT OF MENTAL HEALTH

William F. Sheeley, M.D., Commissioner, Indianapolis
Herman E. Wilkinson, M.D., Deputy Commissioner, Indianapolis
Robert W. King, Business Administrator

DIVISION ON ALCOHOLISM

Mr. C. Bruce Falkey, Administrative Director

DIVISION ON MENTAL RETARDATION

Mr. Robert Spaulding, Director

DIVISION OF MENTAL ILLNESS

Daniel B. Steiner, Director

DIVISION OF PROFESSIONAL SERVICES

Herman E. Wilkinson, M.D., Acting Director

DIVISION OF PLANNING AND EVALUATION

Martin W. Meyer, Ed.D., Director

DIVISION OF ADMINISTRATIVE SERVICES

Mr. Robert W. King, Director

DIVISION OF COMMUNICATIONS

Mr. Robert H. Branson, Director

Advisory Council for Mental Health

Year Appt. Ends

1968* Miles Barton, D.D.S., Hume Mansur Building, Indianapolis

1969 Grant E. Metcalfe, M.D., 308 Jefferson Medical Arts Building, 919 East Jefferson Boulevard, South Bend

1969 Alex T. Ross, M.D., 6050 Knyghton Road, Indianapolis

1967* W. Rowland Allen, 5415 Central Ave., Indianapolis (representing Advisory Board on Alcoholism)

1969 Mrs. Lucille Currie, 6320 Braewick Road, Indianapolis (representing Advisory Board, Division of Child Mental Health)

1970 Mr. Richard Robertson, Brownstown (representing Muscatatuck State Hospital and Training Center Advisory Committee)

1966* Mr. James J. Mallon, Director, Children's Bureau, Indianapolis Orphan Asylum, 615 North Alabama Street, Indianapolis (representing Evansville Psychiatric Treatment Center for Children)

1967* T. Perry Wesley, 257 North Middle, Spencer (representing LaRue D. Carter Memorial Hospital Advisory Committee)

1970 Lester D. Bibler, M.D., 1815 N. Capitol, Indianapolis (representing Central State Hospital Advisory Committee)

1968* Ina Stringer, % East Chicago Public Schools, Administration Building, 4819 Magoun Avenue, East Chicago (representing Advisory Board, Division on Mental Retardation)

1967* Rabbi Albert M. Shulman, Temple Beth-el, 305 West Madison Street, South Bend (representing Advisory Committee, Dr. Norman M. Beatty Memorial Hospital)

1968* Walter Kennedy, M.D., 208 Union Block, New Castle (representing New Castle State Hospital Advisory Committee)

1969 George S. Porter, M.D., 920 Whitewater Blvd., Richmond (representing Advisory Committee of Richmond State Hospital)

1968* Robert P. Acher, M.D., 221 E. Washington Street, Greensburg (representing Advisory Committee of Madison State Hospital)

1969 Weston Heinrich, M.D., 314 S. E. Riverside, Evansville (representing Evansville State Hospital Advisory Committee)

1970 William J. Tillett, American Fletcher Nat'l. Bank, 101 Monument Circle, Indianapolis

1971 Harry E. Klepinger, M.D., 824 Life Building, Lafayette

1972 Mrs. Freda Noble, 1114 Harvey Street, South Bend (representing Advisory Committee, Northern Indiana Children's Hospital)

* Appointees to this council serve until they are re-appointed or a successor is named.

MENTAL INSTITUTIONS

****Indicates Approved Medicare Hospital**

Central State Hospital—Indianapolis
John U. Keating, M.D., Superintendent
Ernest R. Dunbar, Business Administrator

****Evansville State Hospital—Evansville**
Harold S. Gillespie, Acting Superintendent, Administration

****Logansport State Hospital—Logansport**
Heracleo I. Matheu, M.D., Superintendent
James F. Frohbieter, Ass't Superintendent, Administration

****Madison State Hospital—Madison**
Ott B. McAtee, M.D., Superintendent
Jerry A. Thaden, Ass't Superintendent, Administration

****Norman M. Beatty Memorial Hospital—Westville**
Theodore A. Hill, M.D., Superintendent
Frances A. Manfred, Ass't Superintendent, Administration

**LaRue D. Carter Memorial Hospital—Indianapolis
Donald F. Moore, M.D., Medical Director
Mrs. Selma N. Earle, Ass't Superintendent, Administration

**Richmond State Hospital—Richmond
Jefferson Klepfer, M.D., Superintendent
Wallace E. Brotherton, Ass't Superintendent, Administration

**Fort Wayne State Hospital and Training Center—Fort Wayne
Ora R. Ackerman, Ed. D., Superintendent
H. T. Dean, Assistant Superintendent, Administration (Acting)

Muscatatuck State Hospital and Training Center—Butlerville
Joseph C. Denniston, M.D., Superintendent
E. Keith Bishop, Business Administrator

**New Castle State Hospital—New Castle
William E. Murray, M.D., Superintendent
George H. Rauch, Business Administrator

Northern Indiana Children's Hospital—South Bend
Donald M. Hippensteel, Superintendent

Evansville Psychiatric Children's Center—Evansville
George T. Jones, Acting Superintendent

INDIANA STATE BOARD OF HEALTH

1330 W. Michigan St., Indianapolis 46206

A. C. Offutt, M.D., Secretary and State Health Commissioner

B. A. Poole, B.S.C.E., D.E., Assistant Commissioner for Environmental Health

L. W. Spolyar, M.D., Assistant Commissioner for Medical Operations

Robert O. Yoho, H.S.D., Assistant Commissioner for Administration

State Board of Health

M. J. Moss, M.D., Muncie, Chairman
Francisco F. Levinson, D.D.S., Gary, Vice-Chairman
Richard M. Craig, M.D., Fort Wayne
Glenn L. Jenkins, Ph.D., West Lafayette
Don E. Bloodgood, B.S.C.E., C.E., Lafayette
Eva H. Rosser, R.N., Fort Wayne
William D. Province, M.D., Franklin
I. Dale Richardson, D.V.M., Hartford City
Joseph L. Quinn, Jr., B.S.C.E., C.E., Terre Haute

Continued

A hospital for the diagnosis and treatment of psychiatric illness

WABASH VALLEY HOSPITAL

(a not for profit corporation)

2900 North River Road (State Road 43 north)
West Lafayette, Indiana 47906 Phone 317-463-2555

Active Psychiatric Staff	(Phone)
W. R. VanDenBosch, M.D.	447-6404
David L. Evans, M.D.	447-9155
Joe M. Martin, M.D.	463-2695
Edgar C. Stuntz, M.D.	
Limited private practice	
John H. Wilms, M.D.	
F. H. Spurlock, M.D.	749-2441
Alfred R. Heasty, M.D.	

Robert K. Jones, Ph.D.
Clinical Psychologist

Mrs. Margaret Keedy, A.C.S.W.
Psychiatric Social Worker

Elizabeth J. Snyder, R.N.
Director of Nursing Service

James Jones, B.P.E.
Director of Activity Therapy

Donald R. Kinzer, Hospital Administrator

John Sterzer, Business Manager

Admissions are arranged through referral to any active staff psychiatrist.

All general medical and surgical specialties in the community are available through physicians on the open consulting staff.

STATE HEALTH

Continued

Bureau of Administration and Development

Malcolm J. McLelland, Director

Donald A. Miller, Director, Division for the Handicapped

Robert A. Calhoun, P.E.D., Director, Division of Public Health Records

Louis B. Herdrich, Director, Division of Personnel and Training

Malcolm A. Mason, Director, Division of Health Education

James H. McCoy, Director, Division of Local Services

Bureau of Engineering

Perry E. Miller, Director

Henry C. Briggs, Director, Division of Radiological Health

Robert W. Heider, Director, Division of Sanitary Engineering

Oral H. Hert, Director, Division of Water Pollution Control

J. F. Keppler, Director, Division of Industrial Hygiene

Harry D. Williams, Director, Division of Air Pollution Control

Bureau of Food and Drugs

Frank E. Fisher, Director

Lorenzo A. Gredy, Director, Division of Weights and Measures

Dale Hardy, Director, Division of Retail and Manufactured Food

Willis A. Roose, Director, Division of Drug Control

Daniel B. Schlosser, D.V.M., Director, Division of Meat and Poultry

Hubert H. Vaux, Director, Division of Dairy Products

Bureau of Laboratories

Josephine Van Fleet, M.D., Director

Tinsel L. Eddleman, Director, Division of Food, Drug, and Dairy

Charles F. Hill, Director, Division of Serology

Stephen R. Kin, Director, Division of Water

Walter A. Miller, Director, Division of Microbiology

Bureau of Management and Services

William D. Murchie, Director

W. J. Strange, Director, Division of Internal Management

William E. Headley, Director, Division of Budget and Requirements

Bureau of Medical Services

Daniel G. Bernoske, M.D., Director

....., Director, Division of Chronic Diseases and Gerontology

Charles W. Gish, D.D.S., Director, Division of Dental Health

Verne K. Harvey, Jr., M.D., Director, Division of Maternal and Child Health

James H. Hawk, M.D., Director, Division of Medical Care Administration

Frances A. Heymans, Director, Division of Nutrition

Geraldine Wojtowicz, R.N., Director, Division of Nursing

Vance T. Koonce, Director, Division of Health Facilities

Daniel G. Bernoske, M.D., Acting Director, Division of Communicable Disease Control

Robert L. Rogers, Director, Division of Hospital and Institutional Services

Administrative Unit for Special Institutions

A. C. Offutt, M.D., Acting Director

William D. Murchie, Administrative Assistant

Commission for Special Institutions

Walter A. Crum, D.D.S., Richmond
J. Everett Light, Indianapolis
Kenneth Orr, Terre Haute
Mrs. Walter J. Pippert, Indianapolis
Mrs. Kenneth Luckett, English
Thomas C. Hasbrook, Indianapolis
Sheldon A. Key, Indianapolis
J. S. McBride, M.D., Indianapolis
N. C. Johns, M.D., South Bend
Noble C. Lehner, Indianapolis
Mrs. Hazelle Kirkpatrick, Delphi
Roma H. Thiry, Muncie

Indiana School for the Blind—Indianapolis

D. A. Hutchinson, Superintendent
James E. Haralson, Principal
Robert L. Mauk, Business Administrator
Advisory Committee
Edwin W. Dyar, M.D., Indianapolis
Thomas C. Hasbrook, Indianapolis
Clarence Lucas, Jr., M.D., Indianapolis
Mrs. Agnes Morris, Princeton
Mrs. Leroy Shine, Fort Wayne
Mrs. Frank A. White, Indianapolis

Indiana State School for the Deaf—Indianapolis

Alfred J. Lamb, Superintendent
Robert Dawson, Principal
Gregg D. Hartley, Business Administrator
Advisory Committee
David E. Brown, M.D., Indianapolis
Mrs. Roma Hayworth Thiry, Muncie
James M. Nicholson, Indianapolis
Cornelius O. Alig, Jr., Indianapolis
Margot K. Kiser, Indianapolis
Leland H. Erickson, Ed.D., Franklin

Indiana Agency for the Blind—Indianapolis

Raymond F. Handley, Director
Helen Lavelle, Administrative Clerk
Advisory Committee
Ray J. Dinsmore, Indianapolis
M. Richard Harding, M.D., Indianapolis
Noble C. Lehner, Indianapolis

William R. Lesch, Indianapolis
Mary Lou Moriarty, Indianapolis
Ontario H. Nestor, Ph.D., Indianapolis
H. J. Noel, Indianapolis
John Richardson, Indianapolis
Albert B. Stroud, O.D., Indianapolis
Jon M. Templin, Indianapolis
Clark Moots, Indianapolis

Southern Indiana Tuberculosis Hospital—New Albany
John M. Paris, M.D., Superintendent
Hudson D. Hise, Business Administrator
Advisory Committee
John A. Cody, Jr., New Albany
Francis W. Hare, Jr., M.D., Madison
Mrs. Kenneth Luckett, English
James Tucker, Paoli
E. K. Lovelace, New Albany
Mrs. Mary Coyte, Jeffersonville

Indiana State Soldiers' Home—Lafayette
Col. Harold A. Shindler, Commandant
Major Robert A. Hinds, Business Administrator
Advisory Committee
Mahlon G. Frasch, M.D., Lafayette
William Gettings, Lafayette
Albert J. Krabbe, Jr., Lafayette
Mrs. Hazelle Kirkpatrick, Delphi
F. Edward Dumas, Fowler
Hon. E. Spencer Walton, Mishawaka

Indiana Soldiers' and Sailors' Children's Home—Knightstown
S. W. Brewer, Superintendent
Max E. Stanley, Principal
Paul E. Holland, Business Administrator
Advisory Committee
William H. Smith, D.D.S., Edinburg
Sheldon A. Key, Indianapolis
Mrs. Robert Hughes, Muncie
Gerald Carmony, Shelbyville
Mrs. William E. Steckler, Indianapolis

Bedding Advisory Board
Mr. Robert E. Mischler, Evansville, Chairman
Mr. Robert D. Steinsberger, Indianapolis, Vice-Chairman
Mrs. Mary Garrett, Indianapolis
Mr. Les Martin, Indianapolis
Mr. P. D. Powers, Indianapolis
Mr. Fred W. Nesbitt, Elkhart
Mr. T. S. Rominger, Logansport

Commission on Forensic Sciences
Charles A. Davis, Chairman, Indianapolis
A. C. Offutt, M.D., Secretary, Indianapolis, Ex-Officio
Cleon H. Foust, Indianapolis
Thomas A. Stump, M.D., Indianapolis

Commission for the Handicapped
James M. Kirtley, M.D., Chairman, 415 Ben Hur Building, Crawfordsville 47933
Harlan J. Noel, Indianapolis
Theodore Dombrowski, Gary
Dr. Howard G. Lytle, Indianapolis
Mrs. Carolyn C. Tucker, Indianapolis
Gayle S. Eads, Indianapolis
Joseph W. Elbert, D.O., Petersburg
Dean E. Duvall, Indianapolis
Ralph E. McDonald, D.D.S., Indianapolis
Leslie Brinegar, Indianapolis
Ralph N. Phelps, Indianapolis
Merrill C. Beyerl, Ph.D., Muncie
James B. Wray, M.D., Indianapolis
Spiro B. Mitsos, Ph.D., Evansville
William F. Sheeley, M.D., Indianapolis
Richard L. Schultheis, M.D., Indianapolis

Hospital Regulating and Licensing Council
Earl W. Mericle, M.D., Chairman, Indianapolis
William D. Province, M.D., Franklin, Ex-Officio
William R. Sterrett, Indianapolis, Ex-Officio
Nolan R. Lackey, Evansville
Peter R. Mariani, Noblesville
Miss Olive M. Murphy, R.N., Columbus
Sister M. Delphina, R.N., Michigan City
George Goshorn, Franklin

Mobile Home Advisory Board
R. L. Dunkin, Indianapolis
John W. Chittenden, Indianapolis
Louis E. How, M.D., South Bend
Charles S. Cole, Argos
Ronald T. Roberts, Indianapolis
Chester H. Canham, Indianapolis, Ex-Officio

Health Facilities Council
Mrs. Rosemary Michel Denney, R.N., Greenfield
A. C. Offutt, M.D., Ex-Officio, Secretary, Indianapolis
Mrs. Ida P. Miller, L.P.N., Gary
Mr. Frank N. Wilson, Warsaw
Mr. Orville Sherman, North Manchester
Mr. William Visser, North Manchester
Arnold W. Brockmole, M.D., Evansville
Mr. Robert O. Brown, Ex-Officio, Indianapolis
Mr. Norman M. Fesler, Ex-Officio, Indianapolis
W. Dean Mason, Ed.D., Martinsville
Lowell H. Steen, M.D., Hammond
Mr. Chester C. Coan, Greencastle
C. Darrell Phillips, Bloomington

Radiation Control Advisory Commission
A. C. Offutt, M.D., Chairman, Indianapolis
Ex-Officio
Henry C. Briggs, Secretary, Indianapolis
J. E. Christian, Ph.D., Lafayette, Vice-Chairman
James C. Katterjohn, M.D., Indianapolis
John E. Magnuson, D.D.S., LaPorte
R. J. Hafsten, Whiting
William D. Province, M.D., Franklin
John L. Ryan, Indianapolis, Ex-Officio
W. H. Lanam, Indianapolis, Ex-Officio
Ross E. Crabtree, Ph.D., Indianapolis

Continued

STATE HEALTH

Continued

Tuberculosis Council

John D. Miller, M.D., Chairman, Indianapolis
Joe C. Rice, Elkhart
Mrs. Herbert I. Lamb, Secretary, North Terre Haute
Joseph M. Black, M.D., Seymour
Joseph W. Strayer, M.D., Lafayette
William C. Wilson, Vice-Chairman, Indianapolis
A. C. Offutt, M.D., Indianapolis, Ex-Officio
Louis W. Spolyar, M.D., Executive Officer, Indianapolis

Hearing Aid Dealer Advisory Committee

John F. Triska, Lafayette
J. William Wright, Jr., M.D., Indianapolis
Steven W. Hart, Evansville
Ralph V. Ganser, M.D., South Bend
John H. Payne, Indianapolis
A. C. Offutt, M.D., Indianapolis, Ex-Officio

Stream Pollution Control Board

Lewis S. Finch, Chairman, Indianapolis
Robert W. Kellum, Indianapolis
Perley H. Provost, Jr., South Bend, Ex-Officio
A. C. Offutt, M.D., Indianapolis, Ex-Officio
Richard E. Folz, Evansville, Ex-Officio
John R. Ax, Linton
B. A. Poole, B.S.C.E., D.E., Technical Secretary, Indianapolis

Air Pollution Control Board

A. C. Offutt, M.D., Chairman, Indianapolis, Ex-Officio
John E. Clausheide, Vice-Chairman, Evansville
Dennis T. Karas, East Chicago
Hassil E. Schenck, Lebanon
Richard G. Weldele, P.E., Indianapolis
Charles M. Kay, Gary
Harry E. Klepinger, M.D., Lafayette
Perry E. Miller, Indianapolis, Technical Secretary

STATE ANATOMICAL BOARD

Andrew C. Offutt, M.D., Chairman, Indianapolis, Ex-Officio
Warren Andrew, Ph.D., M.D., Secretary-Treasurer, Indianapolis
C. C. Stowell, D.C., Indianapolis
Maynard K. Hine, D.D.S., Indianapolis
Glenn W. Irwin, Jr., M.D., Indianapolis

DEPARTMENT OF PUBLIC WELFARE

Room 701, 100 N. Senate, Indianapolis 46204

Mr. William R. Sterrett, Administrator, Indianapolis
Miss Evelyn G. Bell, Assistant Administrator, Indianapolis
Oscar C. Crawford, Administrative Assistant, Indianapolis
Robert O. Brown, Director, Division of Public Assistance, Martinsville
Miss Lucille De Voe, Director, Children's Division, Indianapolis
Richard L. Schultheis, M.D., Director, Division of Services for Crippled Children, Bloomington
Mr. James L. John, Director, Division of Administrative Services, Indianapolis

STATE BOARD OF PUBLIC WELFARE

Jack F. Tweedy, President, Carthage
Mrs. Marion M. Hilger, Vice-President, Columbus
Robert M. Curless, Wabash
Doyle C. Day, Princeton
Very Rev. Msgr. W. Edward Sweigart, Michigan City

INDUSTRIAL BOARD

Room 601, 100 N. Senate, Indianapolis 46204
G. Richard Pile, Chairman, Indianapolis
Richard J. Noel, Secretary, Indianapolis
Lenhardt E. Bauer, Terre Haute
Rex L. Bridwell, Indianapolis
Joseph P. Miller, South Bend
George Mischeau, Cedar Lake
Robert W. McNevin, Indianapolis

INDIANA STATE BOARD OF ANIMAL HEALTH

Room 801, 100 N. Senate, Indianapolis 46204
P. L. White, Chairman, Oxford
David L. Smith, D.V.M., Secretary Ex-Officio and State Veterinarian, Rushville
E. V. Morse, D.V.M., Lafayette
R. H. DeMotte, D.V.M., Odon
R. H. Cullop, D.V.M., Pine Village
Charles Manwaring, Mentone
Burton D. Honan, Ockley
E. William German, Romney

STATE BOARD OF BARBER EXAMINERS

Room 1003, 100 N. Senate, Indianapolis 46204
Roscoe F. Wolf, President, Rossville
William E. Perkins, Vice-President, Marion
George J. Bubel, Secretary, Logansport

STATE BOARD OF BEAUTY CULTURIST EXAMINERS

Room 1023, 100 N. Senate, Indianapolis 46204
A. Alan Fischer, M.D., President, Indianapolis
Leah Hurst, Vice-President, Lafayette
Edith Sanderson, Secretary, Indianapolis

STATE BOARD OF DENTAL EXAMINERS

W. B. Currie, D.D.S., President, Indianapolis
Gorman F. McKean, D.D.S., Secretary-Treasurer, Montpelier
Daniel W. Cheek, Jr., D.D.S., Terre Haute
Edward J. Burns, D.D.S., Gary
Walter J. Dean, D.D.S., Indianapolis

STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION

Harry E. Klepinger, M.D., President, Lafayette
Merritt O. Alcorn, M.D., Vice-President, Madison
R. A. Snapp, M.D., Secretary, Columbus
H. Dearing Wolf, D.O., Treasurer, Indianapolis
A. P. Bonaventura, M.D., Highland
James C. Ploch, D.C., Evansville

MAILING ADDRESS:
Board of Medical Registration and Examination of Indiana
1021 State Office Building
Indianapolis, Indiana 46204
ATTN: Mr. Joseph D. O'Brien, Adm.

STATE BOARD OF NURSES REGISTRATION AND NURSING EDUCATION

Room 1018, 100 N. Senate, Indianapolis 46204

Miss Virginia R. Sims, R.N., President, Indianapolis
Mrs. Margaret A. Klen, R.N., Hammond
Miss Mary Johnson, R.N., Muncie
Miss Ellen Lynch, R.N., Secretary, Evansville
Miss Mildred P. Adams, R.N., Indianapolis
Miss Caroline Hauenstein, R.N., Executive Secretary, Indianapolis
Miss Kathryn L. Gardner, R.N., Educational Supervisor, Indianapolis

INDIANA BOARD OF PHARMACY

President—John H. Kesling, Munster.
Secretary—Willis R. Butt, Brownstown
Board Members—Willis Butt, Brownstown; Spurling Clark, Indianapolis; Ivan Holder, Monticello; William Schaffer, Edinburg.

Executive Secretary—Joseph Schwartz, Indianapolis.
Inspector—Vernis Purcell, Greenwood.
Inspector—S. M. Wynkoop, Brookston.

BOARD OF REGISTRATION AND EXAMINATION IN OPTOMETRY

303 E. Main St., P. O. Box 147, Lowell, Ind.

Donald W. Conner, O.D., President. Terre Haute
Robert G. Corns, O.D., Vice-President, Lowell
Kenneth E. Kintner, O.D., Secretary-Treasurer, Mishawaka
Eli Hendrix, O.D., Vincennes
Edward J. Cain, O.D., South Bend

STATE BOARD OF PODIATRY EXAMINERS

William D. Canada, D.S.C., President, Anderson
R. A. Snapp, M.D., Secretary, Columbus
Clarence W. Grinstead, D.S.C., Lafayette
A. P. Bonaventura, M.D., Highland
H. Dearing Wolf, D.O., Indianapolis

MAILING ADDRESS:
Board of Medical Registration and Examination of Indiana
1021 State Office Building
Indianapolis, Indiana 46204
ATTN: Mr. Joseph D. O'Brien, Adm.

VETERINARY EXAMINATION BOARD

Room 801, 100 N. Senate, Indianapolis 46204

Robert M. Hafner, D.V.M., Chairman, 1418 Guilford St., Huntington
Emmett W. Spieth, D.V.M., Vice-Chairman, 165 Eastern Blvd., Jeffersonville
Paul E. Brocksmith, D.V.M., Treasurer, Vincennes
David L. Smith, D.V.M., Secretary of Board Ex-Officio and State Veterinarian, Rushville
Arthur E. Hall, D.V.M., Garrett
(3rd judicial district: appointment not yet made).

COMMISSION ON AGING AND AGED

Room 1015, State Office Bldg., 100 N. Senate, Indianapolis 46204

Dr. George E. Davis, Executive Director
Mrs. Tommye Strattan, Administrative Secretary
Dr. Warren Andrew, Indianapolis
Neil W. Daily, Muncie
George E. Davis, Lafayette
Sidney Levin, Terre Haute
Jesse L. Dickinson, South Bend
Dr. Harry Edgren, Lafayette
Loren Moore, Zionsville
Bruce Savage, Indianapolis
Robert Weirich, East Chicago
Max F. Wright, Chairman, Indianapolis
Dr. Nathan Salon, Fort Wayne
Alexander Monro, Indianapolis
Lawrence Foote, Huntington
Dr. Christian Jung, Bloomington

HEARING COMMISSION

Dr. M. D. Steer, Ph.D., Chairman, Lafayette
J. William Wright, Jr., M.D., Indianapolis
David E. Brown, M.D., Indianapolis
Dr. Francis L. Sonday, Ph.D., Indianapolis
Superintendent W. E. Wilson, Indianapolis

INDIANA DEPARTMENT OF VETERANS' AFFAIRS

Room 707, 100 N. Senate, Indianapolis 46204

Jack E. Colglazier, Director, Danville
Earl E. Heath, Assistant Director, Indianapolis

SELECTIVE SERVICE SYSTEM INDIANA STATE HEADQUARTERS

36 South Pennsylvania St., Indianapolis 46204

Colonel Wayne E. Rhodes, State Director, Indianapolis
Colonel Robert K. Custer, Deputy State Director, Marion
Colonel Vernon E. Clark, Procurement Officer, Indianapolis
Colonel Herbert B. Laswell, Chief, Manpower Division, Noblesville
LCDR Charles A. Augustin, Manpower, Indianapolis
Major George Branstetter, Manpower, Crawfordsville ◄

Convalescing . . . but still a long way to go. Anxiety can make it even longer.

Convalescence following medical or surgical procedures may be almost endless to an anxious patient. And, indeed, anxiety with some patients actually retards progress—for example, by inducing insomnia and reducing cooperation.

As physicians have found during nearly 15 years of widespread use, Equanil may be a beneficial part of aftercare. It helps relieve anxiety and tension, thus often aiding your primary therapy.

Indications: For use in management of anxiety and tension occurring alone or as accompanying symptom complex to medical and surgical disorders and procedures. Though not a hypnotic, fosters normal sleep through antianxiety and related muscle-relaxant properties.

Contraindications: History of sensitivity to meprobamate.

Important Precautions: Carefully supervise dose and amounts prescribed, especially for patients prone to overdose themselves. Excessive prolonged use has been reported to result in dependence or habituation in susceptible persons, as alcoholics, ex-addicts, and other severe psychoneurotics. After prolonged excessive dosage, reduce dosage gradually to avoid possibly severe withdrawal reactions. Abrupt discontinuance of excessive doses has sometimes resulted in epileptiform seizures.

Warn patients of possible reduced alcohol tolerance, with resultant slowing of reaction time and impairment of judgment and coordination.

Reduce dose if drowsiness, ataxia or visual disturbance occurs; if persistent, patients should not operate vehicles or dangerous machinery.

Side Effects include drowsiness, usually transient; if persistent and associated with ataxia, usually responds to dose reduction; occasionally concomitant CNS stimulants (amphetamine, mephentermine sulfate) are desirable. Allergic or idiosyncratic reactions are rare, but such reactions, sometimes severe, can develop in patients receiving only 1 to 4 doses who have had no previous contact with meprobamate. Previous history of allergy may or may not be related to incidence of reactions. Mild reactions are characterized by itchy urticarial or erythematous maculopapular rash, generalized or confined to groin. Acute nonthrombocytopenic purpura with cutaneous petechiae, ecchymoses, peripheral edema and fever have been reported. One fatal case of bullous dermatitis following intermittent use of meprobamate with prednisolone has been reported. If allergic reaction occurs, meprobamate should be stopped and not reinstituted. Severe reactions, observed very rarely, include angioneurotic edema, bronchial spasms, fever, fainting spells, hypotensive crises (1 fatal case), anaphylaxis, stomatitis and proctitis (1 case) and hyperthermia. Treat symptomatically as with epinephrine, antihistamine and possibly hydrocortisone. Aplastic anemia (1 fatal case), thrombocytopenic purpura, agranulocytosis and hemolytic anemia have occurred rarely, almost always in presence of known toxic agents. A few cases of leukopenia, usually transient, have been reported on continuous administration.

Meprobamate may sometimes precipitate grand mal attacks in patients susceptible to both grand and petit mal. Extremely large doses can produce rhythmic fast activity in the cortical pattern. Impairment of accommodation and visual acuity has been reported rarely. After excessive dosage for weeks or months, withdraw gradually (1 or 2 weeks) to avoid recurrence of pretreatment symptoms (insomnia, severe anxiety, anorexia). Abrupt discontinuance of excessive doses has sometimes resulted in vomiting, ataxia, tremors, muscle twitching and epileptiform seizures. Prescribe very cautiously and in small amounts for patients with suicidal tendencies. Suicidal attempts have resulted in coma, shock, vasomotor and respiratory collapse and anuria. Excessive doses have resulted in prompt sleep; reduction of blood pressure, pulse and respiratory rates to basal levels; and occasionally hyperventilation. Treat with immediate gastric lavage and appropriate symptomatic therapy. (CNS stimulants and pressor amines as indicated.) Doses above 2400 mg./day are not recommended.

Composition: Tablets, 200 mg. and 400 mg. meprobamate. Coated Tablets, WYSEALS® EQUANIL (meprobamate) 400 mg. (All tablets also available in REDIPAK® [strip pack], Wyeth.) Continuous-Release Capsules, EQUANIL L-A (meprobamate) 400 mg.

EQUANIL®
(meprobamate)

Wyeth®

Wyeth Laboratories Philadelphia, Pa.

Photo professionally posed.



List of Indiana Accredited Schools of Professional Nursing Preparing for Licensure As Registered Nurses

INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION

100 North Senate Avenue, Room 1018, Indianapolis, Indiana 46204

April, 1969

HOSPITAL DIPLOMA PROGRAMS

Name of School of Nursing	Location	Director	Zip Code
Deaconess Hospital	Evansville	Miss Irma M. Bolte, R.N.	47710
Lutheran Hospital	Fort Wayne	Miss Virginia Williamson, R.N.	46807
Parkview-Methodist	Fort Wayne	Miss Marie Kolter, R.N.	46805
St. Joseph's Hospital	Fort Wayne	Miss Josephine Schweier, R.N.	46804
Marion County General Hospital	Indianapolis	Mrs. Thelma Richardson, R.N.	46202
X St. Vincent's Hospital	Indianapolis	Sister Delphine, R.N.	46208
St. Elizabeth Hospital	Lafayette	Sister M. Florianne, R.N.	47904
Holy Cross	South Bend	Sister M. Bartholomew, R.N.	46622
Memorial Hospital	South Bend	Miss Florence G. Young, R.N.	46601
St. Anthony Hospital	Terre Haute	Sister M. Alvera, R.N.	47897

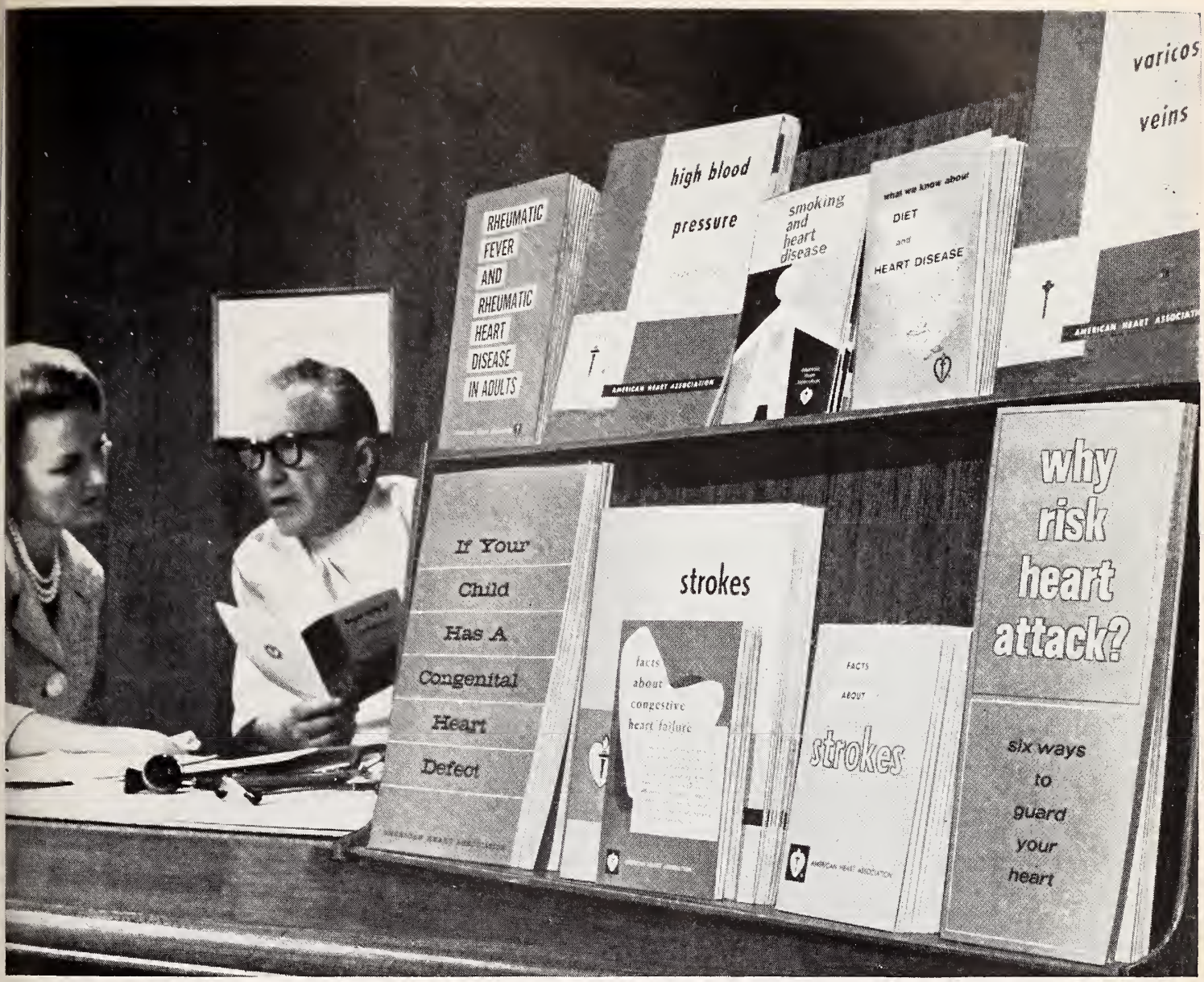
BACCALAUREATE DEGREE PROGRAMS

Name of School of Nursing	Location	Director, Dean or Head of Department	Zip Code
Univ. of Evansville	Evansville	Dr. Helen D. Smith, R.N., Dean	47704
Goshen College	Goshen	Miss Orpah B. Mosemann, R.N., Director	46526
DePauw University	Greencastle	Mrs. Catherine M. Friddle, R.N., Director	46135
Indiana University	Indianapolis	Miss Emily Holmquist, R.N., Dean	46202
Ball State University Dept. of Nursing	Muncie	Dr. Helen J. Berry, R.N., Head	47306
Indiana State University	Terre Haute	Dr. Dorothy McMullan, R.N., Dean	47809
Valparaiso University College of Nursing	Valparaiso	Mrs. Dorothy Paulsen Smith, R.N., Ph.D., Dean	46383

ASSOCIATE DEGREE PROGRAMS

Name of School or Department	Location	Director or Head of Department	Zip Code
Indiana University A.A. Nursing Programs:			
I.U. Northwest, 3400 Broadway	Gary	Mrs. Doris R. Blaney, R.N.	46408
I.U. Indianapolis, 1812 N. Capitol	Indianapolis	Mrs. Patricia Haase, R.N.	46202
I.U. Southeastern, Warder Park	Jeffersonville	Mrs. Helen Baumann, R.N.	47130
I.U. Kokomo, 2300 S. Washington	Kokomo	Mrs. Florence Gardner, R.N.	46901
Indiana Central College Dept. of N.	Indianapolis	Miss Virginia R. Sims, R.N.	46227
Purdue University Nursing Sections:			
Ft. Wayne Campus, 2101 E. U.S. 30	Ft. Wayne	Mrs. Doris Mack, R.N., Chairman	46805
Calumet Campus, 2233 -171st Street	Hammond	Mrs. Joyce A. Ellis, R.N., Chairman	46323
Indianapolis Campus, 1021 E. 38 St.	Indianapolis	Mrs. Janet Barber, R.N., Chairman	46205
Lafayette Campus, S. Campus Courts	Lafayette	Miss Ann Larowe, R.N., Chairman	47900
North Central Campus	Westville	Miss Angela DelVecchio, R.N., Chairman	46391
Vincennes University	Vincennes	Miss Lee Godare, R.N.	47591

X — not admitting students



Your Heart Association can help you help your patients

Your patients and their families might have questions about the heart and blood vessel diseases. Your Heart Association has prepared a variety of pamphlets to assist you in answering their questions in simple non-technical language.

Produced under the guidance of leading cardiovascular specialists, these pamphlets deal with such subjects as heart attack, stroke, hypertension, rheumatic fever, congestive failure, inborn heart defects, varicose veins and other disorders. There are also pamphlets advising on risk factors related to heart attack, including persuasive arguments against cigarette smoking, and a fat-controlled, low-cholesterol diet plan for the general public.

Booklets on therapeutic sodium-restricted or cholesterol-lowering diets are also available on a physician's prescription only.

Ask your local Heart Association for a catalogue listing all these free materials and order a supply.

American Heart Association®

44 EAST 23rd ST., NEW YORK, N.Y. 10010

Contributed by the Publisher

Community Centers for the Mentally Retarded*

ADAMS-WELLS COUNTY
Adams-Wells Association for Retarded Children, Inc.
Bluffton 46714

ALLEN COUNTY
Retarded Children's Society of Allen County, Inc.
2542 Thompson Ave., Fort Wayne 46807

BARTHOLOMEW COUNTY
Bartholomew County Chapter I. A. R. C.
625 Franklin St., Columbus 47201

CASS COUNTY
Cass County Council for Mentally Retarded Children, Inc.
306 Barnes Office Bldg., Logansport 46947

CLARK COUNTY
Council for Retarded Children of Clark County, Inc.
P.O. Box 486, Jeffersonville 47130

CLINTON COUNTY
Clinton County Association for Retarded Children, Inc.
1059 McKinely Ave., Frankfort 46041

DAVIESS COUNTY
Daviess County Association for Retarded Children, Inc.
204 E. Flora St., Washington 47501

DELAWARE COUNTY
Delaware County Council for Retarded Children, Inc.
624 S. Jefferson St., Muncie 47305

DUBOIS COUNTY
Southern Indiana Retardation Services, Inc.
Box 148, Boonville 47601

ELKHART COUNTY
Elkhart County Association for the Retarded, Inc.
1000 W. Hively Ave., Elkhart 46514

FLOYD COUNTY
Floyd County Council for the Retarded, Inc.
Shrader and Abby-Dell Aves., New Albany 47150

GRANT COUNTY
Grant County Association for Retarded Children, Inc.
2715 S. Western Ave., Marion 46952

HANCOCK COUNTY
Hancock County Association for Retarded Children, Inc.
P.O. Box 216, Greenfield 46140

HARRISON-ORANGE COUNTY
Harrison-Orange County Association for Retarded, Inc.
Palmyra 47164

HOWARD COUNTY
The Howard County Association for the Education of Mentally Retarded Children, Inc.
1220 E. Laguna St., Kokomo 46901

HUNTINGTON COUNTY
Huntington County Association for Retarded Children, Inc.
P.O. Box 1001, Huntington 46750

JAY COUNTY
Jayland Workshop, Inc.
E. Water St., Portland 47371

KOSCIUSKO COUNTY
Council for the Retarded of Kosciusko County, Inc.
504 N. Bay Dr., Warsaw 46580

LaGRANGE COUNTY
LaGrange County Association for Retarded Children, Inc.
Box 328, Howe 46746

LAKE COUNTY
Lake County Association for Retarded Children, Inc.
2702 W. 35th Ave., Gary 46408

LAPORTE COUNTY
Parents' Council for Retarded Children of LaPorte County, Inc.
3200 S. Cleveland Ave., Michigan City 46360

MADISON COUNTY
Madison County Association for Retarded Children, Inc.
1620 W. Seventh St., Anderson 46016

MARION COUNTY
Indianapolis Pre-School Centers, Inc.
340 E. Market St., Indianapolis 46204

Marion County Association for Retarded Children, Inc.
1319 N. Pennsylvania St., Indianapolis 46202

MARSHALL-STARKE COUNTIES
Marshall-Starke Development Center, Inc.
R. R. 3, Box 66A, Plymouth 46563

MONROE COUNTY
Stonebelt Council for Retarded Children, Inc.
1620 Matlock Rd., Bloomington 47401

* Compiled by the Indiana Department of Mental Health, Division of Mental Retardation, 1315 W. Tenth St., Indianapolis 46202.

PARKE COUNTY

Parke County Association for Parents and Friends of Retarded Children, Inc.
P. O. Box 96, Rockville 47872

PULASKI COUNTY

Pulaski County Council for Retarded & Exceptional Persons, Inc.
112 W. Main St., Winamac 46996

STEUBEN COUNTY

Community Sheltered Workshop of Steuben County, Inc.
Pleasant Lake 46779

ST. JOSEPH COUNTY

Council for the Retarded of St. Joseph County, Inc.
1235 N. Eddy St., South Bend 46623

SULLIVAN COUNTY

Sullivan County Association for Retarded Children, Inc.
410 Depot St., Sullivan 47882

TIPPECANOE COUNTY

Wabash Center for the Mentally Retarded, Inc.
2000 Greenbush St., Lafayette 47904

VANDERBURGH COUNTY

Evansville Association for Retarded Children, Inc.
2029 Washington Ave., Evansville 47714

VIGO COUNTY

Vigo County Association for Retarded Children, Inc.
912 Chestnut St., Terre Haute 47801

WABASH COUNTY

Wabash County Council for Mentally Retarded and Vocationally Handicapped, Inc.
P. O. Box 437, Wabash 46992

WAYNE COUNTY

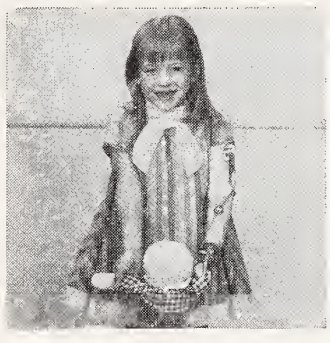
Wayne County Council for Retarded Children, Inc.
800 Mendleson Dr., Richmond 47374

WHITE COUNTY

Comprehensive Association for Retarded Children, Inc.
103 N. Bluff St., Monticello 47960



Is there such a thing as Metrecal toothpaste for someone's big fat mouth?



The value of early fitting

Research has proven the fitting of prostheses on children should be accomplished as early as is practicable. It has only been a few years since the child amputee was not considered ready until just before pre-school age or even later. Extensive experience demonstrates that fitting at a much earlier age produces more effective results.
If there are no complicating factors, children with arm amputations usually should be provided with a passive type of prosthesis soon after they are able to sit alone, generally at about six months of age.
Lower-extremity child amputees should be fitted with prostheses as soon as they show signs of wanting to stand. The development of muscular coordination of child amputees is the same as for non-handicapped children; and, therefore, this phase may take place as early as eight months or as late as 20 or more months.
For more information, please write to:

Hanger PROSTHESES

1332 N. Illinois St., Indianapolis, Indiana 46202
312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

*Indiana Accredited Practical Nursing Schools**

April, 1969

School or Program	Director, School or Program
Anderson School of Practical Nursing Anderson Public Schools.....Anderson 46016	Mrs. Janice T. Adkins, R.N. Director
White River Valley Regional Institute School of Practical Nursing Indiana Vocational Technical College 619 W. First Street, Bloomington	Mrs. Sally A. Myers, R.N. Director-Instructor
School of Practical Nursing Bartholomew Consol. School Corp....Columbus 47201	Mrs. Hazel Miranda, R.N. Instructor- Supervisor
Evansville School of Practical Nursing Evansville-Vanderburgh School Corp..... Evansville 47711	Miss Joyce Stevens, R.N. Director
School of Practical Nursing Fort Wayne Community Schools..Fort Wayne 46802	Mrs. Doris J. Martin, R.N. Director
Purdue Practical Nurse Training Program Purdue Univ., Calumet Campus....Hammond 46323	Miss Esther Ramsay, R.N. Director
Indianapolis School of Practical Nursing Adult Education Division Indianapolis Public Schools.....Indianapolis 46201	Mrs. Marguerite F. Klein, R.N. Director
Kokomo School of Practical Nursing Kokomo-Center Twp. Cons. Sch. Corp..... Kokomo 46901	Mrs. Geraldine Huber, R.N. Director-Coordinator
Lafayette School of Practical Nursing Lafayette School Corporation.....Lafayette 47904	Mrs. A. Katherine Mandell, R.N. Director
Marion Community School of Practical Nursing Marion Community Schools.....Marion 46952	Mrs. Esther Fritts, R.N. Instructor-Supervisor
**Northwest Regional Institute School of Practical Nursing Indiana Vocational Technical College Wabash & Ann Sts., Michigan City.....46340	Mrs. Iva Brunner, R.N. Director
Muncie School of Practical Nursing Ball Memorial Hospital.....Muncie 47303	Mrs. Norma Lewis, R.N. Director
New Albany School of Practical Nursing New Albany-Floyd Co. Cons. Sch. Corp..... New Albany 47150	Mrs. Phyllis Thacker, R.N. Director
Richmond School of Practical Nursing Reid Memorial Hospital.....Richmond 47374	Mrs. Doris Mettert, R.N. Director
St. Joseph Valley Regional Institute School of Practical Nursing Indiana Vocational Technical College 1534 W. Sample St., South Bend.....46619	Miss Dorothy Bupp, R.N. Coordinator
Vigo Co. School Corporation Vocational School of Practical Nursing..... Terre Haute 47807	Miss Betty Beauchamp, R.N. Coordinator
Department of Practical Nursing Vincennes University.....Vincennes 47591	Mrs. Marjorie Miller, R.N. Director-Instructor

* Furnished by INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION, 100 North Senate Avenue, Room 1018, Indianapolis, Indiana. 46204 ◄

** new school

this ulcer did not heal...until its surface was cleared of dead tissue and debris



FIRST APPLICATION
ELASE Ointment is applied to a deep ulceration of a finger.

EIGHTEEN DAYS LATER
Healing has progressed rapidly without interruption or interference from any accumulated purulence or necrotic tissue. Greatly reduced size of lesion and minimal scar tissue indicate quality and vigor of healing which is almost complete.



to aid in debridement
to facilitate healing
in chronic cutaneous ulcers...

Elase® Ointment

(fibrinolysin and desoxyribonuclease, combined, [bovine] ointment)

PARKE-DAVIS

By helping to remove dead tissue and debris from the ulcer's surface, ELASE Ointment creates a better environment for the elimination of infection, for healthy granulation...*for healing.* Its lytic enzymes effectively break down DNA in dead leukocytes and other debris...the fibrin in blood clots, serum, and purulent exudates...and the denatured proteins in necrotic tissue. Protein elements of *living* tissue are relatively unaffected. ELASE Ointment is indicated in stasis ulcers and in other infected or inflamed ulcers caused by circulatory disturbances. In cases requiring skin grafting, it is used preoperatively for debridement. For ambulatory patients debridement with ELASE Ointment is a convenient therapy and a regimen likely to be followed. *Precautions:* Observe usual precautions against allergic reactions, particularly in persons with a history of sensitivity to materials of bovine origin or to mercury compounds. *Adverse Reactions:* Side effects attributable to the enzymes have not been a problem at the dose and for the indications recommended. *Discussion:* Successful use of enzymatic debridement depends on several factors: (1) dense, dry eschar, if present, should be removed surgically before enzymatic debridement is attempted; (2) the enzyme must be in constant contact with the substrate; (3) accumulated necrotic debris must be periodically removed; (4) the enzyme must be replenished at least once daily; and (5) secondary closure or skin grafting must be employed as soon as possible after optimal debridement has been attained. It is further essential that wound-dressing techniques be performed carefully under aseptic conditions and that appropriate systemically acting antibiotics be administered concomitantly if, in the opinion of the physician, they are indicated. *Available:* ELASE Ointment is supplied in 30-Gm. tubes containing 30 units (Loomis) of fibrinolysin and 20,000 units of desoxyribonuclease with 0.12 mg. thimerosal (mercury derivative); and in 10-Gm. tubes containing 10 units of fibrinolysin and 6,666 units of desoxyribonuclease with 0.04 mg. thimerosal. ELASE Ointment has a special base of liquid petrolatum and polyethylene; contains sodium chloride and sucrose used during manufacture; is stable at room temperature through the expiration date stated on the package.

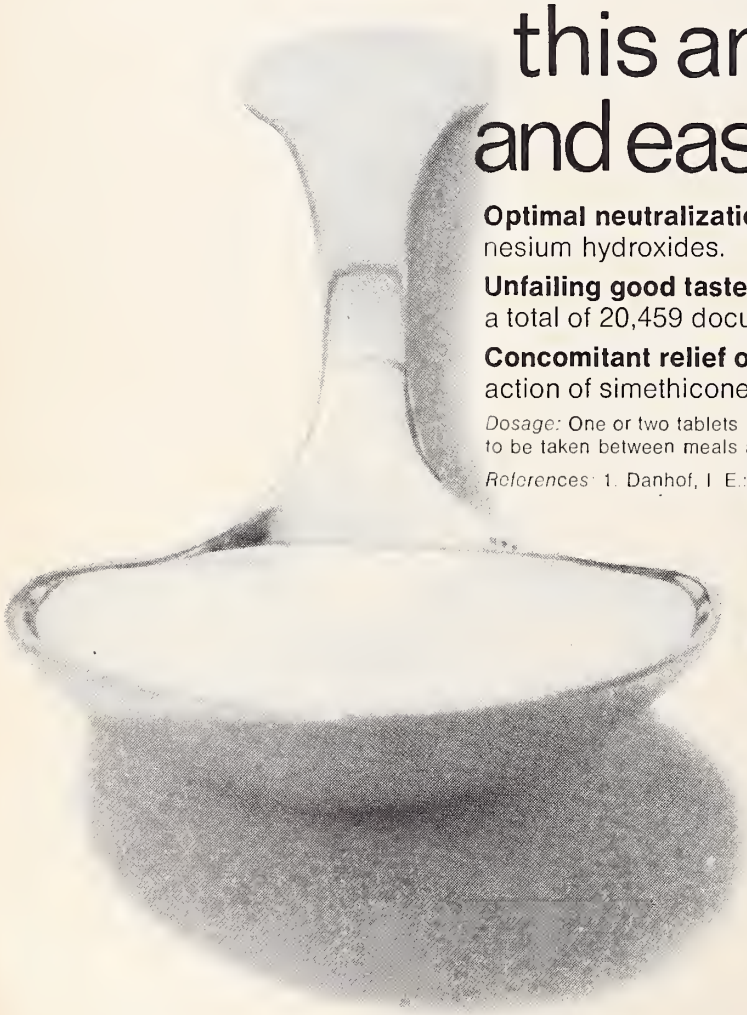
Parke, Davis & Company, Detroit, Michigan 48232

PARKE-DAVIS

48168

the thousandth teaspoonful

Peptic ulcer patients find the thousandth dose of this antacid as effective and easy-to-take as the first!



Optimal neutralization—provided by the combination of aluminum and magnesium hydroxides.

Unfailing good taste—confirmed by 87.5% of 104 patients in one study, after a total of 20,459 documented days on Mylanta Liquid or tablets.[1]

Concomitant relief of G. I. gas distress—provided by the proven antiflatulent action of simethicone.[2]

Dosage: One or two tablets (well chewed or allowed to dissolve in the mouth); one or two teaspoonfuls to be taken between meals and at bedtime, or as directed by physician.

References: 1. Danhof, I. E.: Report on file. 2. Hoon, J. R.: Arch. Surg. *93*:467 (Sept.) 1966.

Mylanta®

LIQUID/TABLETS

aluminum and magnesium hydroxides *plus* simethicone

Stuart Division/ATLAS CHEMICAL INDUSTRIES, INC./Pasadena, Calif. 91109

When it's more than a bad cold



your patient can feel better while he's getting better

Achrocidin®

Tetracycline HCl—Antihistamine—Analgesic Compound

Each tablet contains: ACHROMYCIN® Tetracycline HCl 125 mg.; Phenacetin 120 mg.; Caffeine 30 mg.; Salicylamide 150 mg.; Chlorothen citrate 25 mg.

In tetracycline-sensitive bacterial infection complicating respiratory allergy, ACHROCIDIN brings the treatment together in a single prescription—prompt relief of headache and congestion together with effective control of the organisms frequently responsible for complications leading to prolonged disability in the susceptible patient.

For children and elderly patients you may prefer caffeine-free ACHROCIDIN Syrup. Each 5 cc contains: ACHROMYCIN (Tetracycline) equivalent to Tetracycline HCl 125 mg.; Phenacetin 120 mg.; Salicylamide 150 mg.; Ascorbic Acid (C) 25 mg.; Pyrilamine Maleate 15 mg.

Contraindications: Hypersensitivity to any component.

Warning: In renal impairment, since liver toxicity is possible, lower doses are indicated; during prolonged therapy consider serum level determinations. Photodynamic reaction to sunlight may occur in hypersensitive persons. Photosensitive individuals should avoid exposure; discontinue treatment if skin discomfort occurs.

Precautions: Drowsiness, anorexia, slight gastric distress can occur. In excessive drowsiness, consider longer dosage intervals. Persons on full dosage should not operate vehicles. Nonsusceptible organisms may overgrow; treat superinfection appropriately. Treat beta-hemolytic streptococcal infections at least 10 days to help prevent rheumatic fever or acute glomerulonephritis. Tetracycline may form a stable calcium complex in bone-forming tissue and may cause dental staining during tooth development (last half of pregnancy, neonatal period, infancy, early childhood).

Adverse Reactions: *Gastrointestinal*—anorexia, nausea, vomiting, diarrhea, stomatitis, glossitis, enterocolitis, pruritus ani. *Skin*—maculopapular and erythematous rashes; exfoliative dermatitis; photosensitivity; onycholysis, nail discoloration. *Kidney*—dose-related rise in BUN. *Hypersensitivity* reactions—urticaria, angioneurotic edema, anaphylaxis. *Intracranial*—bulging fontanels in young infants. *Teeth*—yellow-brown staining; enamel hypoplasia. *Blood*—anemia, thrombocytopenic purpura, neutropenia, eosinophilia. *Liver*—cholestasis at high dosage.

Upon adverse reaction, stop medication and treat appropriately.

Lederle

348-8


P
M
P
M

The go-ahead-and-enjoy-your-vacation summer cold and allergy pill.

Novahistine LP lets you provide effective relief of summer cold and allergy symptoms, lets your patients go ahead and enjoy their vacations.
These continuous-release, decongestant tablets contain a vasoconstrictor-antihistamine formulation that goes to work promptly and lasts for hours. Even the nasal congestion resulting from repeated allergic episodes can usually be relieved by Novahistine LP.

And, convenient twice-a-day dosage lets most patients enjoy relief all day and all night. Use with caution in patients with severe hypertension, diabetes mellitus, hyperthyroidism or urinary retention. Caution ambulatory patients that drowsiness may result.

PITMAN-MOORE Division of
The Dow Chemical Company,
Indianapolis, Indiana.

Novahistine®
LP decongestant

(Each tablet contains 25 mg. of phenylephrine hydrochloride and 4 mg. of chlorpheniramine maleate.)



Professional Medical and Allied Organizations

Due to the additional content of the Yearbook, cut-off date for changes in the following groups was in April. Some have changed in the interim. However, it is felt that where officers have changed, a query to those listed here will put interested persons in contact with such groups.

OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street, Chicago, Illinois 60610

President—Dwight L. Wilbur, M.D., San Francisco, Calif.

President-Elect—Gerald D. Dorman, M.D., New York, N.Y.*

Immediate Past-President—Milford O. Rouse, M.D., Dallas, Texas.

Vice-President—Carl A. Lincke, M.D., Carrollton, Ohio.

Secretary-Treasurer—Alvin J. Ingram, M.D., Memphis, Tenn.

Speaker, House of Delegates—Walter C. Bornemeier, M.D., Chicago, Ill.

Vice-Speaker, House of Delegates—Russell B. Roth, M.D., Eire, Pa.

Chairman, Board of Trustees—Burtis E. Montgomery, M.D., Harrisburg, Ill.

Vice-Chairman, Board of Trustees—Irvin E. Hendryson, M.D., Albuquerque, N.M.

Secretary, Board of Trustees—Alvin J. Ingram, M.D., Memphis, Tenn.

Executive Vice-President—Ernest B. Howard, M.D., Chicago, Ill.

Assistant to Executive Vice-President—Leo E. Brown, Chicago, Ill.

Assistant to Executive Vice-President—Jim Reed, Chicago, Ill.

Division of Scientific Activities—Director, Hugh H. Hussey, M.D., Chicago, Ill.

Division of Health Service—Executive Assistant, Emory G. Bullis, Chicago, Ill.

Division of Scientific Publications—Director, J. H. Talbott, M.D., Chicago, Ill.

Communications Division—Director, Charles S. Lauer, Chicago, Ill.

Public Affairs Division—Director, Joe Miller, Chicago, Ill.

Management Services Division—Director, Russell H. Clark, Chicago, Ill.

Law Division—Director, Bernard D. Hirsh, LL.B., Chicago, Ill.

Medical Education Division—Director, C. H. William Ruhe, M.D., Chicago, Ill.

Judicial Council—Secretary, Edwin J. Holman, L.L.B., Chicago, Ill.

Council on Medical Education—Secretary, C. H. William Ruhe, M.D., Chicago, Ill.

Council on Medical Service—Secretary, John A. Rowland, Chicago, Ill.

Council on Constitution and Bylaws—Secretary, George E. Hall, J.D., Chicago, Ill.

Council on Drugs—Secretary, Thomas H. Hayes, M.D., Chicago, Ill.

Council on Scientific Assembly—Secretary, Ralph E. DeForest, M.D., Chicago, Ill.

Council on Foods and Nutrition—Secretary, P. L. White, Sc.D., Chicago, Ill.

Council on Occupational Health—Secretary, Henry F. Howe, M.D., Chicago, Ill.

Council on National Security—Secretary, Gordon L. Fryer, Chicago, Ill.

Council on Rural Health—Secretary, Bond L. Bible, Ph.D., Chicago, Ill.

Council on Mental Health—Secretary, W. Wolman, Ph.D., Chicago, Ill.

Council on Legislative Activities—Secretary, Bernard J. Harrison, J.D., Chicago, Ill.

Council on Voluntary Health Agencies—Secretary, Mrs. Barbara Farley Main, Chicago, Ill.

Council on Environmental and Public Health—Secretary, Frank W. Barton, LL.B., Chicago, Ill.

* Dr. Dorman will be installed at the June meeting of the AMA. The President-Elect had not been named at the time this issue went to press. His election will be announced in the July *Journal*.

AMERICAN COLLEGE OF SURGEONS, INDIANA CHAPTER

President—Donald W. Schlegel, M.D., 1815 N. Capitol Ave., Indianapolis.

President-Elect—William F. Oren, M.D., 919 E. Jefferson Blvd., #301, South Bend.

Secretary-Treasurer—J. E. Arata, M.D., 3124 E. State Blvd., Fort Wayne.

BONE AND JOINT CLUB

President—Leo Cooper, M.D., 504 Broadway, Gary.

Vice-President—Rodolfo Echeverria, M.D., 405 S. Second St., Elkhart.

Secretary-Treasurer—David Hadley, M.D., 702 Hume Mansur Bldg., Indianapolis 46204.

INDIANA ACADEMY OF GENERAL PRACTICE

President—Alvin J. Haley, M.D., 3217 Lake Ave., Ft. Wayne 46805.

President-Elect—Jerome E. Holman, Jr., 3315 E. 10th St., Indianapolis 46201.

Vice-President—Jean F. Hinchman, M.D., Parker 47368.

Treasurer—Jerome E. Holman, Jr., M.D., 3315 E. 10th St., Indianapolis 46201.

Immediate Past-President—Lester L. Renbarger, M.D., 1531 W. Second St., Marion 46952.

Executive Secretary—Mrs. Jackie Schilling, Riley Center-Tower 3, 700 N. Alabama St., Indianapolis 46204.

INDIANA ASSOCIATION OF PATHOLOGISTS

President—Robert J. Frost, M.D., 1701 Buffalo St., Michigan City.

President-Elect—Harley P. Palmer, M.D., Johnson County Hospital, Franklin.

Secretary-Treasurer—Robert L. Costin, M.D., 301 E. 38th St., Indianapolis.

INDIANA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

Chairman—George F. Parker, M.D., 1502 N. Emerson Ave., Indianapolis.

Vice-Chairman—Wendell E. Brown, M.D., 3426 N. Meridian St., Indianapolis.

Secretary—Donald L. Rogers, M.D., 3426 N. Meridian St., Indianapolis.

Treasurer—John R. Poncher, M.D., 1101 E. Glendale Rd., Valparaiso.

INDIANA PSYCHIATRIC SOCIETY

President—John I. Nurnberger, M.D., I.U. Medical Center, Indianapolis.

President-Elect—Ivan F. Bennett, M.D., 307 E. McCarty St., Indianapolis.

Secretary—Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis.

Treasurer—Gene E. Lynn, M.D., 1815 N. Capitol Ave., Indianapolis.

APA Delegate—Earl W. Mericle, M.D., 1633 N. Capitol Ave., Indianapolis.

APA Alternate Delegate—Donald F. Moore, M.D., LaRue D. Carter Memorial Hospital, Indianapolis.

Councilor—Robert O. Bill, M.D., 3231 N. Meridian St., Indianapolis.

Councilor—Joseph M. Martin, M.D., 2900 River Rd., West Lafayette.

INDIANA OBSTETRICAL AND GYNECOLOGICAL SOCIETY

President—S. Bruce Kephart, M.D., 303 S. Main St., Bluffton.

President-Elect—James E. Carter, M.D., Coleman Hospital, 1600 W. Michigan St., Indianapolis.

Vice-President—Henry R. Schroeder, Jr., M.D., 101 N.E. First St., Washington.

Secretary-Treasurer—H. Edwin Campbell, M.D., 3500 Lafayette Rd., Indianapolis.

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

President—Alvin L. Henry, M.D., Doctors' Park, Columbus.

President-Elect—George A. Clark, M.D., 822 Hume Mansur Bldg., Indianapolis.

Vice-President—Kenneth F. Isenogle, M.D., 3124 E. State St., Fort Wayne.

Secretary-Treasurer—David L. Alvis, M.D., 822 Hume Mansur Bldg., Indianapolis.

Editor of Transactions—Kenneth L. Craft, M.D., 1002 Hume Mansur Bldg., Indianapolis.

Council Members—Drs. Lewis Morrison, Robert Rouen, John Thompson, Sanford Snyderman, Lawrence Mueller, Theodore LeMaster, Francis W. Parker, Richard M. Harding, J. Wm. Wright, Jr.

INDIANA ORTHOPAEDIC SOCIETY

President—John Sterne, M.D., 3700 Bellemeade, Evansville.

Vice-President—Leslie Bodnar, M.D., 525 N. Michigan, South Bend.

Secretary-Treasurer—Sam J. Davis, M.D., 908 Hume Mansur Bldg., Indianapolis.

INDIANA ROENTGEN SOCIETY

President—Robert E. Beck, M.D., 6000 Newburgh Rd., Evansville.

Vice-President—Marvin N. Golper, M.D., 1907 W. Sycamore St., Kokomo.

Secretary—Dale B. Parshall, M.D., Department of Radiology, Elkhart General Hospital, Elkhart.

Treasurer—Samuel Morchan, M.D., 6221 N. Keystone Ave., Indianapolis.

INDIANA SOCIETY OF INTERNAL MEDICINE

President—Louis Sandock, M.D., 503 Sherland Bldg., South Bend.

President-Elect—Evart M. Beck, M.D., 915 E. 38th St., Indianapolis.

Vice-President—Joel W. Salon, M.D., 604 W. Wayne St., Fort Wayne.

Secretary-Treasurer—Robert L. Rudesill, M.D., 405 Hume Mansur Bldg., Indianapolis.

INDIANA SOCIETY OF ANESTHESIOLOGISTS

President—Jerry R. Miller, M.D., 1100 W. Michigan St., Indianapolis.

President-Elect—Everett Donnelly, M.D., 622 N. Michigan St., South Bend.

Secretary-Treasurer—John H. Smith, M.D., 144 Grandison Rd., Greenfield.

INTERNATIONAL COLLEGE OF SURGEONS, INDIANA SECTION

President—Lowell J. Hillis, M.D., 718 E. Broadway, Logansport.

Treasurer—John W. Emhardt, M.D., 5424 Washington Blvd., Indianapolis.

Regent—Myron L. Curtner, M.D., 222 N. Sixth St., Vincennes.

ALLIED ORGANIZATIONS

AMERICAN PHYSICAL THERAPY ASSOCIATION, INDIANA CHAPTER, INC.

President—Mr. Jack Gamet, Physicians' Physical Therapy Service, 540 Tyler St., Gary 46402.

Vice-President—Mr. Harry Tharp, St. Joseph's Hospital, Fort Wayne 46804.

Secretary—Mrs. Betty Brauker, Parkview Memorial Hospital, Fort Wayne 46805.

Treasurer—Mr. Edward Steele, Physicians' Physical Therapy Service, 540 Tyler St., Gary 46402.

THE HOOSIER STATE MEDICAL ASSOCIATION

President—William M. Smith, M.D., South Bend.

President-Elect—William H. Mott, M.D., Gary.

Vice-President—Frederick H. Evans, M.D., Indianapolis.

General Secretary—R. C. Henderson, M.D., Indianapolis.

Assistant Secretary—G. Tanner Brooks, M.D., Richmond.

Treasurer—J. S. Smith, M.D., Muncie.

INDIANA ASSOCIATION OF LICENSED NURSING HOMES

810 Test Bldg., Indianapolis 46204

President—Kenneth G. Crowel, 302-306 Culver St., Knox 46534.

First Vice-President—Dr. Milton Collins, 534 Turtle Creek, N. Dr., Indianapolis 46227.

Second Vice-President—Elsie M. Dreyer, 403 Bielby Rd., Lawrenceburg 47025.

Recording Secretary—Kathleen G. Kelly, R.N., R.R. #1, Westfield 46074.

Treasurer—Emory H. Vollmer, 5510 W. 34th St., Indianapolis 46224.

Attorney—Harry T. Latham, Jr., 900 Fletcher Trust Bldg., Indianapolis 46204.

Governing Council Member to A.N.H.A.—Martha E. Williams, 1375 S. Grant St., Crawfordsville 47933.

Executive Director—Albert Kelly, 810 Test Bldg., Indianapolis 46204.

INDIANA HOSPITAL ASSOCIATION

President—Franklin E. Simek, Administrator, Lafayette Home Hospital, Lafayette.

President-Elect—C. L. Morris, Administrator, Hancock County Hospital, Greenfield.

Vice-President—Elton T. Ridley, Dir. of Hospitals, I.U. Medical Center, Indianapolis.

Treasurer—W. C. McLin, President, Community Hospital, Indianapolis.

Executive Director—Elton TeKolste, 38 E. 39th St., Indianapolis.

Assistant Director—Garrett R. Graham, 38 E. 39th St., Indianapolis.

INDIANA LEAGUE FOR NURSING, INC.

441 E. 10th St., Indianapolis 46202.

President—Miss Dorothy D. McMullan, 2858 Mariposa Dr., Terre Haute.

Secretary—Mrs. Sharon Harrell, 3811 Morningside Dr., Bloomington.

Treasurer—Dr. C. Maurice Burns, 4008 S. Harmon, Marion.

INDIANA OCCUPATIONAL THERAPY ASSOCIATION

President—Miss Joy Huss, OTR-RPT, School of Occupational Therapy, I.U. Medical Center, Indianapolis.

Vice-President—Mrs. Marlene Swan, OTR, Children's Unit, Bahr Center, 3000 W. Michigan St., Indianapolis.

Treasurer—Miss Marcia Lurie, OTR, Marion County General Hospital, Indianapolis.

Secretary—Mrs. Ruth Griffin, OTR, LaRue D. Carter Memorial Hospital, Indianapolis.

Delegate—Miss Nancy Griffin, OTR, School of Occupational Therapy, I.U. Medical Center, Indianapolis.

INDIANA PHARMACEUTICAL ASSOCIATION, INC.

54 Monument Circle, Indianapolis 46204.

President—Courtland S. Driggs, Hammond.

Treasurer—Joseph B. Wade, Indianapolis.

Executive Director—James D. Hawkins, 54 Monument Circle, Indianapolis.

INDIANA STATE LICENSED PRACTICAL NURSES' ASSOCIATION, INC.

President—Mrs. Eloise Wilson, 409 Lodge St., Evansville 47714.

First Vice-President—Mary Edison, 23289 Grove Rd., South Bend 46628.

Second Vice-President—Hilda Glass, 1204 Fargo St., Marion 46952.

Secretary—Leona Shelton, 5326 E. 37th St., Indianapolis 46218.

Treasurer—Pearl Myers, R. R. 3, Box 159, Bremen 46306.

Executive Secretary—Mrs. Mary Runnels, 5721 Hillside, Indianapolis 46220.

INDIANA PUBLIC HEALTH ASSOCIATION, INC.

President—Charles Rushmore, M.D., Medical Director, Indiana Bell Telephone Co., 240 N. Meridian St., Indianapolis.

President-Elect—Ralph Werking, Executive Assistant, Indiana Society For Crippled Children and Adults, 3616 N. Sherman Dr., Indianapolis.

Vice-President—I. Dale Richardson, D.V.M., R. R. 2, Hartford City.

Secretary—Helen L. Scheibner, Division of Health and Physical Education, Indiana State Board of Health, 1330 W. Michigan St., Indianapolis.

Treasurer—Harold Turner, Seal Sale, Director, Indiana Tuberculosis Association, 30 E. Georgia St., Indianapolis.

INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS

President—Mrs. Geneva Bickel, 1550 S. Kentucky Ave., Evansville 47715.

President-Elect—Mrs. Mary Alice Miner, R. R. 1, Shelbyville 46176.

Vice-President—Mrs. Ella Mae Mow, 1548 Tremont, Mishawaka 46544.

Recording Secretary—Mrs. Patricia Newman, R. R. 2, Eaton, Ohio 45320.

Treasurer—Mrs. Nellie Jones, 13 N. Prairie St., Rolling Prairie 46371.

INDIANA DENTAL ASSOCIATION

721 Hume Mansur Bldg., Indianapolis 46204.

President—Frederick A. Cantrell, D.D.S., Crawfordsville.

President-Elect—Charles T. Frissell, D.D.S., Fort Wayne.

Vice-President—Robert C. Shirey, D.D.S., Indianapolis.

Secretary—Lloyd J. Phillips, D.D.S., Indianapolis.

Treasurer—David B. McClure, D.D.S., Anderson.

Executive Secretary and Managing Editor—Gale E. Coons, 721 Hume Mansur Bldg., Indianapolis 46204.

INDIANA STATE NURSES' ASSOCIATION

3231 N. Meridian St., Suite 63, Indianapolis 46208.

President—Mr. Richard O. Hakes, R.N., New Castle.

First Vice-President—Helen M. Deane, R.N., Logansport.

Second Vice-President—Irene M. Kardasen, R.N., South Bend.

Secretary—Mrs. Janet T. Galeener, R.N., West Lafayette.

Treasurer—Mrs. Mary Jean Haehl, R.N., Indianapolis.

Executive Director—Lucille Wall, R.N., 3231 N. Meridian St., Suite 63, Indianapolis 46208. ◄

INDIANA MEDICAL BUREAU
816 Hume Mansur Bldg.
631-5802

A Licensed Employment Agency
Specializing in Medical Personnel

Our 18th Year Of Service

Voluntary Organizations

AMERICAN CANCER SOCIETY, INDIANA DIVISION, INC.

445 N. Pennsylvania St., Indianapolis 46204.

President—Merritt O. Alcorn, M.D., R. R. 2, Madison.

President-Elect—James H. Gosman, M.D., 1815 N. Capitol Ave., Indianapolis.

Chairman of Board—George C. Carroll, Merchants National Bank, Terre Haute.

Secretary—Mrs. Harold Bisel, 811 East 20th, Anderson.

Treasurer—Chester M. Warman, Methodist Hospital, 1604 N. Capitol Ave., Indianapolis.

Vice-President and Chmn., Budget and Finance Committee—Chester M. Warman, Methodist Hospital, 1604 N. Capitol Ave., Indianapolis.

Vice-President and Chmn., Public Education Committee—Charles Rushmore, M.D., Medical Dir., Indiana Bell Telephone, 240 N. Meridian St., Indianapolis.

Vice-President and Chmn., Public Information Committee—Eugene E. Levitt, Ph.D., Department of Psychology, Indiana University Medical Center, 1300 W. Michigan, Indianapolis.

Vice-President and Chmn., Service Committee—Ivan T. Lindgren, M.D., 306 Maple St., Aurora.

Vice-President and Chmn., Professional Education Committee—James H. Gosman, M.D., 1815 N. Capitol Ave., Indianapolis.

Vice-President and Chmn., Campaign Committee—Raymond Zaleski, 626 East Main St., Richmond.

Vice-President and Chmn., Unit Standards Committee—Richard A. Silver, M.D., 712 Hume Mansur Bldg., Indianapolis.

Executive Vice-President—John L. Ewing, Jr., 445 N. Pennsylvania St., Indianapolis.

INDIANA SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, INC.

3616 N. Sherman Dr., Indianapolis 46218.

President—Mrs. Marie Whitecotton, 2419 Valley Ave., Marion 46952.

President-Elect—Calvin Hiatt, Jr., R. R. 1, Cicero 46034.

Vice President—Maynard Noll, % Noll Motors, 2001 National Rd., Columbus 47201.

Vice President—Robert Steffe, 1107 Mill St., Jasper 47546.

Vice President—Norma Buckland, 3001 Wernle Rd., Richmond 47374.

Treasurer—Warren Hilleke, 3561 N. Sherman Dr., Indianapolis 46218.

Assistant Treasurer—Forest Stoops, 170 Carmelview Dr., Carmel 46032.

Secretary—Dorothy Hamon, R. R. 4, Logansport 46947.

INDIANAPOLIS DIABETES ASSOCIATION, INC.

810 Hume Mansur Bldg., Indianapolis 46204.

President—Richard C. Powell, M.D., Indianapolis.

First Vice-President—Anthony S. Ridolfo, M.D., Indianapolis.

Second Vice-President—William F. Bastnagel, M.D., Indianapolis.

Secretary—George Klutinoty II, M.D., Indianapolis.

Treasurer—M. R. Shafer, M.D. Indianapolis.

Executive Secretary—Julia Shackle, 810 Hume Mansur Bldg., Indianapolis.

INDIANA HEART ASSOCIATION

Room 112, English Foundation Bldg., 615 N. Alabama St., Indianapolis 46204.

President—John S. Pearson, M.D., Indianapolis.

Vice-President—Robert B. Chevalier, M.D., Indianapolis.

Chairman of the Board—Melvin Harrison, Jr., Columbus.

Secretary—Mrs. Georgine Hardwick, Jasper.

Treasurer—William F. Fox, Jr., Indianapolis.

Executive Director—Earl B. Beagle, Indianapolis.

MENTAL HEALTH ASSOCIATION IN INDIANA

Room 332, English Foundation Building, Indianapolis 46204.

President—Walter J. Matthews, Hendricks County.

First Vice-President—William E. Rogers, Howard County.

Second Vice-President—Ray E. Swanson, LaPorte County.

Third Vice-President—Betty J. Dukes, M.D., Sullivan County.

Secretary—Mrs. Donald Sappenfield, Floyd County.

Treasurer—Thomas J. Thrasher, Madison County.

INDIANA CHAPTER, NATIONAL MULTIPLE SCLEROSIS SOCIETY

Room 222, English Foundation Bldg., 615 N. Alabama St., Indianapolis 46204, 634-8796.

Chairman—V. L. Tatlock, 127 Jackson Blvd., Terre Haute.

Vice-Chairman—Clay Conner, Aetna Casualty & Surety Co., 2511 E. 46th St., Indianapolis.

Vice-Chairman—Donald Ramsey, Muncie.

Vice-Chairman—James Shelton, Radio Station WIBC, 2835 N. Illinois St., Indianapolis.

Vice-Chairman—Albert P. Stewart, M.D., West Lafayette.

Vice-Chairman—John Wood, Attorney, 500 Union Federal Bldg., Indianapolis.

Secretary—Harvey Showalter, 6125 Shelby St., Indianapolis.

Treasurer—Mrs. G. G. (Jack) Storms, R. R. 1, Zionsville.

Assistant Treasurer—John E. Kistner, AFNB, 600 N. Alabama St., Indianapolis.

Chairman, Medical Advisory Board—Alexander T. Ross, M.D., Indiana University Medical Center, 1100 W. Michigan St., Indianapolis.

Executive Director—Mrs. Robert J. Shultz, 615 N. Alabama St., Room 222, Indianapolis.

Director, M.S. Clinic—Mark Dyken, M.D., Indiana University Medical Center, 1100 W. Michigan St., Indianapolis.

THE NATIONAL FOUNDATION—MARCH OF DIMES
(Research, medical care and education.)

Northern Indiana State Office:
3728 North Shadeland Drive, Room 200, Indianapolis.

Zip Code 46226 - Telephone: 547-5293
Field Representive, Indiana (West)—Terrence J. Yatsak
Field Representive, Indiana (East)—Norbert L. Talbott

Southern Indiana State Office:
148 East Spring St., New Albany
Zip Code 47150 - Telephone: 945-0227
Field Representive, Indiana (South)—Stuart Schlageter

INDIANA THORACIC SOCIETY
30 E. Georgia, Room 401, Indianapolis 46204.
President—M. Arthur Grant, M.D., Marion.
President-Elect—Morgan E. Greene, M.D., Indianapolis.
Vice-President—Russell W. Henry, M.D., Indianapolis.
Secretary-Treasurer—John D. Miller, M.D., Indianapolis.

INDIANA TUBERCULOSIS ASSOCIATION
30 E. Georgia, Room 401, Indianapolis 46204.
President—Lowell W. Hinchman, D.V.M., Glenwood.
President-Elect—Andrew H. Albrech, Evansville.
Vice-President—Mrs. C. Merrell Hudson, Anderson.
Secretary—Talmage G. Rogers, Jr., Columbus.
Treasurer—John D. Miller, M.D., Indianapolis.
Assistant Treasurer—Mrs. Sam Woodruff, Frankfort.
Executive Director—William C. Wilson, M.S., M.P.H., 30 E. Georgia, Indianapolis. ◄

Indiana University School of Medicine

1100 W. Michigan Street, Indianapolis 46207
Glenn W. Irwin, Jr., M.D., Indianapolis, Dean
Kenneth E. Penrod, Ph.D., Indianapolis, Provost

HEADS OF DEPARTMENTS

Department of Anatomy—Warren Andrew, M.D., Ph.D., Indianapolis.

Department of Physiology—Ewald E. Selkurt, Ph.D., Indianapolis.

Department of Biochemistry—David M. Gibson, M.D., Indianapolis, Chairman.

Department of Preventive Medicine—Samuel H. Hopper, Ph.D., Chairman of the Executive Committee.

Department of Pathology—Joshua L. Edwards, M.D., Indianapolis, Chairman.

Department of Microbiology—Edward W. Shrigley, M.D., Ph.D., Indianapolis.

Department of Orthopedic Surgery—James B. Wray, M.D., Indianapolis.

Department of Surgery—J. S. Battersby, M.D., Indianapolis, Acting Chairman.

Department of Medicine—John B. Hickam, M.D., Indianapolis.

Department of Neurology—Alexander T. Ross, M.D., Indianapolis.

Department of Psychiatry—John I. Nurnberger, M.D., Indianapolis.

Department of Radiology—John A. Campbell, M.D., Indianapolis.

Department of Obstetrics and Gynecology—Charles A. Hunter, Jr., M.D., Indianapolis.

Department of Otorhinolaryngology and Bronchoesophagology—David E. Brown, M.D., Indianapolis.

Department of Ophthalmology—Fred M. Wilson, M.D., Indianapolis.

Department of Urology—Robert A. Garrett, M.D., Indianapolis.

Department of Pharmacology—Robert Forney, Ph.D., Indianapolis, Acting Chairman.

Department of Pediatrics—Morris Green, M.D., Indianapolis.

Department of Anesthesiology—Vergil K. Stoelting, M.D., Indianapolis.

Department of Dermatology—Victor C. Hackney, M.D., Indianapolis.

Department of Medical Genetics—A. Donald Merritt, M.D., Indianapolis.

INDIANA UNIVERSITY MEDICAL CENTER
1100 W. Michigan Street
Indianapolis

Provost for the Medical Center—Kenneth E. Penrod, Ph.D.

Director of Hospitals—Mr. Elton T. Ridley

Assistant Director of Hospitals (Medical)—W. D. Close, M.D.

Dircetor of Clinical Laboratories—Joshua Edwards, M.D.

Chief Radiologist—J. A. Campbell, M.D.

From *The Journal* 50 Years Ago

After the diagnosis has been made [of duodenal ulcer] then the question arises of whether the treatment shall be medical or surgical, and this often can be easily determined by consultation with an expert roentgenologist, who has not only made plates of the condition, but also has studied the process of digestion.

Of course, with a deep crater showing in the plate, there is no question but what the treatment is surgical, as perforation may occur at any time.

Next, the class of cases which show a marked spasm of the pylorus, which may be treated medically for a time, especially using the antispasmodics, as tincture of belladonna in ten to fifteen drops three or four times daily. After getting the psychological effect, take another plate which, if it still shows marked retention at the end of six hours following the meal, the case is probably surgical.

The third and largest class are those of simple, uncomplicated ulcer, in which the treatment seems to me to be purely medical.

Various authors have published figures to show that operation even in the best of cases often gives poor results, and that often also the medical treatment has to be used following the operation.

* * *

In hemorrhage, when it is especially severe, it may be well to have the foot of the bed elevated and to bandage the extremities. Of course, this must only be a temporary measure, the bandaging left on only for a short time, but it may tide a patient over until other forms of treatment have taken effect.

The hemorrhage cases are practically all medical. Only when there are severe recurrences, and not much shock, and the roentgen ray decides, should surgery be restored to. In this connection, I believe that in the future it will be a great relief to the attending physician to have the roentgen ray tell which case needs medical and which surgical treatment Frank W. Foxworthy, M.D., The Medical Treatment of the Duodenal Ulcer, *JISMA*, June, 1919.

HIGHLAND HOSPITAL

ASHEVILLE, NORTH CAROLINA

Founded 1904

A DIVISION OF THE DEPARTMENT OF PSYCHIATRY OF DUKE UNIVERSITY

Accredited by the Joint Commission on Accreditation and Certified for Medicare

Complete facilities for evaluation and intensive treatment of psychiatric patients, including individual psychotherapy, group therapy, psychodrama, electro-convulsive therapy, Indoklon convulsive therapy, drugs, social service work with families, family therapy, and an extensive and well organized activities program, including occupational therapy, art therapy, athletic activities and games, recreational activities and outings. The treatment program of each patient is carefully supervised in order that the therapeutic needs of each patient may be realized.

High school facilities for a limited number of appropriate patients are now available on grounds. The School Program is fully integrated into the hospital treatment program and is accredited through the Asheville School System.

Complete modern facilities with 85 acres of landscaped and wooded grounds in the City of Asheville.

Brochures and information on financial arrangements available

Contact: Mrs. Elizabeth Harkins, ACSW, Coordinator of Admissions

or

Charles W. Neville, Jr., M.D.

Assistant Professor of Psychiatry and Medical Director

Area Code 704-253-2761

Approved Hospitals in Indiana*

April 1, 1969

**INDICATES APPROVED MEDICARE HOSPITAL

ADAMS COUNTY

**Adams County Memorial Hospital.
804 Mercer Ave., Decatur.
Mr. Edwin H. Kauffman, Adm.
Beds: 72

ALLEN COUNTY

**Irene Byron Hospital.
12515 Lima Rd., R.R. 13, Fort Wayne
O.T. Kidder, M.D., Supt. & Med. Dir.
Beds: 188

**Parkview Memorial Hospital, Inc.
2200 Randalia Dr., Fort Wayne.
Mr. Mark Slen, Adm.
Beds: 527

**St. Joseph's Hospital.
700 Broadway, Fort Wayne.
Sister M. Joann, Adm.
Beds: 414

**The Lutheran Hospital of Fort Wayne.
3024 Fairfield Ave., Fort Wayne.
Mr. Edgar C. Kruse, Adm.
Beds: 561

BARTHOLOMEW COUNTY

**Bartholomew County Hospital.
2400 East 17th St., Columbus.
Mr. Robert S. Borczon, Adm.
Beds: 184

BLACKFORD COUNTY

**Blackford County Hospital.
503 E. Van Cleve St., Hartford City.
Mr. Warren O. Phemister, Adm.
Beds: 54

BOONE COUNTY

**Witham Memorial Hospital.
1124 N. Lebanon St., Lebanon.
Mr. John H. Luff, Adm.
Beds: 83

CASS COUNTY

**Memorial Hospital.
1101 Michigan Ave., Logansport.
Mr. Herbert L. Fromm, Adm.
Beds: 98

**St. Joseph Hospital.
26th and North Sts., Logansport.
Sister M. Baunach, Adm.
Beds: 82

CLARK COUNTY

**Clark County Memorial Hospital.
210 Sparks Ave., Jeffersonville.
Mr. Frederick J. Zint, Adm.
Beds: 172

CLAY COUNTY

**Clay County Hospital.
1206 E. National Ave., Brazil.
Mrs. Madge Scobell, Adm.
Beds: 96

CLINTON COUNTY

**Clinton County Hospital.
1300 S. Jackson St., Frankfort
Mr. William Russell, Adm.
Beds: 83

DAVIESS COUNTY

**Daviess County Hospital.
1314 Grand Ave., Washington.
Mr. Maurice L. Gray, Adm.
Beds: 137

DEARBORN COUNTY

**Dearborn County Hospital.
600 Wilson Creek Rd., Lawrenceburg.
Mr. Homer Conner, Adm.
Beds. 113

DECATUR COUNTY

**Decatur County Memorial Hospital.
720 N. Lincoln St., Greensburg.
Mr. Bernard Harvey, Adm.
Beds: 84

DEKALB COUNTY

**DeKalb Memorial Hospital, Inc.
East Seventh St., Auburn.
Mr. R. O. King, Adm.
Beds: 83

**Dr. Bonnell M. Souder Hospital, Inc.
206 W. 7th St., Auburn.
Bonnell M. Souder, M.D., Adm.
Beds: 24

**Garrett Community Hospital, Inc.
220 S. Ijams St., Garrett.
Mr. Eugene M. Secrist, Adm.
Beds: 30

DELAWARE COUNTY

**Ball Memorial Hospital.
2401 University Ave., Muncie.
Mr. Walter G. Ebert, Adm.
Beds: 620

DUBOIS COUNTY

**Memorial Hospital.
800 West 9th St., Jasper.
Sister Mary Barbara, Adm.
Beds: 80

**St. Joseph's Hospital.
530 4th St., Huntingburg.
Sister M. Johnita, Adm.
Beds: 89

ELKHART COUNTY

**Elkhart General Hospital.
600 East Boulevard, Elkhart.
Mr. Emery K. Zimmerman, Adm.
Beds: 296

Continued

* Approved by the Indiana Council for Hospital Licensure and the Indiana State Board of Health.

APPROVED HOSPITALS

Continued

**Goshen General Hospital.
200 High Park Avenue, Goshen.
Mr. Kenneth Swanson, Adm.
Beds: 162

FAYETTE COUNTY

**Fayette Memorial Hospital.
1941 Virginia Ave., Connersville.
Mr. W. J. Severinghaus, Adm.
Beds: 88

FLOYD COUNTY

**Memorial Hospital
1850 State St., New Albany.
Mr. William I. Fender, Jr., Adm.
Beds: 243

**Southern Indiana Tuberculosis Hospital.
New Albany.
John M. Paris, M.D., Supt. & Med. Dir.
Beds: 150

FULTON COUNTY

**Woodlawn Hospital.
624 Pontiac St., Rochester.
Beds: 61

GIBSON COUNTY

**Gibson General Hospital.
1808 Sherman Drive, Princeton.
Mr. Herman A. Kohlman, Adm.
Beds: 73

GRANT COUNTY

**Marion General Hospital.
Wabash and Euclid, Marion.
Mr. John W. Green, Adm.
Beds: 244

GREENE COUNTY

**Freeman Greene County Hospital.
410 "A" St., N.E., Linton.
Mr. Franklin K. Parker, Adm.
Beds: 73

HAMILTON COUNTY

**Riverview Hospital.
395 Westfield Rd., Noblesville.
Mr. Peter R. Mariani, Adm.
Beds: 133

HANCOCK COUNTY

**Hancock County Memorial Hospital.
800 North State Street, Greenfield.
Mr. C. L. Morris, Adm.
Beds: 83

HARRISON COUNTY

**Harrison County Hospital.
R. R. 4, Box 75, Corydon.
Mr. John R. Webb, Adm.
Beds: 49

HENDRICKS COUNTY

**Hendricks County Hospital.
1000 E. Main St., Danville.
Mr. Harry T. Haver, Jr., Adm.
Beds: 141

HENRY COUNTY

**Henry County Hospital.
1000 N. 16th, New Castle.
Mr. Darryl E. Wahler, Adm.
Beds: 192

HOWARD COUNTY

**Howard Community Hospital.
3500 S. LaFountain St., Kokomo.
Mr. George R. Banjak, Adm.
Beds: 148

**St. Joseph Memorial Hospital.
1907 W. Sycamore St., Kokomo.
Sister M. Martin, Adm.
Beds: 262

HUNTINGTON COUNTY

**Huntington County Hospital.
1215 Etna Ave., Huntington.
Mr. Carl S. Smyth, Adm.
Beds: 100

JACKSON COUNTY

**Jackson County Schneck Memorial Hospital.
Bruce and Poplar St., Seymour.
Mr. George H. James, Adm.
Beds: 88

JASPER COUNTY

**Jasper County Hospital.
E. Grace St., Rensselaer.
Mrs. Ruth Schumaker, R.N., Adm.
Beds: 60

JAY COUNTY

**Jay County Hospital.
505 W. Arch St., Portland.
Mr. Warren Phemister, Adm.
Beds: 100

JEFFERSON COUNTY

**The King's Daughters' Hospital.
112 Presbyterian Ave., Madison.
Mr. W. A. McAlexander, Adm.
Beds: 109

JOHNSON COUNTY

**Indiana Masonic Home Hospital.
690 State St., Franklin.
Mr. Roy Turner, Jr., Supt.
Mr. Lowell C. Stanley, Adm.
Beds: 197

**Johnson County Memorial Hospital.
P.O. Box 236, Franklin.
Mr. George P. Goshorn, Adm.
Beds: 124

KNOX COUNTY

**Good Samaritan Hospital.
410 S. 7th St., Vincennes.
Mr. Charles Arends, Adm.
Beds: 232

Hillcrest Tuberculosis Hospital.
N. Second St. Rd.,
Vincennes.
J. Frank W. Stewart, M.D., Supt.
Beds: 47

KOSCIUSKO COUNTY

**Murphy Medical Center.
101 W. Winona Ave., Warsaw.
Mrs. Hazel J. Murphy, Dir.
Beds: 80

LAGRANGE COUNTY

**LaGrange County Hospital.
R.R. 1, LaGrange.
Mr. Wayne E. Gulley, Adm.
Beds: 34

LAKE COUNTY

**James O. Parramore Hospital.
106 Road O, Crown Point.
Norman J. Wilson, M.D., Med. Dir. & Supt.
Beds: 88

**Our Lady of Mercy Hospital.
U. S. Highway 30, Dyer.
Sister M. Frances Xavier, Adm.
Beds: 200

**St. Catherine Hospital of East Chicago.
4321 Fir St., East Chicago.
Sister M. Martine, R.N., Adm.
Beds: 412

**St. Margaret Hospital.
25 Douglas St., Hammond.
Sister M. Doris Hodges, Adm.
Beds: 551

**St. Mary Mercy Hospital of Gary, Inc.
540 Tyler St., Gary.
Paul C. Bellendorf, Adm.
Beds: 296

**The Methodist Hospital of Gary, Inc.
1600 W. 6th Ave., Gary.
Everett A. Johnson, Ph.D., Adm.
Beds: 350

LAPORTE COUNTY

**LaPorte Hospital, Inc.
205 "E" St., LaPorte.
Mr. David D. Kramer, Adm.
Beds: 172

**Memorial Hospital of Michigan City.
5th and Pine Sts., Michigan City.
Mr. Byron N. Whitford, Adm.
Beds: 72

**St. Anthony Hospital.
301 W. Homer St., Michigan City.
Sister M. Verenis, Adm.
Beds: 200

**Walters Hospital, Inc.
3714 S. Franklin St., Michigan City.
Mr. Richard W. Bartnik, Adm.
Beds: 90

LAWRENCE COUNTY

**Dunn Memorial Hospital.
1616 23rd St., Bedford.
Mrs. Helen Boyer, R.N., Supt.
Beds: 97

MADISON COUNTY

**Community Hospital of Anderson and Madison County.
1515 N. Madison Ave., Anderson.
Mr. Louis H. Furlong, Adm.
Beds: 225

**Mercy Hospital, Inc.
1331 South "A" St., Elwood.
Sister M. Andrea, R.N., Adm.
Mr. Edward Topek, Acting Adm.
Beds: 50

**St. John's Hickey Memorial Hospital.
2015 Jackson, Anderson.
Sister M. Theodora, Adm.
Beds: 249

MARION COUNTY

**Community Hospital of Indianapolis, Inc.
1500 N. Ritter Ave., Indianapolis.
Mr. W. C. McLin, Pres.
Beds: 586

**Indiana University Medical Center Hospitals.
1100 W. Michigan St., Indianapolis.
Mr. Elton T. Ridley, Dir. of Hosps.
Beds: 484

**Marion County General Hospital.
960 Locke St., Indianapolis.
Arvine G. Popplewell, M.D., Dir. of Hosps.
Beds: 737

**Methodist Hospital of Indiana, Inc.
1604 N. Capitol Ave., Indianapolis.
Mr. Jack A. L. Hahn, Exec. Dir.
Mr. Bryan A. Rogers, Adm.
Beds: 976

**St. Francis Hospital.
101 N. Seventeenth St., Beech Grove.
Sister M. Sponsaria, Adm.
Beds: 306

**St. Vincent's Hospital.
120 W. Fall Creek Parkway, Indianapolis.
Sister Carlos McDonnell, Adm.
Beds: 315

**University Heights Hospital, Inc.
3350 Carson Ave., Indianapolis.
Mr. Raymond E. Laughlin, Adm.
Beds: 122

**Winona Memorial Hospital.
3202 N. Meridian St., Indianapolis.
Mr. John R. Gass, Jr., Adm.
Beds: 307

MARSHALL COUNTY

**Community Hospital of German Township, Inc.
411 W. Grant St., Bremen.
Mr. Robert Moat, Adm.
Beds: 18

**Marshall County Parkview Hospital.
1401 N. Michigan St., Plymouth.
Miss Lela Diefenbaugh, R.N., Adm.
Beds: 65

MIAMI COUNTY

**Dukes Memorial Hospital.
275 West 12th St., Peru.
Mr. Robert L. Allman, Adm.
Beds: 80

MONROE COUNTY

**Bloomington Hospital.
605-625 W. Second St., Bloomington.
Mr. Roland E. Kohr, Adm.
Beds: 212

MONTGOMERY COUNTY

**Montgomery County Culver Union Hospital.
308 Binford St., Crawfordsville.
Mr. William Stoltz, Adm.
Beds: 101

MORGAN COUNTY

**Kendrick Memorial Hospital, Inc.
130 N. Indiana St., Mooresville.
William Kendrick, M.D., Adm.
Beds: 28

Continued

APPROVED HOSPITALS

Continued

**Morgan County Memorial Hospital.
St. Rd. 252, Martinsville.
Mr. Ernest Baughman, Adm.
Beds: 80

NEWTON COUNTY

**George Ade Memorial Hospital.
Brook, Ind.
Mrs. Helen M. Borman, Adm.
Beds: 40

NOBLE COUNTY

**McCray Memorial Hospital.
South Park Dr., Kendallville.
Mr. Ronald N. Strand, Adm.
Beds: 72

ORANGE COUNTY

**Orange County Hospital.
Sandy Hook Road, Paoli.
Miss Kathryn Landers, R.N., Adm.
Beds: 36

PARKE COUNTY

**Indiana State Hospital for Chest Diseases.
R.R. 1, Rockville.
Elsworth E. Klahr, M.D., Act. Supt.
Beds: 120

PERRY COUNTY

**Perry County Memorial Hospital.
Star Route, Tell City.
Beds: 55

PORTER COUNTY

**Porter Memorial Hospital.
814 LaPorte Ave., Valparaiso.
Mr. Arthur S. Malasto, Adm.
Beds: 230

PULASKI COUNTY

**Pulaski Memorial Hospital.
State Road 14, East, Winamac.
Mr. Theodore H. Kittell, Adm.
Beds: 37

PUTNAM COUNTY

**Putnam County Hospital.
330 Greenwood Ave., Greencastle.
Mr. Frank C. Baker, Adm.
Beds: 79

RANDOLPH COUNTY

**Randolph County Hospital.
Greenville Ave., Winchester.
Mr. Lacy C. Barnett, Adm.
Beds: 60

**Union City Memorial Hospital Association.
900 N. Columbia St., Union City.
Mr. Elmer M. Olson, Adm.
Beds: 50

RIPLEY COUNTY

**Margaret Mary Community Hospital.
R. R. 3, Batesville.
Mr. John G. Cecil, Adm.
Beds: 55

RUSH COUNTY

**Rush Memorial Hospital.
1300 N. Main St., Rushville.
Mr. Edward Kucinski, Adm.
Beds: 49

SCOTT COUNTY

**Scott County Memorial Hospital.
Highway 31 North, Scottsburg.
Mr. M. Kenneth Mumford, Adm.
Beds: 62

SHELBY COUNTY

**William S. Major Hospital.
150 W. Washington St., Shelbyville.
Mr. Jack R. Martin, Adm.
Beds: 100

ST. JOSEPH COUNTY

**Healthwin Hospital.
20531 West Darden Road, South Bend.
E. W. Custer, M.D., Supt.
Beds: 128

**Memorial Hospital of South Bend.
615 N. Michigan St., South Bend.
Mr. Richard W. Trenkner, Adm.
Beds: 370

**St. Joseph Hospital.
215 W. 4th St., Mishawaka.
Sister M. Maureen, Adm.
Beds: 103

**St. Joseph's Hospital.
811 E. Madison St., South Bend.
Sister Margo Cain, Adm.
Beds: 343

**South Bend Osteopathic Hospital.
2515 E. Jefferson Blvd., South Bend.
A. F. Kull, D.O., Adm.
Beds: 105

STARKE COUNTY

**Starke Memorial Hospital.
102 E. Culver Road, Knox.
Mr. Raymond Mullins, Adm.
Beds: 35

STEUBEN COUNTY

**Cameron Memorial Hospitals, Inc.
416 E. Maumee, Angola.
Mr. F. W. Schwerin, Adm.
Beds: 51

**Elmhurst Hospital, Inc.
909 W. Maumee, Angola.
Mr. Thomas R. Alwood, Adm.
Beds: 21

SULLIVAN COUNTY

**Mary Sherman Hospital.
320 N. Section St., Sullivan.
Mr. William H. Sluder, Adm.
Beds: 120

TIPPECANOE COUNTY

****Lafayette Home Hospital, Inc.**
2400 E. South St., Lafayette.
Mr. Franklin E. Simek, Adm.
Beds: 248

Purdue University Student Health Center.
Purdue University.
West Lafayette, Ind.
Loyal W. Combs, M.D., Dir.
Beds: 74

****St. Elizabeth Hospital.**
1501 Hartford Street, Lafayette.
Sister M. Laurine Klein, Adm.
Beds: 363

TIPTON COUNTY

****Tipton County Memorial Hospital.**
1032 South Main Street, Tipton.
Mr. James C. Talley, Adm.
Beds: 71

VANDERBURGH COUNTY

****Deaconess Hospital, Inc.**
600-700 Mary St., Evansville.
Mr. David A. Johnson, Adm.
Beds: 520

****St. Mary's Hospital, Inc.**
3700 Washington Ave., Evansville.
Sister Juliana Beuerlein, Adm.
Beds: 403

****Welborn Memorial Baptist Hospital, Inc.**
412 S.E. 4th St., Evansville.
Mr. Nolan R. Lackey, Pres.
Beds: 363

VERMILLION COUNTY

****Vermillion County Hospital.**
801 S. Main St., Clinton.
Mr. Roger J. Vanderboom, Adm.
Beds: 72

VIGO COUNTY

****St. Anthony Hospital.**
1021 S. 6th St., Terre Haute.
Sister M. Henrita, Adm.
Beds: 300

****Union Hospital, Inc.**
1606 N. 7th St., Terre Haute.
Mr. Joseph B. Mackey, Adm.
Beds: 258

WABASH COUNTY

****Wabash County Hospital.**
670 N. East St., Wabash.
Mr. Gerald E. Almond, Adm.
Beds: 129

WARREN COUNTY

****Community Hospital.**
412 N. Monroe St., Williamsport.
Mrs. Norma Hillyer, R.N., Act. Adm.
Beds: 29

WASHINGTON COUNTY

****Washington County Memorial Hospital.**
911 N. Shelby Street, Salem.
Mr. John R. Webb, Adm.
Beds: 65

WAYNE COUNTY

****Reid Memorial Hospital.**
Spring Grove, Richmond.
Mr. M. Ray Ferguson, Adm.
Beds: 324

WELLS COUNTY

****Clinic Hospital.**
309 S. Main St., Bluffton.
Mr. Ronald M. Adams, Adm.
Beds: 164

****Wells County Hospital.**
1116 S. Main St., Bluffton.
Mrs. Dorothy Elett Radkey, R.N., Adm.
Beds: 50

WHITE COUNTY

****White County Memorial Hospital.**
1101 O'Conner Blvd., Monticello.
Mr. Richard J. Reichow, Adm.
Beds: 48

WHITLEY COUNTY

****Memorial Hospital.**
215 E. Van Buren St., Columbia City.
Mr. Carl F. Arntson, Adm.
Beds: 21

****Whitley County Memorial Hospital.**
353 N. Oak St., Columbia City.
Mr. Robert L. McConnell, Adm.
Beds: 84

Approved Mental Hospitals in Indiana

See State-Operated Mental Institutions, Page 680.

****Clearview Hospital.**
Kratzville Road, Evansville.
Mrs. Clytice Bulger, Adm.
Beds: 40

****Wabash Valley Hospital.**
West Lafayette.
Mr. Donald R. Kinzer, Adm.
Beds: 44

◄

Licensed Nursing Homes In Indiana

May, 1969

**INDICATES FEDERALLY APPROVED EXTENDED CARE FACILITY

ADAMS COUNTY

Adams County Home
Route 6, Decatur 46733
Charles Morgan, Adm.

Berne Nursing Home
906 W. Main St., Berne 46711
Pauline Hostetler, L.P.N., Adm.

Cooper Rest Home
111 North Third St.,
Decatur 46733
Myron L. Bradburn, Adm.

Swiss Village, Inc.
P.O. Box 363, Berne 46711
Merlin K. Sprunger, Adm.

ALLEN COUNTY

****Allen County Nursing Home**
12101 Lima Rd., R. R. 13,
Ft. Wayne 46808
Thomas A. Katsanis, Adm.

****Chateau Samaritan Home**
5544 E. State St.,
Ft. Wayne 46805
Lee Yoder, Adm.

Crow's Haven Nursing Home
2440 Bowser Ave.,
Fort Wayne 46803
Lyle B. Crow and Jeanne E. Crow, Adms.

Glenacres, Inc.
3420 E. State St.,
Fort Wayne 46805
Edna M. Duffey, R.N., Adm.

Lawton Nursing Home, Inc.
1649 Spy Run Ave.,
Fort Wayne 46805
Walter C. Buuck, L.P.N., Adm.

****Lutheran Homes, Inc.**
6701 S. Anthony Blvd., Ft. Wayne 46806
Fred L. Nieno, Adm.

The Meadows
4626 Sandpoint Rd.,
Ft. Wayne 46809
Geneva Stech, Adm.

****Parnell Park Nursing Home**
3811 Parnell Ave.,
Ft. Wayne 46805
George T. Monk, Adm.

Saint Anne Home
1900 Randalia Dr., Ft. Wayne 46805
Donald F. Kopis, Adm.

The Towne House
2209 St. Joe Center Rd., Ft. Wayne 46805
Marvin Isley, Adm.

Twin Maples Sanatarium
734 W. Washington Blvd., Fort Wayne 46804
Laszlo and Elizabeth Szegedy, Adms.

BARTHOLOMEW COUNTY

Bartholomew County Home
2525 Illinois, Columbus 47201
Mildred Drake, Adm.

****Columbus Convalescent Center**
2100 Midway St.,
Columbus 47201
Ben W. Forbes, Jr., Adm.

Ken-Joy Convalescent Home
Maple Street, Hope 47246
Arthur L. Miller, Adm.

Luther Nursing Home
837 Fourth St., Columbus 47201
Mary Luther, Adm.

Shady Nook Rest Home
R. R. 8, Columbus 47201
Louanna Niemoeller, Adm.

The Four Seasons Home
1901 Taylor Rd., Columbus 47201
Willis J. Gregson, Adm.

BENTON COUNTY

Benton County Home
R. R. 1, Oxford 47971
Kenneth Farney, Adm.

Earl Park Nursing Home
400 Chestnut, Earl Park 47942
Evelyn Taylor, Adm.

Mary's Nursing Home
Maple & Elm, Earl Park 47942
Mary Burtron, Adm.

BLACKFORD COUNTY

Blackford County County Home
R. R. 1, Hartford City 47348
Loren Conner, Adm.

Willow Hall
715 N. Mill St.,
Hartford City 47348
Ralph and Martha Waldo, Adms.

BOONE COUNTY

English Nursing Home
1015 N. Lebanon, Lebanon 46052
Bessie May English, Adm.

Indiana Baptist Home, Inc.
R. R. 1, Zionsville 46077
William Keith, Adm.

National Nursing Home of Lebanon
301 W. Essex, Lebanon 46052
Mary Drews, R.N., Adm.

Oak Park Manor
R. R. #2, Lebanon 46052
Robert E. and Margaret E. Hine, Adms.

CARROLL COUNTY

The Brethren Home, Inc.
R. F. D. 2, Box 97, Flora 46929
William L. Livingston, Adm.

Carroll County Home
R. R. 4, Delphi 46923
Eugene Burkhalter, Adm.

Fix Community Home, Inc.
404 S. Center St., Flora 46929
Charles E. Fix, Adm.

Fix Community Home, Inc., of Delphi
321 E. Monroe, Delphi 46923
Charles E. Fix, Adm.

CASS COUNTY

Cass County Home
Perrysburg Rd., Logansport 46947
Oliver and Louise Mikesell, Adms.

****Chase Manor Nursing and Convalescent Center**
1 Chase Park, Logansport 46947
Charles J. Harmon, Adm.

The Neal Home
2518 George St., Logansport 46947
Mrs. Donald Lutes, Adm.

CLARK COUNTY

****Heritage House of Clarksville, Inc.**
517 N. Hallmark Dr.,
Clarksville 47130
E. Kenneth Elliott, Jr., Adm.

****Hillcrest Nursing Home, Inc.**
203 Sparks Ave., Jeffersonville 47130
Byron W. Branam, Adm.

Kentuckiana Christian Home, Inc.
Route 2, Box 39, Charlestown 47111
Rev. Julian O. Hunt, Adm.

The Ladies Home, Inc.
330 W. Market St., Jeffersonville 47130
Anna Schimpff, Adm.

National Nursing Home of Jeffersonville
1720 E. 8th St., Jeffersonville 47130
Alice Puckett, R.N., Adm.

O'Brien Rest Home
318 W. Market St., Jeffersonville 47130
Mary A. O'Brien, Adm.

Twilight Nursing Home
418 Riverside Dr., Jeffersonville 47130
Delilah Jean Goodwin, Adm.

CLAY COUNTY

MaCanell Nursing Home
R. R. 2, Box 139, Center Point 47840
Hugh W. McCann, Adm.

Stinson Nursing Home, Inc.
601 S. Leavitt St., Brazil 47834
Inez Stinson, Adm.

Wilson Nursing Home
R. R. 5, Brazil 47834
Juanita Mayle, L.P.N., Adm.

CLINTON COUNTY

Assembly Nursing Home
551 E. Walnut St., Frankfort 46041
Virginia L. Snavely, Adm.

Clinton County Home
R. R. 2, Frankfort 46041
Everett Brock, Adm.

Mulberry Lutheran Home, Inc.
State Route 38, W. Jackson St., Mulberry 46058
Mrs. Otto Friedman, Adm.

Newton Convalescent Home
1201 E. Washington St., Frankfort 46041
Westine Newton Wilson, R.N., Adm.

Shoemaker Memorial Home
951 E. Clinton St., Frankfort 46041
Rev. T. Wayne Preusz, Adm.

Wesley Manor, Northwest Indiana Methodist Home, Inc.
1555 N. Main St., Frankfort 46041
Rev. Carlyle L. Mason, Adm.

DAVIESS COUNTY

Colvin Nursing Home
1109 National Highway, Washington 47501
Laura Colvin, Adm.

Meyers Nursing Home
215 W. Oak St., Washington 47501
Rosetta Meyers, Adm.

****Prairie Village, Inc.**
1401 Highway 57, South, Washington 47501
Georgia Atwood, Adm.

Washington Nursing Center, Inc.
603 E. National Highway, Washington 47501
Charles R. Gabhart, Adm.

DEARBORN COUNTY

Dillsboro Manor
Box 66, Dillsboro 47018
Mr. and Mrs. Dellas M. Ross, Adms.

Shady Nook Convalescent Home
607 Wilson Creek Rd., Lawrenceburg 47025
Wilbur and Alta McMullen, Adms.

****Terrace View ECF**
403 Bielby Rd., Lawrenceburg 47025
Elsie Dreyer, Adm.

DECATUR COUNTY

Laverne Nursing Home
Westport 47283
Peggy L. V. Waltermire, L.P.N., Adm.

Michigan Hill Nursing Home
320 S. Michigan Ave., Greensburg 47240
Barbara J. Mouser, Adm.

Odd Fellows Home
R. R. 8, Greensburg 47240
Harold Williams, Adm.

Pearl Black Nursing Home
202 W. Third St., Greensburg 47240
Pearl Black, Adm.

DEKALB COUNTY

Betz Nursing Home
R. R. 3, Auburn 46706
Everett and Doris Betz, Adms.

Butler Hotel Rest Home, Inc.
117 S. Broadway St., Butler 46721
Dorothy Dickerhoof, Adm.

****Glen Oaks, Inc.**
State Rd. #8, East, Auburn 46706
Kathryn E. Larrance, R.N., Adm.

Sheehy Nursing Homes, Inc.
402 N. Broadway St., Butler 46721
Flo Sheehy, Adm.

Sheehy's Retirement Home
406 N. Broadway, Butler 46721
Flo Sheehy, Adm.

Southview Nursing Home
131 W. Depot St., Butler 46721
Marjorie Harrold, Adm.

DELAWARE COUNTY

Bethel Nursing Home
R. R. 9, Muncie 47302
Emogene E. Turner, Adm.

Chrystal's Country Home
R. R. 1, Selma 47383
Chrystal V. Steele, L.P.N., Adm.

Delaware County Home
R. R. 5, Box 157, Muncie 47302
Helen V. Stewart, Adm.

Dunkirk Nursing and Convalescent Home
R. R. 2, St. Rd. 67, So., Dunkirk 47336
Raymond E. and M. June LaFevre, Adms.

Eads Nursing Home
R. R. 7, Muncie 47305
Epsy W. Eads, Adm.

Faulkner Rest Home
905 S. Grant St., Muncie 47305
Edgar Faulkner, Adm.

Golden Rule Nursing Home
502 N. Madison St., Gaston 47342
Gordon Messersmith, Adm.

Maple Grove Convalescent Home
1347 East Jackson St., Muncie 47305
Pearl B. Harty, Adm.

Morgan-Nickols Convalescent Home
727 Wheeling Ave., Muncie 47303
Margaret L. Nickols, Adm.

Morgan-Nickols Residential Club
175 Kilgore, Muncie 47305
Margaret L. Nickols, Adm.

****Parkview Nursing Home**
2200 White River Blvd., Muncie 47303
Margaret L. Nickols, Adm.

****Riverview Convalescent Home**
R. R. 2, Burlington Dr., Muncie 47302
Larry Harty, Adm.

Shady Haven Rest Home
R. R. 6, Bethel Pike, Muncie 47302
Leila C. Wilcox, Adm.

Continued

NURSING HOMES

Continued

Sylvester Home for the Aged
R. R. 5, Burlington Dr., Muncie 47302
Mantha J. Sylvester, Adm.

****Woodland Nursing Home**
3600 W. Jackson St., Muncie 47304
Hazel Wilson, R.N. and Carroll Shroyer, R.N., Adms.

DUBOIS COUNTY

Hubster's Boarding Home
1008 Van Buren, Huntingburg 47542
Lillian Hubster, Adm.

Jasper Nursing Center, Inc.
R.R. 2, Jasper 47546
John L. Wehrle, Adm.

Northwood Good Samaritan Center
P. O. Box 459, Jasper 47546
Myles Taylor, Adm.

Providence Home
W. Ninth Street, Jasper 47546
Rev. Philip Ottavi, Adm.

****St. Ann Nursing Home**
511 Fourth St., Huntingburg 47542
Norman Wright, Adm.

ELKHART COUNTY

****Americana Nursing Center of Elkhart**
343 S. Nappanee St., Elkhart 46514
William M. Lewis, Adm.

Andresen Nursing Home
302 S. Sixth St., Goshen 46526
Charles Andresen, Adm.

Elkhart Nursing and Convalescent Home, Inc.
2600 Moorehouse, Elkhart 46514
Sandra Kay Phillips, Adm.

Lu-Ann Nursing Home
952 W. Walnut St., Nappanee 46550
John L. Mellinger and Wayne R. Dunham, Adms.

Nicholson Convalescent Home
2400 Elkhart Rd., Goshen 46526
George and Gracia Nicholson, R.N., Adms.

Peterson Nursing Home
302 E. Lincoln Ave., Goshen 46526
Wilbur J. and Florence J. Mowry, R.N., Adms.

Rest Haven Home
803 Wolf Ave., Elkhart 46514
Peter A. Calabrese, Adm.

Rest Home
525 W. Lexington Ave., Elkhart 46514
Pearl Carr, Adm.

Riley Convalescent Home
527 S. Main St., Goshen 46526
Albert and Eunice Riley, L.P.N., Adms.

Simpson Nursing Home
114 S. 6th St., Goshen 46526
Richard A. Simpson, Adm.

Treva's Nursing Home
1005 S. Third St., Elkhart 46514
Treva M. Criss, Adm.

****Turtle Creek Convalescent Centre of Elkhart**
1400 W. Franklin St., Elkhart 46514
Wayne H. Bonamarte, Adm.

FAYETTE COUNTY

Lincoln Manor Nursing Home
903 Lincoln Ave., Connersville 47331
Chester O'Neal, Jr., Adm.

National Nursing Home of Connersville
2600 N. Grand Ave., Connersville 47331
Frances McEwan, R.N., Adm.

Paula-Mar Nursing Home
319-21 Western Ave., Connersville 47331
Paul E. and Mary M. Harvey, Adms.

FLOYD COUNTY

****Green Valley Convalescent Center**
3018 Green Valley Rd., New Albany 47150
Marilyn S. Velasco, R.N., Adm.

Providence Retirement Home
703 E. Spring St., New Albany 47150
Sister Catherine Loretta, Adm.

FOUNTAIN COUNTY

Alward Nursing Home
605 Summit St., Attica 47918
Leston and Imogene B. Alward, R.N., Adms.

Tall Trees Nursing Home
303 Second St., Covington 47932
William and Kathryn Button, Adms.

FRANKLIN COUNTY

Echo Hill Nursing Home
R. R. 2, Laurel 47024
Myrtle Jackson, Adm.

Elsie Dreyer Nursing Home
273 Main St., Brookville 47012
Elsie Dreyer, Adm.

FULTON COUNTY

Canterbury Manor
R. R. 6, County Road 50 North, Rochester 46975
Helen Miller, Adm.

Miller Nursing Home
719 Madison St., Rochester 46975
Helen Miller, Adm.

Rochester Nursing Home
1118 Main St., Rochester 46975
Gerald L. Eastburg, Adm.

GIBSON COUNTY

Duncan Wee Bonnie Rest Home
R. R. 1, Princeton 47570
Semira D. Fishman, Adm.

****Forest Del Convalescent Home**
1020 W. Vine St., Princeton 47570
Kenneth Maikranz, Adm.

Gibson County Home
R. R. 1, Princeton 47570
William Morgan, Adm.

Good Samaritan Home Inc.
210 N. Gibson St., Oakland City 47560
Hovey Hedges, Adm.

****Holiday Manor, Inc.**
Carol Ave., Princeton 47570
Floyd Jewell, Adm.

Oakland City Rest Home
114 Grove St., Oakland City 47560
Lloyd Higgins, Adm.

GRANT COUNTY

Calbert's Rest Home
204 N. Washington St., Marion 46952
Wanda Whitaker, Adm.

Ellen Hill Home, Inc.
710 W. Third St., Marion 46952
Opal E. Calbert, Adm.

Emily E. Flinn Home, Inc.
615 W. 12th St., Marion 46952
Rev. George L. Florence, Adm.

Friendly Home of the Convalescent, Inc.
P.O. Box 153, Fowlerton 46930
Ralph C. DeGolyer, Adm.

Friendship Heights Rest Home
704 S. Main St., Fairmount 46928
Addie M. Bryant, L.P.N., Adm.

Golden Age Nursing Home
1800 Kem Rd., Marion 46952
Bernie Winkle, Adm.

****River-View Manor Convalescent and Rehabilitation Center, Inc.**
221 N. Washington, Marion 46952
Ronald Brown, Adm.

**Wesleyan Nursing Home
518 W. 36th St., Marion 46952
Carl T. Speaks, Adm.

GREENE COUNTY

Glenburn Rest Haven
Glenburn Rd., R. R. 1, Linton 47441
Nola D. Yoder, L.P.N., Adm.

HAMILTON COUNTY

Arcadia Rest Home
405 S. East St., Arcadia 46030
Florence Sigler, Adm.

Hamilton Rest Home
15755 Allisonville Rd., Noblesville 46060
Mary McKinley, Adm.

Lakeview Guest Home
R. R. 1, Box 15, Carmel 46032
Seth and Sara Wells, Adms.

Maple Park Health Manor
Box 156-C, R. R. 1, Westfield 46074
Carl Tracy, Adm.

National Nursing Home of Noblesville
1791 Greenfield Pike, Noblesville 46060
Patricia A. Langley, R.N., Adm.

Rollins Home for Retarded Children
69 N. Harrison St., Cicero 46034
Mabel A. Rollins, R.N., Adm.

Sheridan Rest Home, Inc.
903 Sheridan Ave., Sheridan 46069
Robert and Eileen Higgins, L.P.N., Adms.

Walston Home for Retarded Children
N. Peru St., Cicero 46034
Martha Walston, L.P.N., Adm.

HANCOCK COUNTY

Golden Rule Rest Home
R. R. 12, Box 403, Indianapolis 46236
Emily P. Beck, L.P.N., Adm.

Model A Nursing Home
R. R. 5, Greenfield 46140
Jesse and Lavon Beeson, Adms.

Park Riley Nursing Home
1310 E. Main St., Greenfield 46140
Gwendolyn W. Suttle, R.N., Adm.

Twinbrook, Inc.
R. R. 7, Box 13, Greenfield 46140
Marie C. Kavalaris, Adm.

Wood Nursing Home
14 N. Wood St., Greenfield 46140
Hazel E. Wood, L.P.N., Adm.

HENDRICKS COUNTY

Golden Rule Nursing Home
St. Rd. 36 East, Danville 46122
Robert and Ethel Petree, Adms.

Hendricks County Home
865 E. Main, Danville 46122
Edna O. Anderson, Adm.

National Nursing Home of Danville
337 W. Lincoln St., Danville 46122
Sondra Rexing, R.N., Adm.

Vinewood Nursing Home
404 North Vine St., Plainfield 46168
Stephen Snyder, Adm.

HENRY COUNTY

"The Boxwoods" Nursing Home
115 N. 10th St., New Castle 47362
Carlisle Butcher, Adm.

Hammond Nursing Home
806 W. Broad St., New Castle 47362
Florence Molchin, Adm.

Henry County Home
N. Memorial Dr., New Castle 47362
Irvin C. Dyer, Adm.

Heritage House, Inc., of New Castle, Ind.
1023 N. 20th St., New Castle 47362
Paul E. Spicer, Adm.

Lewisville Hotel for Senior Citizens
U. S. 40, Lewisville 47352
Sarah Jones, Adm.

Middletown Nursing Home
130 S. 10th St., Middletown 47356
Robert I. Clevenger, Adm.

National Nursing Home of New Castle
901 N. 16th St., New Castle 47362
Margaret Joyce Kidd, R.N., Adm.

New Hope Nursing Home
Lewisville 47352
Charlotte Baird, Adm.

Resthaven
420 S. Main St., New Castle 47362
Dorothy Shipp, R.N., Adm.

Ryse Boarding Home
R. R. 5, New Castle 47362
John T. and Arizona Ryse, Adms.

HOWARD COUNTY

Americana Nursing Center of Kokomo
3524 S. Lafountain St., Kokomo 46901
John Huber, Adm.

Harrell's Boarding House
708 N. Main St., Kokomo 46901
June Harrell, Adm.

Hillcrest Nursing Home
1210 E. Jefferson St., Kokomo 46901
Merrill R. Richards, Adm.

Lucy Cole Nursing Home
332 W. Markland, Kokomo 46901
Lucy Cole, L.P.N., Adm.

Samaritan Home of Kokomo, Inc.
513 East Vaile Ave., Kokomo 46901
Sister Raphael, Adm.

Windsor Estates of Kokomo
429 Lincoln Rd. W., Kokomo 46901
Alice Fox, R.N., Adm.

HUNTINGTON COUNTY

Friendly Nursing Home, Inc.
1500 Grant St., Huntington 46750
Richard G. Shedd, Adm.

Huntington County Home
R. R. 5, Huntington 46750
Ben Thompson, Adm.

Methodist Memorial Home for the Aged, Inc.
Warren 46792
Philip Souder, Adm.

Roanoke Nursing Home, Inc.
743 N. Main Street, Roanoke 46783
Robert Barna, Adm.

Town & County Nursing Home
R. R. 8, Huntington 46750
Donald E. and Marlene Barna, R.N., Adms.

JACKSON COUNTY

Jackson Park Convalescent Center, Inc.
707 Jackson Park Dr., Seymour 47274
Harold Chandler, Adm.

Kaley's Nursing Home
202 W. Sixth St., Seymour 47274
Marcia Kaley, Adm.

Lutheran Community Home
Box 462, 111 W. Church Ave., Seymour 47274
Richard A. Grove, Adm.

JASPER COUNTY

Jasper County Home
R. R. 3, Rensselaer 47978
Fred Hall, Adm.

Continued

NURSING HOMES
Continued

Remington Rest Home
Illinois and Minnesota Sts., Remington 47977
Birdella N. Sullivan, Adm.

JAY COUNTY

Parkwood Convalescent Home
High and Park Sts., Portland 47371
Pearl B. Harty, Adm.

Portland Nursing Home
406 W. Arch St., Portland 47371
Mary Ellen Hearn, Adm.

JEFFERSON COUNTY

****Hanover Nursing Home**
S. R. 56 W., Hanover 47243
Jerry Thaden, Adm.

Mayfield Nursing Home
402-410 Elm St., Madison 47250
George and Charlotte Mayfield, Adms.

Mayfield's Retirement & Nursing Home
618 E. Second St., Madison 47250
George and Charlotte Mayfield, Adms.

JENNINGS COUNTY

Johnson's Convalescent Home
113 E. Jackson, North Vernon 47265
Gladys Johnson, Adm.

Ritz Nursing Home
Box 42, Scipio 47273
Nona Ritz, Adm.

JOHNSON COUNTY

Faith Home
P. O. Box 218, Edinburg 46124
Raymond C. Brown, Adm.

Greenwood Hilltop Nursing Home
R. R. 2, Fry Rd., Greenwood 46142
Violet VanSickle, Adm.

Indiana Masonic Home
Franklin 46131
Roy O. Turner, Adm.

****Indiana Retired Teacher's Community**
Greenwood Village, Greenwood 46142
Barbara Doty, R.N., Adm.

Janie's Nursing Home
651 S. State St., Franklin 46131
Janie Johnson, L.P.N., Adm.

Johnson County Home
R. R. 1-B, Franklin 46131
Albert Bundy, Adm.

Methodist Home
Franklin 46131
Rev. W. D. Koehnlein, Adm.

Mickie Nursing Home
750 W. Madison St., Franklin 46131
Mildred Harris, Adm.

The Welcome Nursing Home
1109 N. Main St., Franklin 46131
Stephen J. Snyder, Adm.

KNOX COUNTY

****Crestview Home**
Box 237, Old Bruceville Rd., Vincennes 47591
Cora T. Joyce, Adm.

Freelandville Community Home, Inc.
Freelandville 47535
Lorena Walters, R.N., Adm.

Moore's Nursing Home, Inc.
204 W. Third St., Bicknell 47512
Ernest P. and Barbara J. Moore, Adms.

****Restwell Home**
1321 Willow St., Vincennes 47591
Albert Berg, Adm.

****Vincennes Nursing Home**
1202 S. 16th St., Vincennes 47591
Joe Junod Sr. and Fern Junod, Adms.

KOSCIUSKO COUNTY

****Alfran Nursing Home**
2501 E. Center St., Warsaw 46580
Frank N. Wilson, Adm.

****Miller's Merry Manor**
R. R. 2, County Farm Rd., Warsaw 46580
Wallace T. and Enid L. Miller, R.N., Adms.

Orn Nursing Home
North Main St., Milford 46542
Mrs. Amos Orn, Adm.

Pierceton Nursing Home
Indiana and Main Sts., Pierceton 46562
Elson Wilson, L.P.N., Adm.

****Prairie View Rest Home, Inc.**
300 Prairie St., Warsaw 46580
Nancy Richards, L.P.N., Adm.

LAGRANGE COUNTY

Marks' Nursing Home
R. R. 1, LaGrange 46761
Marie B. Marks, Adm.

LAKE COUNTY

Colonial House, Inc.
119 N. Indiana Ave., Crown Point 46307
Edythe Frantz, L.P.N., Adm.

Gary Convalescent Home, Inc.
386 Mount St., Gary 46406
Joseph Shapiro, M.D., Adm.

Great Oaks Nursing and Convalescent Home
R. R. 1, Box 30, Cedar Lake 46303
Daniel R. T. Davis, Adm.

Green's Geriatric Health Center
2052 Delaware St., Gary 46407
Benjamin J. Green, Adm.

Green's Home
3960 Massachusetts St., Gary 46409
Leonard D. and Lena J. Odum, Adms.

Jayne Bryant Nursing Home
P. O. Box 166, Crown Point 46307
Ellen Jayne Bryant, Adm.

****Lake County Convalescent Home**
114 County Road O, Crown Point 46307
Joseph J. Kish, Adm.

****Medicenter/Gary**
601 W. 61st Ave., Gary 46408
Thomas Schilling, Adm.

Miller Nursing Home
2301 Adams St., Gary 46407
Ida Miller Walker, Adm.

****Mills Rest Home**
5011 Maryland St., Gary 46409
John P. and Audrey Mills, Adms.

St. Anthony's Rest Home
201 Franciscan Rd., Crown Point 46307
Sister Mary Cherubim, Adm.

Shady Heights Nursing Home
R. R. 1, Box 46, Dyer 46311
Faye McGuire, L.P.N., Adm.

Simmons Loving Care Health Facility
1944 Maryland St., Gary 46407
Anna L. Simmons, Adm.

West Side Nursing Home
829 W. Third Ave., Gary 46402
Stuart Primack, Adm.

Wildwood Manor, Inc.
1964 Clark Rd., Gary 46404
George Walker, Adm.

Willowdale Convalescent Home
10406 Jennings Pl., Crown Point 46307
Donald D. DuSold, M.D., Adm.

Woodmar Nursing Home
6727 Baring Ave., Hammond 46324
Geraldine Wiseley, Adm.

LAPORTE COUNTY

****Anderson Sanitarium, Inc.**
1702 I St., LaPorte 46350
S. H. Perkins, Adm.

Beach Cliff Lodge Nursing Home
1001 Lake Shore Dr., Michigan City 46360
Theodore Moss, Adm.

****Lakeside Convalescent-Nursing Home, Inc.**
One mile east of U.S. 421 on U.S. 20, Michigan City 46360
Norman Rust, Adm.

Private Care Home
602 Spring St., Michigan City 46360
Roger J. Schofield, Adm.

****Red Oaks Home**
910 S. Carroll Ave., Michigan City 46360
Betty Anderson, R.N., Adm.

Stites Home, Inc.
R.R. 6, Box 142, LaPorte 46350
J. McClellan Hertle, Adm.

Tubbs Nursing Home
Michigan Blvd. and Wolfe Ave., Michigan City 46360
Helen C. Tubbs, L.P.N., Adm.

Waterford Nursing Home
R. R. 3, Box 319, Michigan City 46360
Thomas L. and Mary E. Poffenberger, Adms.

LAWRENCE COUNTY

Blackburn Rest Home
519 H St., Bedford 47421
Stella J. Blackburn, Adm.

Sunny Acres Rest Home
R. R. 5, Bedford 47421
Mabel Ray, L.P.N., Adm.

MADISON COUNTY

****Americana Nursing Center of Anderson**
1345 N. Madison Ave., Anderson 46011
Mrs. Lee Moore, R.N., Adm.

Bradford Nursing Home
625 W. Adams St., Alexandria 46001
Alma Bradford, Adm.

Cook Rest Home
424 Ruddle Ave., Anderson 46012
Ella Cook, Adm.

****Dickey Nursing Home**
220 N. Ninth Street, Elwood 46036
Louise Dickey, L.P.N., Adm.

Dickey Nursing Home, Inc.
1007 N. 9th, Elwood 46036
James G. Dickey, Adm.

Goble Home
332 W. 11th St., Anderson 46016
Oran and Olive Goble, Adms.

Golden Age Manor
1901 N. "A" St., Elwood 46036
Rev. Max Bingham, Adm.

New Haven Nursing Home
1023 E. Eighth St., Anderson 46012
Josephine Wade, L.P.N., Adm.

Rahbek Nursing Home
711 W. Fifth St., Anderson 46016
Hope Dorsey, L.P.N., Adm.

****Rolling Hills Skilled Nursing Center, Inc.**
1821 Lindburg Rd., Anderson 46012
A. Wayne Johnson, Adm.

****Turtle Creek Medi-Centre of Anderson**
1809 N. Madison Ave., Anderson 46012
James Dickey, Adm.

Westside Nursing Home
416 W. 12th St., Anderson 46016
Marian Webb, L.P.N., Adm.

MARION COUNTY

Ada's Golden Age
2115 Central Ave., Indianapolis 46202
Keith F. Seal, Adm.

Alpha Home for Aged
1840 Senate Ave., Indianapolis 46202
Mrs. W. Lincoln Murphy, Adm.

Altenheim of Indianapolis
2007 N. Capitol Ave., Indianapolis 46202
Elizabeth L. Myers, Adm.

****Americana Nursing Center Of Indianapolis**
5600 E. 16th St., Indianapolis 46218
Lowell Canary, Jr., Adm.

Anthony Hall Nursing Home
2135 N. Alabama St., Indianapolis 46204
Stephen J. Snyder, Adm.

The Barton House
505 N. Delaware, Indianapolis 46204
Robert Hedding, Adm.

Bel-Terrace Nursing Home
1629-33 N. College Ave., Indianapolis 46202
Stephen J. Snyder, Adm.

Booker-Watts Annex Nursing Home
1445 Broadway, Indianapolis 46202
Geneva Watts, Adm.

Booker-Watts Nursing Home
2523 Central, Indianapolis 46205
Geneva Watts, Adm.

****Borinstein Home for Jewish Aged, Inc.**
3516 Central Ave., Indianapolis 46205
Bill Newman, Adm.

Chateau de Repos, Inc.
5025 W. 52nd St., Indianapolis 46254
Doris E. Stuart, L.P.N., Adm.

****Colonial Crest Nursing Center, Inc.**
7145 E. 21st St., Indianapolis 46219
Mark and Hart Hasten, Adms.

****Colonial Crest Nursing Home**
7149 E. 21st St., Indianapolis 46219
Hart N. Hasten, Adm.

Community "Emerson" Nursing Home, Inc.
3420 N. Emerson Ave., Indianapolis 46218
Rosemary Smith, L.P.N., Adm.

Community Nursing Home
4743 Southeastern, Indianapolis 46203
Lucile Toll, L.P.N., Adm.

Community South Meridian Nursing Home
2102 S. Meridian St., Indianapolis 46225
Linda Dougherty, L.P.N., Adm.

Community West 38th St. Nursing Home
5435 W. 38th St., Indianapolis 46224
Janet Hess, R.N., Adm.

Conner Nursing Home
1408 N. Pennsylvania St., Indianapolis 46202
Lucy V. Conner, Adm.

****Continental Nursing Home**
344 S. Ritter, Indianapolis 46219
William Wells, Adm.

Crestview Manor Nursing Home
1118 East 46th St., Indianapolis 46205
Kenneth Frey, Adm.

Del Mar Nursing Home, Inc.
709 Lynhurst Dr., Indianapolis 46224
Helen J. Harbison and Alice K. Jackson, Adms.

Frame Nursing Home
373 N. Holmes Ave., Indianapolis 46222
Marybell Frame, Adm.

Continued

NURSING HOMES
Continued

Garfield Park Nursing Home
2605 Shelby Street, Indianapolis 46203
Thelma Vandervort, L.P.N., Adm.

Garfield Park Nursing Home #2
2620 N. Keystone Ave., Indianapolis 46203
Thelma B. Vandervort, L.P.N., Adm.

Garner's Nursing Home
1429 Carrollton Ave., Indianapolis 46202
Elizabeth Garner, Adm.

****Greenview Manor Nursing Home**
1700 N. Illinois St., Indianapolis 46202
Keith Phillipps, Adm.

Heritage Nursing Home
8935 E. 46th St., Indianapolis 46226
Mary Jane Nicewander, R.N., Adm.

Hillside Nursing Home
3405 N. Ralston, Indianapolis 46218
Bennie Mason, Adm.

Independent Living Club
6038 W. 25th St., Indianapolis 46224
Robert Roland, Adm.

Indianapolis Home for the Aged, Inc.
1731 N. Capitol Ave., Indianapolis 46202
Angela Rady, Adm.

****Lakeview Manor, Inc.**
125 Beachway Dr., Indianapolis 46224
Rev. Paul Ade, Adm.

Lynhurst Nursing Home, Inc.
5225 W. Morris St., Indianapolis 46241
James E. Hill, Sr., and Ethel L. M. Eldridge, Adms.

McKenzie Convalescent Home
2926 N. Capitol Ave., Indianapolis 46208
James McKenzie, Adm.

Mabel S. Waddle Private Nursing Home
2112 N. Delaware, Indianapolis 46202
Stephen J. Snyder, Adm.

****Marion County Home**
11850 Brookville Rd., Indianapolis 46239
Robert F. Oldham, Adm.

Mayfair Home
3240-42 Washington Blvd., Indianapolis 46205
Mr. and Mrs. John Leech, Adms.

Midland House, Inc.
3302 Washington Blvd., Indianapolis 46205
Peter Shields, Adm.

Northside Nursing Home
2037 N. Illinois St., Indianapolis 46202
Margaret James, Adm.

****Northwest Manor Nursing Home**
6440 West 34th St., Indianapolis 46224
Joseph Henderson, Adm.

Parkview Manor Nursing Home
2424 E. 46th St., Indianapolis 46205
Vivian D. Harris, Adm.

Pleasant View Rest Home
5000 Southeastern Ave., Indianapolis 46203
C. O. Rader, Adm.

St. Augustine Home for the Aged
2345 W. 86th St., Indianapolis 46260
Sister Angele, Mother Superior, Adm.

St. Paul Baptist Church Home for the Aged
1141-45 N. Sheffield Ave., Indianapolis 46222
Rev. C. J. Dailey, Adm.

St. Paul Hermitage
501 N. 17th St., Beech Grove 46107
Sister Rosemary Braun, O.S.B., Adm.

Sarah's Nursing Home
2716 Sutherland Ave., Indianapolis 46205
Sarah Hill, Adm.

Springer Health Facility
6566 W. Washington St., Indianapolis 46241
Robert and Leona Kenworthy, Adms.

T. Wray Nursing Home
1812 Central, Indianapolis 46202
Thelma F. Wray, L.P.N., Adm.

Three Sisters Nursing Home
6130 Michigan Rd., Indianapolis 46208
Mamie Beamon, Adm.

****Turtle Creek Convalescent Center South**
525 E. Thompson Rd., Indianapolis 46227
William K. Senteney, Adm.

****Turtle Creek Convalescent Centre Southeast, Inc.**
2002 Albany Ave., Beech Grove 46107
Virginia Baker, R.N., Adm.

Weber Convalescent Home
43 S. Ritter Ave., Indianapolis 46219
C. O. Rader, Adm.

Welch Boarding Home
2901 N. Pennsylvania St., Indianapolis 46205
Catherine Welch, Adm.

MARSHALL COUNTY

Fairview Nursing Home
Route 4, Plymouth 46563
Patricia L. Beam, Adm.

Marshall County Home
R. R. 5, Plymouth 46563
Loren D. Decker, Adm.

Myers Nursing Home
R. R. 3, Box 159, Bremen 46506
Pearl Myers, L.P.N., Adm.

Myers Nursing Home #2
1029 W. Jefferson St., Plymouth 46563
Pearl Myers, Adm.

****Pilgrim Manor Rehabilitation and Convalescent Center**
222 Parkview St., Plymouth 46563
G. Dean Byers, Adm.

R.N. Nursing Home
R. R. 1, Walkerton 46574
Laura M. Hathaway, R.N., Adm.

T.L.C. Nursing Home
145 S. Michigan, Argos 46501
Mildred E. Bennett, R.N., Adm.

MARTIN COUNTY

Valley View Rest Home
R. R. 4, Loogootee 47553
Homer E. Robertson and Lillian Frye, Adms.

MIAMI COUNTY

****Friendly Nursing Home, Inc.**
317 Blair Pike, Peru 46970
Richard Shedd, Adm.

Miami County Home
R. R. 5, Peru 46970
Rev. Arthur J. Tinkel, Adm.

The Miami Home
77 E. Third St., Peru 46970
H. Lucille McDaniel, Adm.

Sherwood House Nursing Home, Inc.
906 W. Main St., Peru 46970
Leona M. Maggard, Adm.

MONROE COUNTY

Arbutus Rest Home
R. R. 2, Box 46, Bloomington 47403
Hazel Hall, Adm.

****Hospitality House, Inc.**
1100 S. Curry Pike, Bloomington 47401
C. Darrell Phillips, Adm.

MONTGOMERY COUNTY

Ben Hur Home
1375 S. Grant, Crawfordsville 47933
Martha E. Williams and G. Fred Cowan, L.P.N., Adms.

Carmen Nursing Home
817 N. Whitlock Ave., Crawfordsville 47933
Cline Harbison, Adm.

Hazel Small Rest Home
N. Vine St., Waynetown 47990
Sarah Small, Adm.

Bowles Convalescent Home, Inc.
1304 S. Grant Ave., Crawfordsville 47933
Richard Bowles, L.P.N., Adm.

Westbrook Nursing Home, Inc.
R. R. 9, Crawfordsville 47933
Roland D. West, Adm.

MORGAN COUNTY

Cherry Nursing Home
60 E. Harrison St., Martinsville 46151
Zepha Cherry, Adm.

Henderson Nursing Home
214 Washington St., Morgantown 46160
Joe and Marguerite Henderson, Adms.

Kennedy Memorial Christian Home
210 W. Pike St., Martinsville 46151
W. Dean Mason, Adm.

Morgan County Home
190 S. Main St., Martinsville 46151
Earl B. Fletcher, Adm.

NEWTON COUNTY

Kentland Kare Home
102 E. Carroll St., Kentland 47951
B. F. and Helen M. Borman, R.N., Adms.

NOBLE COUNTY

Kish's Twin Pines Nursing Home
Rt. 1, Albion 46701
Fred and Betty Kish, Adms.

Kneipp Springs
Rome City 46784
Sister Mary Josina, Adm.

Linville Boarding Home
518 E. Diamond, Kendallville 46755
Harold R. and Weltha Linville, Adms.

Luckey Memorial Nursing Home
Highways #33 & #109, Wolflake 46796
Bessie K. Luckey, Adm.

Lutheran Homes, Inc.
612 E. Mitchell, Kendallville 46755
Fred L. Nieno, Adm.

Sacred Heart Home
R. R. 2, Avilla 46710
Sister M. Dolorita, R.N., Adm.

OHIO COUNTY

Rising Sun Nursing Home
Rio Vista Ave., Rising Sun 47040
Margaret Granatir, R.N., Adm.

ORANGE COUNTY

Gorge Nursing Home, Inc.
R. R. 2, French Lick 47432
Gertrude Haynes, R.N., Adm.

National Nursing Home of Paoli
111 W. Hospital View Rd., Paoli 47454
Grace L. Gourdouze, R.N., Adm.

OWEN COUNTY

Donna Nursing Home #2
R. R. 2, Spencer 47460
Norman S. Tirsway, Adm.

Gosport Nursing Home, Inc.
South Seventh St., Gosport 47433
Leland S. Lynch, Adm.

Owen County Home
R. R. 3, Spencer 47460
Ruthie Gray, Adm.

PARKE COUNTY

Friendship House Nursing Home
South Main St., Box 58 Bloomingdale 47832
Darrell H. Bishop, Adm.

Howard Avenue Nursing Home
303 Howard Ave., Rockville 47872
Helen L. Wittenmyer, Adm.

Parke County Nursing Home
R. R. #2, Rockville 47872
Margaret Ball, Adm.

PERRY COUNTY

Lincoln Hills Nursing Home, Inc.
19th and Pestalozzi, Tell City 47586
G. L. Crutchfield, Adm.

PIKE COUNTY

****Holiday Home**
Pike Ave., Petersburg 47567
Kenneth I. Dunigan, Adm.

PORTER COUNTY

Beverly Shores Nursing Home, Inc.
Beverly Shores 46301
John W. Bragg, Adm.

****Evergreen Park Nursing and Convalescent Home**
State Rd. 49 and LaPorte, Valparaiso 46383
John Blenke, Adm.

Whispering Pines Home for Senior Citizens
N. Calumet Rd., Valparaiso 46383
Mary E. Bartz, Adm.

POSEY COUNTY

Allison Nursing Home
Locust St., Poseyville 47633
Lula Allison, Adm.

The Charles Ford Memorial Home
New Harmony 47631
Kathryn Bauer, Adm.

Merimac Nursing Home
1302 North St., Cynthiana 47612
Mary M. McGuire, Adm.

Posey County Home
Poor Infirmary Rd., R. R. 4, Mount Vernon 47620
Edith Hester, Adm.

Valley Rest Home
1415 Country Club Rd., Mount Vernon 47620
Donna Rose, Adm.

PUTNAM COUNTY

Asbury Towers
102 W. Poplar St., Greencastle 46135
Rev. Otis L. Collier, Adm.

Donna Nursing Home
Main St., Cloverdale 46120
Norman S. Tirsway, Adm.

Eventide Rest Home
R. R. 2, Greencastle 46135
Cletus O. and Daisy L. Sult, R.N., Adms.

Putnam County Home
R. R. 3, Greencastle 46135
George H. Gentry, Adm.

Ruark Nursing Home
R. R. 1, Fillmore 46128
Elsie C. Ruark, Adm.

Sunset Manor Nursing Home
1109 S. Indiana St., Greencastle 46135
Robert & Bessie Goldsberry, Adms.

RANDOLPH COUNTY

Parrott's Home
304 W. Sherman St., Lynn 47355
Willis R. and Mary Maxine Parrott, Adms.

Continued

NURSING HOMES
Continued

RIPLEY COUNTY

Davis Nursing Home
S. Main St., Sunman 47041
Eugene Davis, Adm.

Gilland Nursing Home
310 Cravens St., Osgood 47037
Mildred Gilland, Adm.

Health and Hospitality Center
Carr St., Milan 47031
Jon W. Kohlmeier, Adm.

Manderley Nursing Home
546 Wilson St., Osgood 47037
Charles F. Negangard, Adm.

Manderley Nursing Home #2
120 E. Ripley St., Osgood 47037
Charles F. Negangard, Adm.

Schwing Nursing Home
R. R. 1, Sunman 47041
Donald J. Schwing, Adm.

Silver Bell Nursing Home
Highway 421, South,
Versailles 47042
Walter Bradley, Jr., Adm.

RUSH COUNTY

Gorman's Rest Home
Railroad St., Milroy 46156
Thomas and Elizabeth Gorman, Adms.

Hillside Haven
424 North Perkins St.,
Rushville 46173
Mary Todd, R.N., Adm.

Holiday House
114 E. Fifth St., Rushville 46173
Inez Austerman, Adm.

****Jackson Nursing Home**
612 E. 11th St., Rushville 46173
Marjorie Pearsey, L.P.N., Adm.

Rowland's Nursing Home
230 E. Seventh St., Rushville 46173
Willard Rowland, L.P.N., and Nora Lee Rowland, Adms.

ST. JOSEPH COUNTY

Calvert Convalescent Home
1844 E. Calvert, South Bend 46614
Helen Heppel, R.N., Adm.

****Cardinal Nursing Home, Inc.**
118 S. Williams St., South Bend 46601
Thomas E. Squibb, Adm.

****Carlyle Nursing Home**
5024 N. Western Ave., South Bend 46625
Vincent Ruffolo, R.N., Adm.

Dodge Home for Old People
318 E. Third St., Mishawaka 46544
Dorothy DiGann, Adm.

Dor-A-Lin, Inc.
1024 N. Notre Dame Ave.,
South Bend 46617
Edward L. Finkenbinder, Adm.

Dujarie House
1801 Michigan St.,
Notre Dame 46556
Brother Frederick P. Raehsler, R.N., Adm.

****Farris Lombardy Home**
141 S. Lombardy Dr.,
South Bend 46619
Samuel M. and Helen H. Farris, Adms.

Farris Nursing Home #2
1044 Lincolnway West,
South Bend 46616
Samuel M. and Helen H. Farris, Adms.

Golden Age Manor Corporation
811 East 12th St., Mishawaka 46544
Gloria McCullough, Adm.

Haven Hubbard Memorial Home
New Carlisle 46552
Mearl L. Dustin, Adm.

Holy Cross House
Douglas Rd.,
Notre Dame 46556
Rev. Charles J. Corcoran, Adm.

Melrose Manor
601 S. Russell St., Mishawaka 46544
Eunice Turner, L.P.N., Adm.

Morningside Nursing Home, Inc.
18325 Bailey Ave., South Bend 46637
Pauline Locks, R.N., Adm.

River Park Nursing Home
2706 Wall St., South Bend 46615
William G. Swintz, Adm.

River Park Nursing Home
915 27th St., South Bend 46615
William G. Swintz, Adm.

Robert P. and Clara I. Milton Home, Inc.
206 E. Marion St., South Bend 46601
Mrs. T. E. Mauch, Adm.

St. Joseph County Home
53308 Portage Rd., South Bend 46628
Joseph W. Snyder, Adm.

Walkerton Nursing Home
500 Roosevelt Road, Walkerton 46574
Roy and Ruth DeSimone, Adms.

Wilton Rest Home
25419 St. Rt. 2, South Bend 46619
William Grzywinski, Adm.

SCOTT COUNTY

Roe-Seal Memorial Home
Englishton Park, Lexington 47138
Russell R. Byers, Adm.

Shalom Convalescent and Nursing Home
Highway 31 South, Scottsburg 47170
William and Virginia Lippert, R.N., Adms.

SHELBY COUNTY

Ace Placid Home
R. R. 1, Fairland 46126
Dewey F. Murphy, Adm.

Conover Rest Home
Box 311, Morristown 46161
Charles Conover, Adm.

****The Heritage House Convalescent Center**
2309 S. Miller St., Shelbyville 46176
Robert Norman, Adm.

Waldron Nursing Home
Box 95, Waldron 46182
Kathleen L. Kuhn, Adm.

SPENCER COUNTY

Rockport Nursing Center, Inc.
815 Washington St., Rockport 47635
Donald R. and O. Jane Thomason, Adms.

Spencer County Home
R. R. 1, Rockport 47635
Chester Rininger, Adm.

STARKE COUNTY

Knox Nursing Home
302-306 Culver St., Knox 46534
Kenneth Crowel, Adm.

****Little Company of Mary Health Facility, Inc.**
Route 421, San Pierre 46374
Sister Margaret Mary Doherty, R.N., Adm.

STEUBEN COUNTY

Edith Nursing Home
116 Powers St., Angola 46703
Helen Taylor, Adm.

Steuben County Rest Home
R. R. 3, Angola 46703
Marshall Coler, Adm.

SULLIVAN COUNTY

Sullivan County Home
R. R. 5, Sullivan 47882
Mr. and Mrs. Walter Houghton, Adms.

**Sullivan Nursing Home
W. Wolfe St., Sullivan 47882
O. R. and Mary J. Blubaugh, Adms.

SWITZERLAND COUNTY

Jackson's Senior Citizens Home
501 West Pike St., Vevay 47043
Harry B. and Peggy Jackson, Adms.

TIPPECANOE COUNTY

Burnett Convalescent Home
221 S. Ninth St., Lafayette 47901
Maude L. Golden, L.P.N., Adm.

Comfort, Inc.
312 N. Eighth St., Lafayette 47901
Allen C. Campbell, Adm.

Indiana Knights of Pythias Home
1501 South 18th Street, Lafayette 47905
Ray C. Haley, Adm.

Lafayette Care, Inc.
3400 Soldiers Home Rd., W. Lafayette 47906
J. Wilborn Garrison, Adm.

Laura M. Bowles Convalescent Home
147 Ford St., Clarks Hill 47930
Laura M. Bowles, L.P.N., and Laura L. Peterson, Adms.

Lesley Nursing Home
Buck Creek 47924
Rosina Lesley, Adm.

Tippecanoe County Home
R. R. 1, Lafayette 47901
Charles Haan, Adm.

Tippecanoe County Home-Ross Annex
R. R. 6, Lafayette 47901
Dawn Thompson, Adm.

TIPTON COUNTY

The Higgins Home
R. R. 1, St. Rd. 19, Tipton 46072
Robert D. and Eileen G. Higgins, L.P.N., Adms.

Holtsclaw Nursing Home
119 W. Washington St., Tipton 46072
Margaret Holtsclaw, Adm.

Tipton County Home
R. R. 1, Tipton 46072
Lester Dodd, Adm.

UNION COUNTY

Park Manor Home, Inc.
409 E. Union St., Liberty 47353
Phyllis J. McMurphy, R.N., Adm.

VANDERBURGH COUNTY

Agnes Hawes Boarding Home for the Aged
408 N. Third Ave., Evansville 47710
Agnes Hawes, Adm.

Bethany Rest Home
316 N. Wabash Ave., Evansville 47712
Mary Ashworth, Adm.

Bethel Sanitarium, Inc.
6015 Kratzville Rd., Evansville 47710
Louise Kuiken, R.N., Adm.

Bethel Sanitarium, Inc., Annex
5825 Kuiken Dr., Evansville 47710
Louise Kuiken, R.N., Adm.

Boehne Convalescent Center
Station B, Evansville 47712
Henry Harness, Adm.

Braun's Nursing Home
909 First Ave., Evansville 47710
Roy L. and Ruth H. Braun, L.P.N., Adms.

Dellaren Nursing Home
816 North First Ave., Evansville 47710
Robert E. Arendell, M.D., Adm.

Evansville Protestant Home for the Aged
3701 Washington Ave., Evansville 47715
Helen E. Kinkle, Adm.

Gertha's Nursing Home
605 Oakley St., Evansville 47710
Gertha Hendrickson, Adm.

Good Samaritan Home, Inc.
601 N. Boeke, Evansville 47711
N. R. Allsmiller, Adm.

M & R Nursing Home
1100 N. Read St., Evansville 47710
Mrs. Muriel Sprinkle, L.P.N., Adm.

Newton Rest Home
921-23 S. Elliott St., Evansville 47710
Mary Alice Trimble, Adm.

Pine Haven
3401 Stocker Dr., Evansville 47712
Anita M. Stocker, R.N., Adm.

Quality Care Home
807 S.E. Third St., Evansville 47713
David T. Dennis, Adm.

Rathbone Memorial Home for Aged and Infirm Persons
1320 S. E. Second St., Evansville 47713
Lois Leeson, R.N., Adm.

Regina Pacis Home
3900 Washington Ave., Evansville 47715
Rev. William H. Miller, Adm.

Robert's Nursing Home
2819 N. St. Joseph Ave., Evansville 47712
Robert Burton, L.P.N., Adm.

St. John and St. Gertrude Home for the Aged
1236 Lincoln Ave., Evansville 47714
Sister Rose de la Trinite, Adm.

Tri-State Community Rest Home
821 Judson Street, Evansville 47713
Elmer N. Marshall, Adm.

Turtle Creek Convalescent Center of Evansville
4301 Washington Ave., Evansville 47715
Joe W. Roth, Adm.

Vanderburgh County Home
700 Senate Ave., Evansville 47711
Albert E. Breedlove, Adm.

VERMILLION COUNTY

The Ivy Haven Home
232 Ash St., Clinton 47842
Lena M. Gruelich, Adm.

Layman Nursing Home
432 S. Fifth St., Clinton 47842
Mildred Layman, Adm.

Vermillion County Nursing Home
R. R. 1, Hillsdale 47854
Ralph Brown, Adm.

VIGO COUNTY

Allendale Nursing Home
1912 Woodsmall Rd., Terre Haute 47802
Lucille McCoskey, Adm.

Brandon Residence for Elderly People
220 N. Fourth St., Terre Haute 47807
Margaret L. Bartsch, Adm.

Continued

NURSING HOMES

Continued

Clara Fairbanks Home for Aged Women, Inc.
721 Eighth Ave., Terre Haute 47804
Ann F. Becherer, R.N., Adm.

Ewing Nursing Home
504 S. 15th St., Terre Haute 47807
Mary C. Ewing, R.N., Adm.

Ledgerwood Home
43 S. 20th St., Terre Haute 47803
Norma Jean Ledgerwood, Adm

****Meadows Manor**
3300 Poplar St., Terre Haute 47803
Guy Belzile, B.A., R.P.T., Adm.

Sarah Dowling Home
1016 N. Sixth St., Terre Haute 47807
Leota Lowe, Adm.

Vigo County Home
3500 Maple Ave., Terre Haute 47804
Carl Koile, Adm.

Wallace Nursing Center
120 W. Margaret Ave., Terre Haute 47802
Evelyn Wallace, Adm.

Webster's Rest Home
513-15 North 14th St., Terre Haute 47807
Ernest Webster, Adm.

WABASH COUNTY

The Estelle Peabody Memorial Home
Seventh and Buffalo, North Manchester 46962
William Visser, Adm.

Friendly Nursing Home, Inc.
1420 Quaker Ave., Wabash 46992
Richard Shedd, Adm.

****The Stratford House**
1035 Manchester Ave., Wabash 46992
Ruth Durham, R.N., Adm.

Timbercrest-Church of the Brethren Home
East St., North Manchester 46962
Orville Sherman, Adm.

Vernon Manor for Children
1955 S. Vernon, Wabash 46992
Stanley M. Zydlo, Jr., M.D., Adm.

WARREN COUNTY

Davis Boarding Home
R. R. #2, Covington 47932
John W. Davis, Adm.

Pleasant Valley Retirement and Convalescent Lodge
Kramer 47953
Walter R. and Dorothy D. Ruark, R.N., Adms.

WARRICK COUNTY

Baker's Rest Haven
305 E. North St., Boonville 47601
Harold J. Baker, Adm.

****Monticello Manor**
S.E. Second St., Boonville 47601
Melvin H. White, Adm.

****Shady Rest Nursing Home**
Outer State Street, Chandler 47610
Pearl Bradfield, Adm.

WASHINGTON COUNTY

Williams Convalescent Center, Inc.
Homer and Anson Sts., Salem 47167
Kathleen Williams, L.P.N., Adm.

WAYNE COUNTY

****Friends Fellowship Community, Inc.**
2030 Chester Blvd., Richmond 47374
James J. Boomgard, Jr., Adm.

Friendship Home
306 S. 10th St., Richmond 47374
Grace Flatley, Adm.

Glen Aire Nursing Home
2116 E. Main St., Richmond 47374
Eileen Singleton, L.P.N., Adm.

Golden Rule Nursing Home, Inc.
2001 U. S. 27, South, Richmond 47374
Betty S. Harper, L.P.N., Adm.

Good Will Nursing Home
500 W. Main, Cambridge City 47327
Grace Hunt, Adm.

Hilling's Nursing Home
R. R. 1, Box 237, Centerville 47330
Betty L. Hilling, Adm.

Jenkins Hall
N. 10th St., Richmond 47374
M. Raymond Ferguson, Adm.

Mary E. Hill Nursing Home for Aged Colored Women, Inc.
2308 Zoar Ave., Richmond 47374
Howard W. Alexander, Adm.

Owens Convalescent Home
1811 S. Ninth St., Richmond 47374
Bonnie Owens, Adm.

Pinehurst Nursing Home
R. R. 1, Centerville 47330
Bonnie Esta Cole, Adm.

Twin Pines Nursing Home
Main St., Economy 47339
Elizabeth Johnson, Adm.

WELLS COUNTY

Cooper Rest Homes, Inc.
306 W. Wabash Ave., Bluffton 46714
John Cooper, Adm.

Davis National Nursing Home
1001 S. Clark Ave., Bluffton 46714
I. Helen Jackson, Adm.

Southview Rest Home
R. R. 3, Box 306, Bluffton 46714
Cora N. Anderson, L.P.N., Adm

WHITE COUNTY

Archibald Memorial Home for Aged Deaf
R. R. 2, Brookston 47923
Donald Herran, Adm.

Lake Manor Nursing Home
R. R. 6, Monticello 47960
Robert and Ione Don, Adms.

Lake View Home
R. R. 6, Monticello 47960
Ora Rumple, Adm.

Monticello Nursing Home, Inc.
226 N. Illinois St., Monticello 47960
Gerald L. Eastburg, Adm.

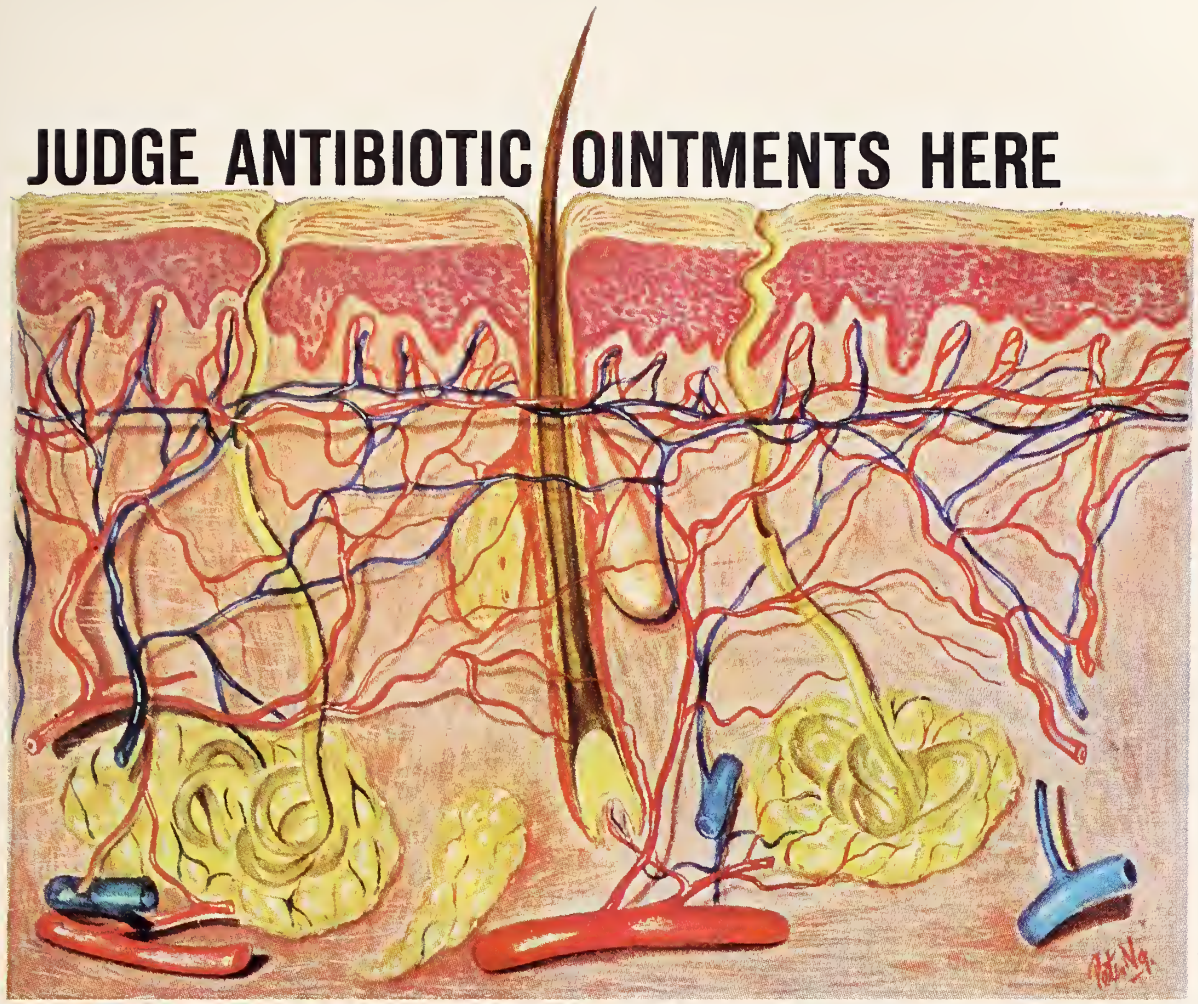
WHITLEY COUNTY

Miller's Merry Manor, Inc.
710 W. Ellsworth St., Columbia City 46725
Wallace T. Miller, Adm.

South Whitley Rest Home, Inc.
110 W. Columbia St., South Whitley 46787
Robert Bresnahan, Adm.

Whitley County Home
R. R. 1, Columbia City 46725
Waneta Crace, Adm. ◄

JUDGE ANTIBIOTIC OINTMENTS HERE



Results on skin are final proof of any topical antibiotic's effectiveness

No in vitro test can duplicate a clinical situation on living skin. 'Neosporin' (polymyxin B—bacitracin—neomycin) Ointment has consistently proven its effectiveness in thousands of cases of bacterial skin infection. The spectra of the three antibiotics overlap in such a way as to provide bactericidal action against most pathogenic bacteria likely to be found topically. Diffusion of the antibiotics from the special petrolatum base is rapid since they are insoluble in the petrolatum, but readily soluble in tissue fluids. The Ointment is bland and nonirritating.

Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Supplied: Tubes of 1 oz., ½ oz. with applicator tip, and ⅛ oz. with ophthalmic tip.

Complete literature available on request from Professional Services Dept. PML.

'NEOSPORIN'®

brand

POLYMYXIN B-BACITRACIN-NEOMYCIN OINTMENT

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

Mild ulcerative colitis may be triggered here...



In mild ulcerative colitis, a number of factors can precipitate an attack: for instance, dietary indiscretion, such as eating raw foods, or emotional overreaction, such as that aroused by financial difficulties. No matter what causes the patient's sensitive colon to "act up," he soon suffers from acute discomfort...and often, from anxiety and apprehension as well. Such patients frequently respond well to adjunctive dual-action Librax® therapy.

Librax combines, in a single convenient capsule, the well-known antianxiety effect of Librium® (chlordiazepoxide HCl) and the dependable anticholinergic/antispasmodic effect of Quarzan® (clidinium Br). Therefore, as Librax helps to relieve the patient's excessive anxiety and reduce his overreaction to stress, it also, at the same time, helps to control hypersecretion and hypermotility, thus relieving spasm and abdominal discomfort.

With Librax, the dosage schedule is simple: 1 or 2 capsules, t.i.d. or q.i.d., will in most cases bring the patient significant relief of both the emotional and physical elements that contribute to his psychovisceral disorder.

Before prescribing, please consult complete product information, a summary of which follows.

INDICATIONS: Indicated as adjunctive therapy to control emotional and somatic factors in gastrointestinal disorders.

CONTRAINDICATIONS: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide HCl and/or clidinium bromide.

WARNINGS: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

PRECAUTIONS: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and toler-

or here.



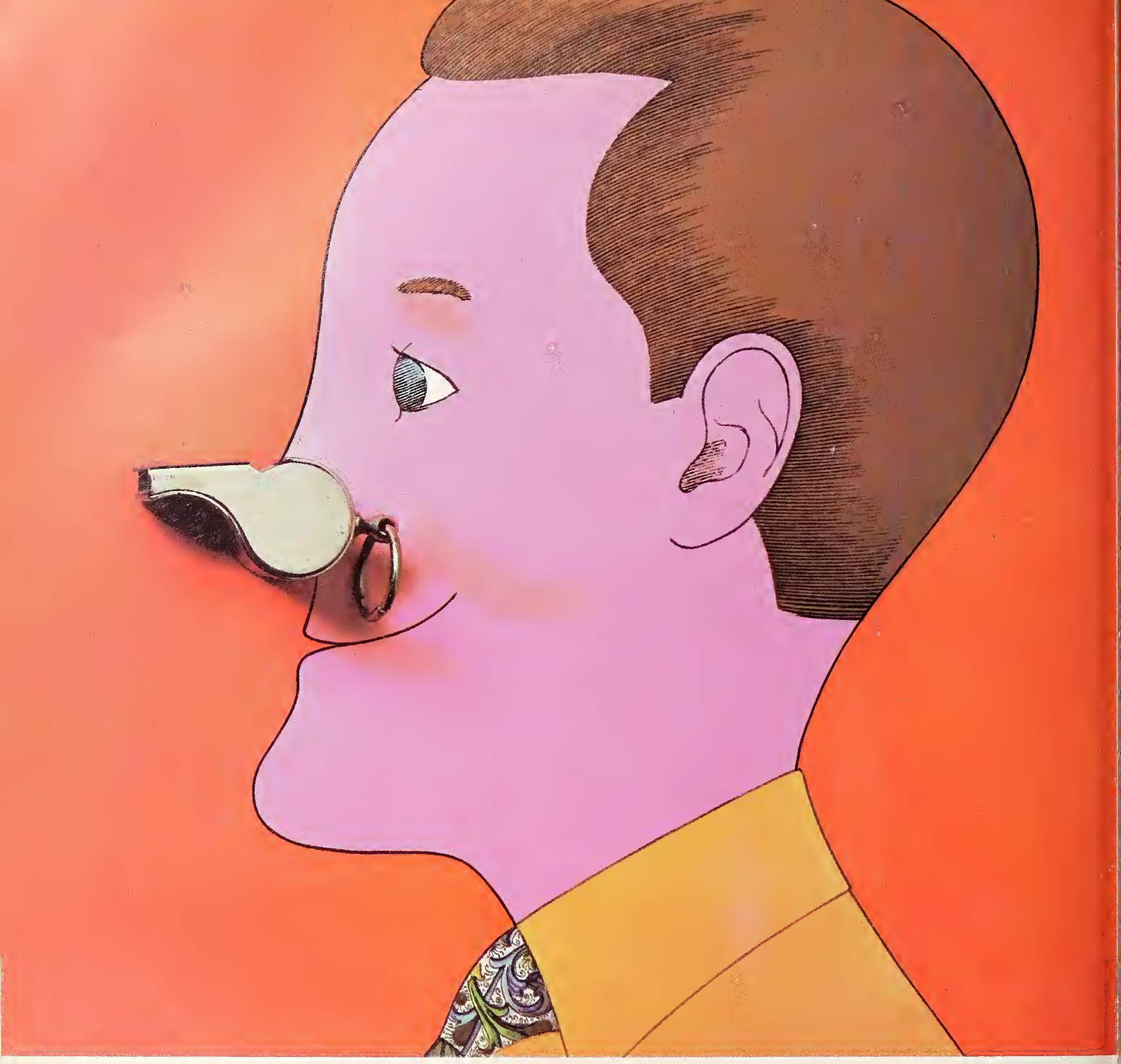
ated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

ADVERSE REACTIONS: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver-function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics, and/or low residue diet.

two good reasons for prescribing LIBRAX®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

ROCHE
ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



Nose clear as a whistle

(THANKS TO DIMETAPP®)

Dimetapp Extentabs® does an outstanding job of helping to clear up the stuffiness, drip and congestion of colds and upper respiratory allergies and infections. Each Extentab keeps working up to 12 hours. And for most patients drowsiness or overstimulation is unlikely. Try Dimetapp. It clearly works.

FOR UPPER RESPIRATORY ALLERGIES AND INFECTIONS

Dimetapp Extentabs®

Dimetane® (brompheniramine maleate), 12 mg.; phenylephrine HCl, 15 mg.; phenylpropanolamine HCl, 15 mg.

UP TO 12 HOURS CLEAR BREATHING ON ONE TABLET

Indications: Dimetapp is indicated for symptomatic relief of the allergic manifestations of respiratory illnesses, such as the common cold and bronchial asthma, seasonal allergies, sinusitis, rhinitis, conjunctivitis, and otitis.
Contraindications: Hypersensitivity to antihistamines. Not recommended for use during pregnancy.
Precautions: Until patient's response has been determined, he should be cautioned against engaging in operations requiring alertness. Administer with care to patients with cardiac or peripheral vascular diseases or hypertension.
Side Effects: Hypersensitivity reactions including skin rashes, urticaria, hypotension and thrombocytopenia, have been reported on rare occasions. Drowsiness, lassitude, nausea, giddiness, dryness of the mouth, mydriasis, increased irritability or excitement may be encountered.
Dosage: 1 Extentab morning and evening.
Supplied: Bottles of 100 and 500.

A.H. ROBINS COMPANY
RICHMOND, VA. 23220

A·H·ROBINS

Art, Hobby Show Planned For ISMA Indianapolis Meeting

Space will be provided at the 1969 annual meeting of the Indiana State Medical Association, Oct. 13-16 at Indianapolis for a Physicians Art and Hobby Show.

Members of ISMA and ladies auxiliary interested in exhibiting pieces and requiring any information regarding this can contact any one of the following:

Dr. & Mrs. C. P. Schneider
2211 W. Franklin St.
Evansville

Dr. & Mrs. R. H. Burnikel
2709 Washington Ave.
Evansville

Dr. & Mrs. T. E. Caylor
303 S. Main St.
Bluffton

Dr. & Mrs. F. H. Coble
51 S. Eighth Street
Richmond

Dr. & Mrs. L. G. Montgomery
Ball Memorial Hospital
Muncie

ISMA Headquarters
3935 N. Meridian
Indianapolis

Dr. & Mrs. R. F. Green
614 W. Berry St.
Fort Wayne

Dr. & Mrs. T. T. Suzuki
Covington

Dr. & Mrs. W. L. Harlan
3700 Bellemeade
Evansville

It will be the responsibility of each physician to see that his work gets to the exhibition at the Murat Temple. Final arrangements will be taken care of by Drs. Schneider and Burnikel, co-chairmen.

The ISMA will provide suitable display facilities, but each physician and lady is responsible for transportation costs and any other such expense involved in entering his exhibit.

We solicit your exhibit and that of the ladies auxiliary, to make this the largest and best ever this year.

Application for Space in Art and Hobby Show Exhibit

Mail to:

Dr. Charles P. Schneider
2211 W. Franklin St.
Evansville 47712

Name_____

Address_____

City_____

Type and number of pieces to be displayed: Photography_____

Sculpture_____

Crafts_____

Painting_____

Other_____

Estimated amount of space required—lineal or square feet_____

Other information_____

Outpatient Mental Health Facilities In the State of Indiana: 1969

DANIEL D. STEINER, ACSW
Indiana Department of Mental Health
Indianapolis

Following is a list of outpatient mental health facilities in the state of Indiana, alphabetized by city of location. The reader who might be interested in additional services (family services, pastoral counseling, psychological testing and a more detailed listing of services, staff and application procedure) should consult the listing of June, 1966+.

Bloomington

Indiana University Psychological Clinic, Psychology Building, 47401. (812) 337-2311.
Delton C. Beier, Ph.D., Director.

Columbus

*Bartholomew County Mental Health and Guidance Center, Doctors Park, 3100 Central Ave., 47201. (812) 372-7877.
George C. Weinland, M.D., Medical Director.

Elkhart

*Oaklawn Psychiatric Center, Inc., 2600 Oakland Ave., 46514. (219) 523-3350.
Otto D. Klassen, M.D., Medical Director. Robert W. Hartzler, Administrator.

Evansville

*Southwestern Indiana Adult Mental Health Center, Inc., 200 Cherry St., 47713. (812) 425-4251.
John P. Longstaff, M.D., Medical Director. William J. Bulger, Administrator.

*Vanderburgh Child Guidance Center, 1 North Barker Ave., 47712. (812) 424-8227.
Lillian Moulton, M.D., Medical Director.

Fort Wayne

*Mental Health Center at Fort Wayne, 227 East Washington Blvd., 46802. (219) 422-4776.
Joseph P. Fiacable, M.D., Director of Adult Division. Steve P. Nestor, ACSW, Administrator.

Robert L. Greenlee, M.D., Director of Children's Division. Richard Noel, ACSW, Administrator.

Gary

*Lake County Mental Health Clinic, 4801 West 5th Ave., 46406. (219) 949-9031.
Krystyna Sklenarz, M.D., Medical Director.

**Northwest Indiana Alcoholism Clinic, 4938 West 5th Ave., 46406. (219) 949-4275.
Carl N. Williams, M.D., Medical Director. Ross Stanton, Acting Administrator.

* Partially supported by the Indiana Department of Mental Health.

** Completely supported by the Indiana Department of Mental Health.

+ Lubin, B., Linch, A.: Outpatient Mental Health Facilities in the State of Indiana: 1966, *JISMA* 59:553-561, 1966.

Indianapolis

Adult Psychiatry Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 639-7422.
John E. Kooiker, M.D., Medical Director.

**Central Indiana Alcoholism Clinic, Bahr Treatment Building, 3000 West Washington St., 46222. (317) 639-5304.
Jerome V. Pace, M.D., Medical Director. Daniel J. Crowe, ACSW, Administrator.

*Child Guidance Clinic of Marion County, Inc., 1949 East 11th St., 46201. (317) 632-5381.
Edward C. Shipley, M.D., Medical Director.

Epilepsy Clinic of The Indiana University Medical Center, First Floor, Riley Hospital, 46202. (317) 639-8179.
Joseph B. Green, M.D., Medical Director.

Episcopal Community Services, Inc., 1537 Central Ave., 46220. (317) 635-2538.
David Phillips, M.D., Medical Director. The Rev. Canon Frank V. H. Carthy, Executive Director.

**Larue D. Carter Memorial Hospital — Outpatient Clinic, 1315 West 10th St., 46202. (317) 634-8401.
Joseph A. FitzGerald, M.D., Director.

Marion County General Hospital, Outpatient Psychiatry Clinic, 960 Locke St., 46202. (317) 630-7254.
William T. Paynter, M.D., Medical Director. Aaron Liberman, Administrator.

Pediatric-Neurology Clinic (formerly James Whitcomb Riley Memorial Clinic for Intellectually Handicapped Children), First Floor, Riley Hospital, 46202. (317) 639-8747.
Arthur L. Drew, M.D., Medical Director.

Pediatric Neurology Clinic, Marion County General Hospital, 960 Locke St., 46202. (317) 636-7363.
Paul R. Dyken, M.D., Director.

*Riley Child Guidance Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 639-8162.
Nancy Roeske, M.D., Director.

Veteran's Administration Regional Office, Mental Hygiene Clinic, 36 South Pennsylvania St., 46204. (317) 635-7401.
John W. Crawford, M.D., Medical Director. E. U. Robinson, M.D., Assistant Chief.

Jeffersonville

*Southern Indiana Mental Health and Guidance Center, Inc., 301 Sparks Ave., 47130. (812) 282-3929.
Joseph B. Brill, M.D., Medical Director. Kenneth Shore, ACSW, Executive Director.

Kokomo

*Guidance Center of Howard County, Inc., 308 West Taylor St., 46901. (317) 452-5667.
John M. Hoyt, M.D., Medical Director. David M. Barnett, ACSW, Administrator.

Lafayette

Purdue Psychological Services Center, Education Building, Purdue University, West Lafayette, 47907. 749-2754.
John M. Hadley, Ph.D., Director.

*Tippecanoe County Mental Health Center, Inc., 2900 North River Road, West Lafayette, 47906. 463-2551.
Joe M. Martin, M.D., Medical Director. Clayton Hudson, ACSW, Administrator.

Lawrenceburg

*Community Mental Health Clinic, Inc., 285 Bielby Rd., Lawrenceburg, 47025.
Jane M. Shutt, M.D., Director and Psychiatrist. J. E. Dandridge Murdaugh, ACSW, Administrator.

Continued

Logansport

*Guidance Center, Inc., 200 Eel River Ave., 46947. 753-6441.

John Murray, ACSW, Administrator.

Madison

**Madison State Hospital, Madison, 46250. (812) 265-2611.

Ott B. McAtee, M.D., Medical Director.

Marion

*Grant County Mental Health Clinic, 412 South Boots St., 46952. (317) 664-0631.

Larry K. Musselman, M.D., Medical Director. Peter Karras, ACSW, Administrative Director.

Michigan City

*Adult and Child Guidance Clinic for LaPorte County, 100 Gardena St., 46360. (219) 872-7279.

Robert Schmitt, M.D., Medical Director. Paul S. Palko, ACSW, Executive Director.

Muncie

*Delaware County Child Guidance Clinic, 1711 Riverside, 47303. (317) 288-1928.

John L. Yarling, M.D., Medical Director. Robert A. Stump, ACSW, Administrator.

Richmond

*Child Guidance Clinic of Wayne County, Inc., 54 South 15th St., 47374. (317) 962-1523.

Robert W. Schmitt, M.D., Medical Director.

South Bend

*The Mental Health Center of St. Joseph County, Inc., 527 West Colfax Ave., 46601. (219) 233-5123.

Harold G. Nichols, M.D., Medical Director.

Terre Haute

*Vigo County Adult and Child Guidance Clinic, 415 North 9th St., 48707. 235-6291.

Hanus J. Grosz, M.D., Acting Medical Director. Harold E. Wilson, ACSW, Administrator.

Valparaiso

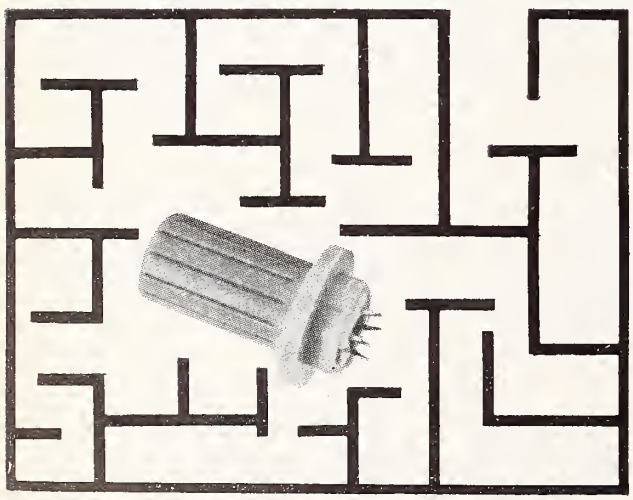
Porter County Guidance Clinic, 808 LaPorte Ave., 46383. (219) 462-4105.

Myron E. Berkson, M.D., Medical Director. Dennis Riefer, ACSW, Executive Director.

Warsaw

*Four County Mental Health Clinic, Inc., 422 South Buffalo St., 46580. (219) 267-7169.

Maria Solymos, M.D., Medical Director. William Kurosky, ACSW, Administrator. ◄



HISTO IS CONFUSING.

Histoplasmosis can mimic such unrelated diseases as TB, leukemia, pneumonia and syphilis. Use the blue Histoplasmin LEDERTINE™ Applicator as the first step in differential diagnosis and as a routine step in physical examinations for the permanent records of your patients.

HISTOPLASMIN, TINE TEST

(Rosenthal)

Precautions—Nonspecific reactions are rare, but may occur. Vesiculation, ulceration or necrosis may occur at test site in highly sensitive persons. The test should be used with caution in patients known to be allergic to acacia, or to thimerosal (or other mercurial compounds).

Lederle LEDERLE LABORATORIES

A Division of American Cyanamid Company, Pearl River, New York

473-9

Dear Doctor:

Wouldn't you like your patients to learn more about the contributions made by the world of medicine to their welfare? So that they can better appreciate the efforts of the health team to keep them in good health?

To tell the stories of medical and pharmaceutical advances to people throughout the country, the Pharmaceutical Manufacturers Association is sponsoring a unique "magazine within a magazine." It is called *Medicines and your family's health* and the first issue appears in the November *Reader's Digest*.

We would like to send you 50 free reprints of *Medicines and your family's health* for use in your reception room. Your patients will find the articles in this issue factual, educational and of immediate personal interest.

Just fill out the coupon below and send it to us.

Order Desk
Pharmaceutical Manufacturers Association
1155 Fifteenth St., N.W.
Washington, D. C. 20005

Gentlemen:
Please send me 50 free copies of
Medicines and your family's health.

Name_____

Street_____

City_____ State_____ Zip_____



Poison Control Centers in Indiana

and Adjacent States

***** ATTENTION: Physicians, Hospitals and Poison Control Centers.**

Commencing July 1, 1965, Marion County General Hospital, Indianapolis, Indiana, will become the principal INFORMATION CENTER for the State of Indiana replacing that service provided by the Indiana State Board of Health. If you need help in determining the toxic ingredients in a "trade name product" or have a problem involving treatment of a poisoning case, please call MARION COUNTY GENERAL HOSPITAL, INDIANAPOLIS, INDIANA — 639-6671.

City	Name and Address	Telephone	Director
Anderson	St. John's Hickey Memorial Hospital 127 West 19th Street	643-3391, Ext. 82 or 35	William L. Stephens
Angola	Cameron Memorial Hospital, Inc. 416 E. Maumee	665-2141	Irene Kenyon, R.N.
Bedford	Dunn Memorial Hospital 1616 23rd Street	BRowning 5-3331, Ext. 32	Marshall S. Wallner
East Chicago	St. Catherine Hospital 4321 Fir Street	EXport 7-3080	Jack M. Troy, M.D.
Elkhart	Elkhart General Hospital 600 East Boulevard	JAckson 3-5350, Ext. 224	C. Richard Yoder, M.D.
Evansville	Protestant Deaconess Hospital 600 Mary Street	HArrison 4-8011, Ext. 247	Edward J. Wolfgang
Evansville	St. Mary's Hospital, Inc. 3700 Washington Avenue	GReenleaf 7-1541, Ext. 328	Kenneth Wilhelmus, M.D.
Evansville	Welborn Memorial Baptist Hospital, Inc. 412 S. E. Fourth Street	HArrison 3-3103 Ext. 336, 337	Charles L. Warner, M.D.
Fort Wayne	Parkview Memorial Hospital 2200 Randalia Drive	743-7341, Ext. 530	William O. Wissman
Fort Wayne	St. Joseph Hospital 730 West Berry Street	ANthony 4121, Ext. 2663	Miss Angeline Holbrook, R.N.
Frankfort	Clinton County Hospital 1300 S. Jackson Street	654-4451	Fred W. Flora, M.D.
Gary	Methodist Hospital of Gary, Inc. 1600 West 6th Avenue	882-9461, Ext. 709	Glen T. Dresher, R. N.

City	Name and Address	Telephone	Director
Goshen	Goshen General Hospital 200 High Park Avenue	KEystone 3-2141 (Emergency Room)	Willard S. Krabill, M.D.
Hammond	St. Margaret Hospital 25 Douglas Street	WEstmore 2-2300, Ext. 700	Herbert I. Arbeiter, M.D.
Indianapolis	*Marion County General Hospital 960 Locke Street	639-6671	Richard W. Dyke, M.D.
Indianapolis	Methodist Hospital of Indiana, Inc. 1604 North Capitol Ave.	WAlnut 4-6411, Ext. 752, 753 or 754	Maxine Bush, R.N.
Indianapolis	St. Francis Hospital North 17th Avenue Beech Grove, Indiana	STate 7-3311	H. N. Grimes, M.D.
Kokomo	Howard Community Hospital 3500 S. Lafountain	GL 7-6611, Ext. 233, 234	Don E. Gillaspy
Lafayette	St. Elizabeth Hospital 1501 Hartford Street	SH 2-0221, Ext. 313 or 317	Sister M. Josita
West Lafayette	Purdue University Student Health Center	92-2446 Ext. 54	Loyal W. Combs, M.D.
LaGrange	LaGrange County Hospital R. R. #1	463-2144	Merle V. Rawson
Lebanon	Witham Memorial Hospital 1124 N. Lebanon Street	LEbanon 143 or 2447, Ext. 44	Thomas Dillon, D.O.
Madison	The King's Daughters' Hospital 112 Presbyterian Ave.	265-5211	Verlie Blanc, R.N.
Marion	Marion General Hospital Wabash and Euclid Avenue	NOrth 4-1228, Ext. 44	R. W. Schroeder, M.D.
Mishawaka	St. Joseph Hospital 215 West 4th Street	BLackburn 9-1431	Abner H. Levkoff, M.D.
Muncie	Ball Memorial Hospital 2401 University Avenue	284-3371, Ext. 241	Junia L. Rice, R.N.
Portland	Jay County Memorial Hospital 505 West Arch Street	726-7131, Ext. 67	Forrest E. Keeling, M.D.
Richmond	Reid Memorial Hospital Spring Grove	25481, Ext. 222	Mrs. Jessie Snyder, R.N.
Shelbyville	William S. Major Hospital 150 W. Washington Street	EX 8-6661	Carolyn Rosenfeld, R.N.

*Poison Information and Treatment Center.

City	Name and Address	Telephone	Director
South Bend	Memorial Hospital of South Bend Poison Control Center 615 North Michigan Street	234-9041, Ext. 258	William B. Frey, M.D.
South Bend	St. Joseph Hospital 811 East Madison Street	CEntral 4-2151	Leslie M. Bodnar, M.D.
Terre Haute	Union Hospital, Inc. 1606 N. Seventh Street	CRawford 0361, Ext. 229	Joseph P. Gillotte, M.D.
Tipton	Tipton County Memorial Hospital 1032 S. Main Street	OSburn 5-7411	George L. Compton, M.D.

ADJACENT STATES

ILLINOIS

City	Name and Address	Telephone	Director
Chicago	Poison Control Center Presbyterian—St. Luke's Hospital 1753 W. Congress Pkwy.	SEeley 8-4411, Ext. 2322	Joseph Christian, M.D.

KENTUCKY

Louisville	Poison Control Center Department of Pediatrics 323 E. Chestnut St.	JUniper 2-1831	Thomas A. Courtenay, M.D.

MISSOURI

St. Louis	Poison Control Center Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Ave.	MOhawk 4-7222, Ext. 216	Vincent J. LoPiccolo, M.D.
St. Louis	Poison Control Center St. Louis Children's Hospital 500 S. Kingshighway	FOrest 7-6880	J. Neal Middlekamp, M.D.

OHIO

Cincinnati	*Poison Control Center Cincinnati Academy of Medicine 320 Broadway	721-2345	John A. Williams, M.D.
Columbus	Poison Control Center Children's Hospital 17th St. at Livingston Park	CLearbrook 8-9783	Phillip Ambuel, M.D.

* Informational services only

AMA Auxiliary Announces Young People's Program

Pre-teens and teenagers accompanying their parents to New York City for the American Medical Association annual convention, July 13-17, will find a program of exciting activities waiting just for them.

As in past years, the Woman's Auxiliary to the American Medical Association, will offer supervised tours especially designed for young people. Separate day and evening programs are planned for pre-teens (ages 6 through 12), and teenagers.

Reservations for the programs must be made in advance with Seena Hamilton, Gulliver's Trails, 25 Central Park West, New York, N.Y. 10023. The name and home address of the parent, name and age of each child, and a check for the total amount must accompany each reservation.

Daytime activities include:

Monday, July 14
9:30 a.m. - 4:30 p.m. *(Pre-teens) Little Old New York,* including a boat trip to the Statue of Liberty, tour of the United Nations and lunch in Chinatown. (lunch included) — $10.50

(Teens) Midtown Highlights, including tours of NBC studios, Lincoln Center, New York Philharmonic, and New York Police Academy. (lunch included) — $10.50

Tuesday, July 15
9:30 a.m. - 4:30 p.m. *(Pre-teens) Midtown Highlights tour.* Same as above. (lunch included) — $10.50

(Teens) Little Old New York tour, similar to the pre-teens tour with the exception of Chinatown. (lunch included) — $10.50

Wednesday, July 16
9:30 a.m. - 4:30 p.m. *(Pre-teens) From the Past Into Space.* Visits to the Museum of the City of New York, the Allied Chemical Tower, the Empire State Building and lunch at Central Park Zoo. (lunch included) — $10.50

(Teens) Show Business and Science. Guest at N.Y., TV show, or tour including back stage visit of Broadway theatre, Allied Chemical Tower and Empire State Building. (lunch included) — $10.50

Thursday, July 17
9:30 a.m. - 4:30 p.m. *Art and Amusement.* Visit to either the Museum of National History or Metropolitan Museum of Art, and Palisades Amusement Park. $10.50

Evening programs include:

Monday, July 14
6:45 p.m. - 1:00 a.m. *(Teens) Night on the Town.* Dinner in Chinatown and visit to two teen clubs in Greenwich Village. $13.50

Wednesday, July 16
6:00 p.m. - 10:45 p.m. *(Pre-teens) Dinner and Radio City Music Hall.* Dinner, followed by stage show and movie at Radio City Music Hall. $11.50

Teen headquarters will be the Regency Suite (4th floor), Waldorf-Astoria Hotel. Registration opens at 11:00 a.m., Sunday, July 13. Mrs. Albert Patrick and Mrs. Joseph F. Shanaphy, both of Staten Island, N.Y., are chairmen of the teenage program committee.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—April, 1969

Disease	Apr. 1969	Mar. 1969	Feb. 1969	Apr. 1968	Apr. 1967
Animal Bites	937	556	398	959	1055
Chickenpox	737	714	689	491	341
Conjunctivitis	128	141	129	129	109
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	81	89	32	82	34
Gonorrhea	541	485	434	427	303
Impetigo	90	93	111	67	92
Infectious Hepatitis	53	35	65	31	75
Infectious Mononucleosis	85	123	92	101	84
Influenza	6135	8788	6214	680	1050
Measles (Rubeola)	108	131	50	80	122
Meningitis, Meningococcal	7	7	8	1	5
Meningitis, Other	11	6	3	1	2
Mumps	461	337	307	655	1008
Pertussis (Whooping Cough)	0	3	4	41	21
Pneumonia	241	295	465	185	333
Poliomyelitis	0	0	0	0	0
Rubella	667	338	173	133	135
Streptococcal Infections	1109	1608	1014	826	744
Syphilis					
Primary & Secondary	22	30	29	45	8
All Other Syphilis	123	117	94	97	87
Tinea Capitis	18	6	23	10	9
Tuberculosis (Active)	85	91	59	68	96

How to pay for a college education without using savings or investments.

With our low cost plan you can finance your child's education out of regular monthly income. Choose a plan to cover one, two, three or four consecutive years' expenses with up to 72 months to repay. Insurance protection is included at no extra cost. Write today for our free brochure.

CAP
College Aid Plan, Inc.

College Aid Plan, Inc.
1008 Elm Street
Manchester, New Hampshire 03101
Attention Dept. C-4

Please send me your brochure, "The Modern Method of Financing an Education."

Name_____

Address_____

City_____ State_____ Zip_____

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date July 13-17, 1969
Place New York, N. Y.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA ROENTGEN SOCIETY, INC.
Date March 1, 1970
Place Holiday Inn East, Indianapolis

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 14-16, 1970
Place Indianapolis

INDIANA DENTAL ASSOCIATION
Date May 13-16, 1970
Place Indianapolis Hilton Hotel, Indianapolis

INDIANA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
Date May 6-7, 1970
Place Stouffer's Inn, Indianapolis

BONE AND JOINT CLUB
Date October 22, 1969
Place The Athenaeum, Indianapolis

INDIANA SOCIETY OF ANESTHESIOLOGISTS
Date May 23, 1970
Place Marott Hotel, Indianapolis

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 6-8, 1970
Place Morris Inn, South Bend

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 13-16, 1969
Place Indianapolis

INDIANA HOSPITAL ASSOCIATION
Date October 15-17, 1969
Place Center for Continuing Education, University of Notre Dame, South Bend

INDIANA STATE NURSES ASSOCIATION
Date October 16-18, 1969
Place Civic Auditorium, Evansville

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 6, 1969
Place Indianapolis Motor Speedway Motel, Indianapolis

DISEASE PREVENTION by Immunization and Chemoprophylaxis*

Disease	*Agent Used*	*Recommended For*	*Method of Administration*	*Type of Immunity*	*Duration of Protection*	*Booster Injection*
Cholera	Cholera Vaccine	Adults	—0.5 cc. subcutaneously followed by 1.0 cc. in 7 days.	Active	6 months	0.12-1.0 cc. according to age every six months in endemic areas.
		Children: 6 months to 2 years 3-6 years 7-10 years 11 years and older	Three subcutaneous injections given 7-10 days interval. (1) 0.06 cc.; (2) 0.12 cc.; (3) 0.12 cc. (1) 0.12 cc.; (2) 0.25 cc.; (3) 0.25 cc. (1) 0.25 cc.; (2) 0.5 cc.; (3) 0.5 cc. Adult schedule			
Diphtheria	Diphtheria Antitoxin	All early cases	Usually intramuscular if seen within 48 hours of onset. *Warning:* Test for sensitivity to horse serum. May be used intravenously in severe nasopharynx cases. Dosage dependent on degree of toxicity rather than age and weight. 10,000 units to 75,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria Toxoid (fluid or alum precipitated or aluminum phosphate adsorbed, for adult use)	Children older than 11 years and adults	Two intramuscular injections of 0.5 cc. each, four to six weeks apart for primary immunization or if individual has not had a booster dose of vaccine for 3 years.	(If toxoid is given then active immunity develops.)	Indefinite	0.5 cc. every year.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children under 5 years	(1) First dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air. Given 1-3 months age. (2) Second dose of 0.5 cc. deep intramuscularly one month after first dose. (3) Third dose of 0.5 cc. deep intramuscularly one month after 2nd dose. (4) If 1st dose given earlier than 3 months of age, then give fourth dose 2-3 months after series completed.	Active	Indefinite	D. P. T. booster of 0.5 cc. at 12 to 18 months and 4-5 years. After 5 years booster dose of 0.5 cc. Diphtheria Tetanus Toxoid every 5 years to age 11 years.
Diphtheria	Diphtheria Tetanus Toxoid alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed.	Children over 5 years and up to 10 years	(1) First dose of 0.5 cc. deep intramuscularly, follow injection with 0.1-0.2 cc. air. (2) Second dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air.	Active	Indefinite	Diphtheria Tetanus booster 0.25 cc. to 0.5 cc. *Caution:* Do not give to children past 10 years of age.

Diphtheria	**Diphtheria Toxoid Pertussis Vaccine Tetanus Toxoid Fluid**	**Rapid immunization of children under 10 years**	**Three doses of 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at one week intervals.**	**Active**	**Antigenic response lower than with the alum preparations and does not last as long.**	0.5 cc. every 5 years or in case of injury.
Diphtheria	**Diphtheria Toxoid Tetanus Toxoid Fluid**	**Rapid immunization under 10 years**	**Three doses 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at intervals of one week.**	**Active**	**Antigenic response lower than with alum preparations and does not last as long.**	0.5 cc. every 5 years or in case of injury.
Hepatitis, Infectious (Epidemic)	**Immune Serum Globulin (Gamma Globulin)**	**All exposed in household, institution, etc.**	**Dosage: 0.01 cc. per pound of body weight. Given intramuscularly.**	**Passive**	**Brief**	**Repeat each exposure.**
Influenza	**Polyvalent Vaccine**	**Use during epidemics**		**Active (in 70% + immunized)**	**Short: 3-4 months**	**Repeat primary injection and/or injections annually.**
		Children	**Give total of 1.0 cc. in the course of one week.**			
		Adults—especially all with chronic debilitating disease of heart and lungs.	**1.0 cc. subcutaneously. *Warning:* Precautions must be taken in individuals sensitive to egg protein. *(Note:* There is less chance of local or systemic reaction if only 0.1 cc. is given intradermally for a total of 2 doses 7-10 days apart).**			
Measles (1)	Live, Attenuated Vaccine	12 months and older	1	Active	Unknown	Although the live, attenuated vaccine may be administered safely with or without the simultaneous administration of Measles Immune Globulin, most physicians will wish to use the two combined because of the lessened frequency of clinical reactions.
(2)	Live, Attenuated Vaccine plus Measles Immune Globulin	12 months and older	1 plus Measles Immune Globulin (.01 cc per pound at different site with different syringe)	Active	Unknown	The live attenuated vaccines should be administered only to those 12 months of age or older since residual maternal antibody may interfere with a satisfactory response among younger children.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Measles (3)	Live, "Further Attenuated Vaccine"	12 months and older	1	Active	Unknown	Clinical reactions following the "Further Attenuated Vaccine" are relatively infrequent; Measles Immune Globulin is not necessary with this Vaccine.
Mumps	Mumps Virus Vaccine, Live, Attenuated	Children 12 months or older Adults who have not had mumps	one dose	Active	Two years known—probably much longer	Not known at present
Meningococcic Meningitis	Sulfadiazine	Control of exposed persons in community groups Children up to 11 yrs.	0.5 m. twice daily for 2 days.	None Chemical prophylaxis only	Very brief—for one exposure only.	Repeat following each exposure.
		Adults (and children 12 yrs. or over)	1.0 gm. twice daily for 2 days.			
Pertussis	Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")	Children during epidemic	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.	Active	Indefinite	1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.
	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	Routine immunization of infants when DPT is contraindicated	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.	Active	Indefinite	18 months—3-4 years. 6-7 years usually given as DPT.
		Exposure Recall		Active	Indefinite	.4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.
Plague	Plague Vaccine—a suspension of 2000 million killed Pasteurella per milliliter	Epidemics and areas with high endemic rate. Adults: Children: 6 months-2 years 2 years-6 years 6 years-10 years	Two injections subcutaneously 7-10 days apart. First injection 0.5 cc.; second, 1.0 cc. 0.06 cc.; 0.12 cc; 0.12 cc. 0.12 cc.; 0.25 cc.; 0.25 cc. 0.25 cc.; 0.50 cc.; 0.50 cc.	Active Active	Partial protection for period of 4-6 mos. Partial protection for period of 4-6 mos.	1.0 cc. every 4 months as long as danger of epidemic exists. Booster dose for children is same as first dose of initial series.

Poliomyelitis*	**Poliomyelitis (Salk) Vaccine**	**All Ages**	**Two injections each 1.0 cc. given intramuscularly at interval of 3-6 weeks. Third injection of 1.0 cc. given 7 months after second.**	**Active**	**Not known (Salk has demonstrated adequate antibodies present after 8 years)**	**Booster dose of 1.0 cc. recommended 8 to 12 months after 3rd dose. Additional booster doses advised if in epidemic area.**
	Poliomyelitis trivalent oral (Sabin)	Infants	First dose 6-8 weeks, 2nd dose at 8 weeks, 3rd dose 8-12 months after 2nd. Children, two doses 6-8 wks. apart; third dose 8-12 months. Not necessary in U.S. but if at risk may be immunized as are children.	Active	None	Not known beyond five years.
Rabies	Rabies—hyperimmune serum 1000 units per 40 pounds of body weight Rabies Vaccine 14-21 doses	Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Passive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum, but not after beginning Rabies Vaccine series as serum will block antibody production. Booster 10th and 20th day after last dose vaccine.
		Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 5 days.	Active immunity from Rabies Vaccine	Indefinite	Rabies Vaccine prepared according to Sample method—should not repeat full course—one to 3 injections probably sufficient. More hazardous Egg embryo vaccine—give one injection.
		Bite of healthy animal, other than head or neck	No treatment. If animal becomes suspicious during 14 days observation give serum and vaccine at first suspicious signs.			Booster 10th and 20th day after last dose vaccine.
		Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately, using hyperimmune serum followed by 14-21 doses vaccine, depending upon whether single or multiple bites and location.			Booster 10th and 20th day after last dose vaccine.
		Bat bites and exposure to bats	Hyperimme serum, then start treatment with Rabies Vaccine immediately without waiting for laboratory report. Bats are only animals known to occasionally survive rabies and remain carriers.			Booster 10th and 20th day after last dose vaccine.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	One year	1.0 cc. booster annually
Smallpox	Smallpox Vaccine (Vaccinia virus)	Children and adults	Begin at 5-12 months. Administered by multiple pressure technique skin over insertion of left deltoid.	Active	Indefinite, average 3 years	Repeat every 4th year.
Tetanus	**Tetanus Antitoxin**	**All cases of puncture wounds and animal bites when person has not been immunized or more than 5 years since last booster.**	***Caution:* Skin test first for serum sensitivity. Intramuscular injection of 10,000 units antitoxin.**	**Passive**	**10 days**	**Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.**
Tetanus	**Tetanus Toxoid, depot (alum precipitated or adsorbed) (See Double and Triple antigens under "Diphtheria")**	**All**	**Two doses, each 0.5 cc. given intramuscularly, at least one and preferably 2-3 months interval.**	**Active**	**At least 4 years**	**0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.**
	Tetanus Toxoid, Fluid (See Double and Triple antigens under "Diphtheria")	**All**	**Three doses, each 0.5 cc., subcutaneoulsy or intramuscularly at one month and preferably 2-3 months between doses.**	**Active**	**At least 4 years**	**0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.**
Typhoid Fever	**Typhoid Vaccine Triple vaccine containing 1000 million S. typhosa and 250 million each of paratyphoid A and B per cc.**	**All persons living in or traveling to areas where disease is endemic or insanitary conditions exist.**	***Adults* Three doses, each 0.5 cc. subcutaneously not less than 7 days or more than 28 day intervals between doses. An alternate method is: 0.1 cc.; 0.15 cc. and 0.2 cc. given intradermally not less than 7 nor more than 28 days between doses. *Children* 6 mo.-2 yr.—(1) 0.06 cc.; (2) 0.12 cc.; (3) 0.12 cc. 2 yr.- 6 yr.—(1) 0.12 cc.; (2) 0.25 cc.; (3) 0.25 cc. 6 yr.-10 yr.—(1) 0.25 cc.; (2) 0.50 cc.; (3) 0.50 cc.**	**Active**	**Indefinite—usually at least one year**	**Persons traveling or living in insanitary areas should receive booster of 0.1 cc. intradermally or 0.5 cc. subcutaneously annually. Children's annual booster the same dose as initial dose of each series.**

Typhus Fever	**Typhus Fever Vaccine**	**All persons traveling to or living in areas where epidemic typhus exists.**	***Adults*** **Two doses, each 1.0 cc. at intervals of 7-10 days given subcutaneously. Allergy to egg or chicken protein only contraindication.** ***Children*** **Three doses each:** **6 mos.-2 yrs.: 0.12 cc.** **2 yrs.- 6 yrs.: 0.25 cc.** **6 yrs.-10 yrs.: 0.50 cc.**	**Active**	**Relative 3-6 months**	***Adults*** **Routine every 6 months dose of 1.0 cc. given subcutaneously or whenever threat of outbreak occurs.** ***Children*** **Same dose as in initial series.**
Yellow Fever	**Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)**	**All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.**	**One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease or at same time cowpox virus is given.** **Children's dose—same as adult.**	**Active**	**6 years or longer**	**As required at present every 10 years repeat immunization. In presence of epidemic repeat primary immunization.**

* While many contraindications are listed for various biologicals it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of Yellow Fever Vaccine. Because of hazards if yellow fever vaccine is improperly handled it can only be obtained from U. S. P. H. S. depots. In Indiana these depots are:

Fort Wayne City Health Dept.
337 East Wayne Street
Fort Wayne
Wednesday, 11:00 a.m. - 12:00 noon
Telephone 742-9302 - by appointment only
Fee: $3.00

Indiana University Medical Center
1040 West Michigan Street
Indianapolis
Fridays, 2:00 p.m. to 3:00 p.m. CDT by appointment
Telephone: 639-8877

Elkhart County Health Department
200 Harrison Street
Elkhart, Indiana
1st or 3rd Wednesday each month 2 p.m.
Telephone 26525

Physicians having patients requiring yellow fever immunization should advise person to call or write the above, as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.
(Revised)

Division of Communicable Disease Control
Indiana State Board of Health ◄

Class A Narcotic Drugs

The following is a compilation of Class A Narcotic Drugs by trade name, prepared for publication by the Indiana Pharmaceutical Association.

Package	Class A Narcotics by Trade Name
Tab.	Alvodine
Vial	Alvodine
Tab.	Amidone HCl.
Vial	Amidone HCl.
Tab.	A.P.C. Demerol (Demerol 30 mg.)
Supp.	B&O 15A (Opium ½ gr., Belladonna ¼ gr.)
Supp.	B&O 16A (Opium 1 gr., Belladonna ¼ gr.)
	Chlor-Anodyne (Morphine HCl. 2⅞ gr. per oz.)
	Cocaine Solutions
Solvets	Cocaine HCl. 2¼ gr.
Amp.	Codeine Phos. ½ gr. per cc.
H.T.	Codeine Phos. ¼ gr.
H.T.	Codeine Phos. ½ gr.
H.T.	Codeine Phos. 1 gr.
D.T.	Codeine Sulf. 1 gr.
H.T.	Codeine Sulf. ⅛ gr.
H.T.	Codeine Sulf. ¼ gr.
H.T.	Codeine Sulf. ½ gr.
H.T.	Codeine Sulf. 1 gr.
T.T.	Codeine Sulf. ¼ gr.
T.T.	Codeine Sulf. ½ gr.
T.T.	Codeine Sulf. 1 gr.
	Codeine, in combination, if more than 8 grs. per fl. oz. or more than 1 gr. per dosage unit
	Demerol Solutions
Amp.	Demerol 25 mg.—½ cc.
Amp.	Demerol 50 mg.—1 cc.
Amp.	Demerol 75 mg.—1½ cc.
Amp.	Demerol 100 mg.
Amp.	Demerol Atropine 2 cc. (Demerol 100 mg.—2 cc.)
Amp.	Demerol Scopolamine 2 cc. (Demerol 100 mg—2 cc.)
Elix.	Demerol (Demerol 50 mg. per 5 cc.)
	Demerol Disp. Syr. 50 mg.—1 cc.
	Demerol Disp. Syr. 75 mg.—1 cc.
	Demerol Disp. Syr. 100 mg.—1 cc.
Tab.	Demerol 50 mg.
Tab.	Demerol 100 mg.
Vial	Demerol 50 mg. per cc.
Vial	Demerol 100 mg. per cc.
Vial	Demerol Scopolamine (Demerol 50 mg. per cc.)
Tab.	Demerol APAP (Demerol 50 mg.)
Tab.	Demerol Comp. (Demerol 25 mg.)
Tab.	Demerol Lotusate (Demerol 100 mg.)
Tab.	Dicodid 5 mg.
Amp.	Dilaudid HCl. 1/32 gr.—1 cc.
Amp.	Dilaudid HCl. 1/20 gr.—1 cc.
Amp.	Dilaudid HCl. 1/16 gr.—1 cc.
Rect. Supp.	Dilaudid HCl. 1/20 gr.
Syr.	Dilaudid (1 mg.—5 cc.)
	Dilaudid HCl. Solutions
H.T.	Dilaudid HCl. 1/64 gr.
H.T.	Dilaudid HCl. 1/32 gr.
H.T.	Dilaudid HCl. 1/20 gr.
H.T.	Dilaudid HCl. 1/16 gr.
Vial	Dilaudid Sulf. 2 mg. per cc.
	Dionin Solutions
Amp.	Dolophine HCl. 10 mg.—1 cc. (Methadone HCl.)
20 cc. Amp.	Dolophine HCl. 10 mg. per cc.
Syr.	Dolophine HCl. (Methadone HCl. 10 mg. per 30 cc.)
Tab.	Dolophine HCl. 5 mg.
Tab.	Dolophine HCl. 7.5 mg.
Tab.	Dolophine HCl. 10 mg.
Tab.	Donnagesic #2 (Codeine Phos. 1½ gr.)
	Dover's Po. N.F. (Po. Ipecac and Opium)
H.T.	H.M.C. #1 (Morphine HBr. ¼ gr.)
H.T.	H.M.C. #2 (Morphine HBr. ⅛ gr.)
	Hycodan Po.
10 cc. Vial	Hymorphan HCl. 2 mg. per cc.
10 cc. Vial	Hymorphan HCl. 2 mg. per cc. Atropine Sulf. 0.25 mg. per cc.
Amp.	Leritine 1 cc., 25 mg. per cc.
Amp.	Leritine 2 cc., 25 mg. per cc.
Tab.	Leritine 25 mg.
30 cc. Vial	Leritine 25 mg. per cc.
Amp.	Levo-Dromoran 2 mg.—1 cc.
Tab.	Levo-Dromoran 2 mg.
10 cc. Vial	Levo-Dromoran 2 mg. per cc.
Tubex	Meperidine HCl. 50 mg.—1 cc.
Tubex	Meperidine HCl. 75 mg.—1 cc.

Package	Class A Narcotics by Trade Name
Tubex M	Meperidine HCl. 100 mg.—1 cc.
Cap.	Mepergan
Cap.	Mepergan Fortis
Tubex	Mepergan 25—50 mg. per 2 cc.
10 cc. Vial	Mepergan 25—25 mg.— 1 cc.
Tubex	Mepergan 50—50 mg.—1 cc.
10 cc. Vial	Mepergan 50—50 mg.—1 cc.
100 Tab.	Mercodinone
20 cc. Vial	Methadone HCl. 10 mg. per cc.
30 cc. Vial	Methadone HCl. 10 mg. per cc.
Syr.	Methajade
	Morphine Acetate
Elix	Morphine HCl. 1 gr. per fl. oz.
	Morphine Solutions
Amp.	Morphine Sulf. ¼ gr. per cc.
Amp.	Morphine Sulf. ¼ gr., Atropine Sulf. 1/150 gr. per cc.
H.T.	Morphine Sulf. ⅛ gr.
H.T.	Morphine Sulf. 1/6 gr.
H.T.	Morphine Sulf. ¼ gr.
H.T.	Morphine Sulf. ½ gr.
H.T.	Morphine Sulf. 1 gr.
H.T.	Morphine Sulf. ¼ gr., Atropine Sulf. 1/150 gr.
T.T.	Morphine Sulf. ¼ gr.
Amp.	Nisentil HCl. 40 mg.—1 cc.
Amp.	Nisentil HCl. 60 mg.—1 cc.
Vial	Nisentil HCl. 60 mg. per cc.
Tab.	Nodalin (Methadone HCl. 2.5 mg.)

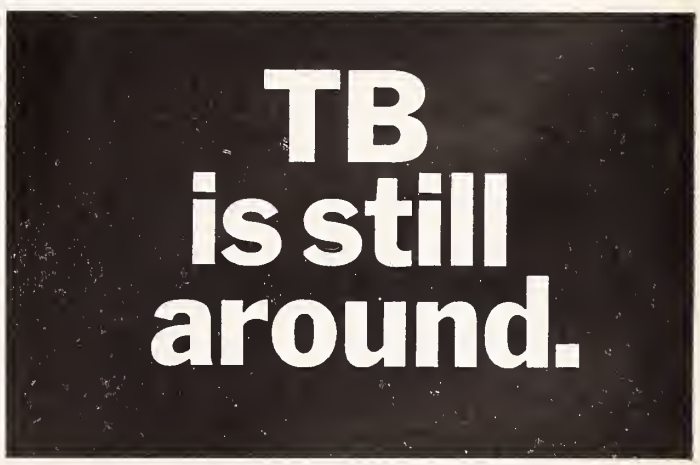
The Four Narcotic Classes

Narcotics are divided in four classifications and are either taxable or exempt, depending upon the addictive quality, strength, form and the presence or absence of other ingredients. Taxable narcotics, **Class A and B,** may be dispensed only upon a prescription order issued by a physician, dentist, veterinarian or other practitioner duly registered under the provisions of the Federal Narcotic Law. Orders from practitioners for other than legitimate medical purposes are not considered valid prescription orders under Federal Law and both the prescriber and the pharmacist may incur criminal penalties for such a violation.

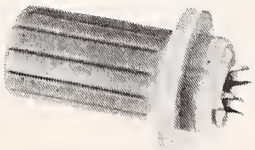
All prescription orders for **Class A Narcotics** must be dated and signed by the prescriber as of the date of issue and, in addition, must contain the full name and address of the patient and the full name,

Continued

Package	Class A Narcotics by Trade Name
Tab.	Nucodan 5 mg.
Amp.	Numorphan HCl. 1 cc. (1.5 mg. per cc.)
Amp.	Numorphan HCl. 2 cc. (1.5 mg. per cc.)
10 cc. Vial	Numorphan HCl. (1.5 mg. per cc.)
Supp.	Numorphan HCl. 2 mg.
Tab.	Numorphan HCl. 10 mg.
Supp.	Numorphan HCl. 5 mgm.
	Opium Po.
	Opium Po. Extract
Rect. Supp.	Opium 1 gr. Belladonna ¼ gr.
Tr.	Opium U.S.P. Deod.
	Pantopon All
	Papine
Cap.	Percobarb 5 mg.
Cap.	Percobarb-Demi 2.5 mg.
Tab.	Percodan 5 mg.
Tab.	Percodan-Demi 2.5 mg.
Amp.	Prinadol 2 mg. 1 cc.
10 cc. Vial	Prinadol 2 mg. per cc.
Amp.	Spasmalgin 1 cc. (Pantopon 1/6 gr., Papaverine HCl. 1/3 gr., atropine sulfate 1/60 gr.)
Tab.	Spasmalgin (Pantopon 1/6 gr., Papaverine HCl. 1/3 gr., atropine sulfate 1/60 gr.)



In 1967 almost 45,000 new active cases were reported. Isn't that a good reason to make tuberculin testing with the white LEDERTINE™ Applicator a routine part of your physical examinations?



TUBERCULIN TINE TEST
(Rosenthal) with Old Tuberculin

Precautions: With a positive reaction, consider further diagnostic procedures. Use with caution in persons with active tuberculosis or known allergy to acacia. Vesiculation, ulceration, or necrosis may occur at the test site in highly sensitive persons.

Lederle LEDERLE LABORATORIES
A Division of American Cyanamid Company, Pearl River, N.Y.
472-9

address and narcotic registry number of the prescriber. Narcotic prescription orders should be written in permanent form. Prescription orders for narcotics which have been placed in Class B must meet all of the requirements above except the prescriber may transmit his prescription order to the pharmacist orally. The pharmacist must reduce the oral prescription order to writing immediately and include the information required for Class A Narcotics but the prescriber's signature is not necessary.

Renewals of narcotic prescription orders are prohibited, except as to exempt preparations. **Class X preparations** are regulated as to narcotic content and must, in addition, contain one or more non-narcotic active medicinal ingredients in therapeutic amounts. Class X narcotic preparations may be procured without an official order form. The pharmacist maintains a required record showing the name of the recipient, his address, the name and quantity of the Class X preparation and the date of delivery.

Class M preparations may contain any quantity of the specified drug with either active or inactive non-narcotic ingredients commonly used in medicinal preparations. The pharmacist is not required to maintain a record of dispositions of Class M preparations because such preparations have been found to have little or no additive properties. Examples of narcotic drugs which, when found in combination with non-narcotic ingredients are included in Class M include narcotine, papaverine, narceine and cotarnine. ◄

(Single copies of the brochure "Prescribing and Dispensing Narcotic Drugs—a Reference for the Health Practitioner" are available free from the Indiana Pharmaceutical Association, 54 Monument Circle, Indianapolis, Ind. 46204.)

HARDING HOSPITAL

WORTHINGTON, OHIO

A fully accredited private psychiatric hospital situated on 45 acres of beautiful, wooded grounds just ten miles north of the state capitol.

THE HARDING HOSPITAL PROVIDES:

* 125 In-patient beds —
* Day Hospital program —
* Full time attending staff of psychiatrists —
* Professionally trained Adjunctive Therapy staff with programs in occupational, recreational and vocational therapy. (Crafts, Fine Arts, Greenhouse, etc.)
* Qualified staff of psychologists —
* Social Service department —
* Consultation and evaluation for out-patients.

For particulars on rates and terms or on specific patients write or call —

Harding Hospital - Worthington, Ohio
Area Code 614 - 885-5381

George T. Harding, M.D.
Medical Director

Donald L. Hanson
Administrator



Your Contributions Are Needed . . .

SUPPORT THESE PROGRAMS OF THE AMA-ERF

- *Funds for Medical Schools* -- Contributions may be designated for one particular school. Undesignated contributions will be distributed equally among all medical schools. No restrictions are placed on the use made of this money by the schools.
- *Loan Guarantee Fund* -- Provides guaranteed loans to medical students, interns and residents. For every dollar in the fund, the private banking industry loans $12.50, at a maximum rate of 6% simple interest.
- *Honors and Scholarship Program* -- Designed to attract students of high promise to careers in medicine—meetings, personal contacts and written materials will be employed. Medical school scholarships will be available to those who need them.
- *Undesignated Contributions* -- Money not designated for any specific AMA-ERF program will be placed in the general fund and the Board of Directors will decide on its use, depending upon need.

AMA-ERF

American Medical Association
Education and Research Foundation
535 North Dearborn Street
Chicago 10, Illinois

Deaths of Indiana Physicians in 1968

(M) Member ISMA, (S) Senior Member, (R) Retired

Name	Age	Date of Death	Address	Cause of death
Wynn, Justice F. (S) (R)	72	Jan. 13	Evansville	Cerebral hemorrhage; hypertensive cardiovascular disease; uremia.
Richardson, Thad T. (M)	51	Jan. 15	Indianapolis	Not ascertained upon autopsy or toxicologic examination.
Fisher, William C. (M)	59	Jan. 16	Evansville	Coronary artery occlusion; ventricular fibrillation.
Conforti, Victor P.	52	Jan. 18	Terre Haute	Self-inflicted gunshot wound.
Crockett, Franklin S. (S) (R)	86	Jan. 20	Lafayette	Bronchopneumonia.
Foltz, Lloyd E. (M)	64	Jan. 23	Brownsburg	Committed suicide by suffocation and overdose of barbiturate.
Bruner, Ralph W. (M)	77	Feb. 2	Jeffersonville	Ulcerative colitis; endocarditis.
Holmes, Claude (S) (R)	87	Feb. 4	Frankfort (formerly)	Generalized arteriosclerosis.
Brady, Samuel J. (M)	54	Feb. 20	Gary	Coronary artery occlusion.
Urschel, Dan L. (M)	57	Mar. 4	Mentone	Self-inflicted gunshot wound.
McDonald, Ralph M. (R)	67	Mar. 10	South Bend	Cirrhosis of the liver.
Fisher, John E. (M)	55	Mar. 13	Attica	Cardiac failure; arterial and arteriolar nephrosclerosis.
Bacevich, Andrew J. (M)	45	Mar. 19	Hammond	Accidental drowning.
Schott, Edward J. (S)	93	Mar. 21	Terre Haute	Cerebral vascular accident; pneumonia.
Quitazol, Zoilo A.	40	Mar. 28	Gary	Bilateral pulmonary infarcts; atherosclerosis.
Ash, H. Herman	68	Mar. 30	West Lafayette	Parkinson's disease.
Headley, Lloyd M. (M)	60	Apr. 7	Lebanon	Cerebral metastases with adenocarcinoma of the lung.
Simmons, Lloyd H. (M)	79	Apr. 12	Goshen	Cerebral hemorrhage; Meniere's disease.
Warren, John C.	52	Apr. 14	Indianapolis	Barbiturate and ethanol intoxication.
Owen, R. Wynn S.	73	Apr. 9	Indianapolis (formerly)	Pneumonitis and bronchiectasis.
Benages, Anthony G. (M)	51	Apr. 19	Jasper	Overdose of barbiturate.
Harrington, James F. (M)	46	Apr. 22	Logansport	Subacute bacterial endocarditis; rheumatic valvular heart disease.
Deutsch, William (M)	59	Apr. 30	Muncie (formerly)	Probable arteriosclerotic heart disease.
Dutchess, C. Toney (M)	63	May 2	Galveston	Myocardial infarction.
Helman, Harry W. (S) (R)	85	May 2	Rolling Prairie	Bronchopneumonia.
Savage, Arthur R. (M)	59	May 2	Fort Wayne	Heart failure due to coronary arteriosclerotic disease.
Reilly, James F. (M)	59	May 9	Vincennes	Cerebellar sarcoma.
Ayres, Kenneth D.	70	May 17	Anderson	Acute coronary occlusion.
Kime, Edwin N. (S) (R)	77	May 25	Bloomington	Arteriosclerotic cardiovascular disease.
Sarver, Francis E. (M)	52	May 27	Fort Wayne	Coronary occlusion.

Name	Age	Date of Death	Address	Cause of death
Mauricio, Amado S. A. (M)	38	May 30	Rising Sun	Coronary heart disease; acute myocardial infarct.
Skeen, Earl D. (S) (R)	83	May 30	South Bend	Adenocarcinoma of the stomach.
Kielton, Melvin J. (M)	32	June 5	Elkhart	Severe brain damage; skull fracture from auto accident.
Wall, Joseph A.	81	June 6	Wabash	Pneumonia.
Adair, Samuel L. (M)	59	June 8	Jeffersonville	Large abdominal atherosclerotic aneurysm with thrombosis and occlusion of the superior mesenteric artery.
McGuire, Desmond F. (S) (R)	79	June 12	East Chicago	Congestive heart failure.
Carlyle, Ivan E. (S)	87	June 19	Michigantown	Cerebral hemorrhage; generalized arteriosclerosis.
May, William D. (M)	59	June 25	New Albany	Carbon monoxide poisoning.
Weiss, Henry G. (S) (R)	92	June 27	Evansville	Cerebral thrombosis.
Acker, Robert B. (S)	83	July 8	South Bend	Myocardial infarction.
Cook, Charles E. (M)	58	July 21	North Manchester	Carcinoma of the larynx with metastases.
Griffin, Howard E.	39	July 21	Indianapolis	Gunshot wound of abdomen.
Hoffman, Doris (S) (R)	72	July 21	Vincennes (formerly)	Carcinoma.
Senese, Thomas J. (M)	64	July 21	Gary	Congestive heart failure and cancer of the lung.
Lewis, Robert J. (M)	57	July 25	Indianapolis	Generalized carcinomatosis.
Stover, Wendell C. (M)	57	Aug. 18	Boonville	Hepatic renal syndrome; advanced Laennec's cirrhosis.
Hippensteel, Russell R. (S)	72	Aug. 19	Plymouth	Metastatic carcinoma of the prostate.
Shullenberger, Wendell A. (M)	57	Aug. 28	Indianapolis	Ventricular arrhythmia; coarctation of the aorta.
Sacks, Leonard Z. (M)	51	Sept. 2	Valparaiso	Acute myocardial infarction.
Banks, Horace M. (S) (R)	78	Sept. 10	Indianapolis	Arteriosclerosis.
Stewart, Walter E.	82	Sept. 10	Terre Haute	Respiratory acidosis; pulmonary emphysema.
McIntyre, Charles J. (S) (R)	90	Sept. 23	Indianapolis	Arteriosclerosis.
Kistler, James J. (M)	63	Sept. 23	LaPorte	Acute myocardial infarction.
Hostetler, Carl M. (M)	57	Oct. 2	Elkhart	Myocardial infarction; arteriosclerosis.
Emhardt, John W. A. (S) (R)	79	Oct. 28	Indianapolis	Cerebral artery thrombosis.
Milleson, Ann L. M. (M)	54	Nov. 3	Terre Haute	Generalized carcinomatosis.
Bohner, Caryle B. (M)	70	Nov. 9	Indianapolis (formerly)	Cerebrovascular accident.
McCallum, Joseph T. C. (S) (R)	78	Nov. 9	Indianapolis	Myocardial infarction; arteriosclerosis.
Harrison, Benjamin L. (M)	71	Nov. 27	New Castle	Metastatic carcinoma of the lung.
Wooldridge, Omer	84	Nov. 28	Kokomo (formerly)	Cerebrovascular accident.
Nenneker, Henry (S)	95	Dec. 10	Evansville	Injuries received in a fall.
Traver, Perry C. (S) (R)	82	Dec. 16	South Bend	Bilateral bronchopneumonia; pulmonary emphysema.

Presidents of ISMA Since Its Organization

Medical Convention	Elected	Served
*Livingston Dunlap, Indianapolis	1849	1849
Medical Society		
*William T. S. Cornett, Versailles	1849	1850
*Ashahel Clapp, New Albany	1850	1851
*George W. Mears, Indianapolis	1851	1852
*Jeremiah H. Brower, Lawrenceburg	1852	1853
*Elizur H. Deming, Lafayette	1853	1854
*Madison J. Bray, Evansville	1854	1855
*William Lomax, Marion	1855	1856
*Daniel Meeker, LaPorte	1856	1857
*Talbot Bullard, Indianapolis	1857	1858
*Nathan Johnson, Cambridge City	1858	1859
*David Hutchinson, Mooresville	1859	1860
*Benjamin S. Woodworth, Ft. Wayne	1860	1861
*Theophilus Parvin, Indianapolis	1861	1862
*James F. Hibberd, Richmond	1862	1863
*John Sloan, New Albany	1863	----
*John Moffet (acting), Rushville	1863	1864
*Samuel L. Linton, Columbus	1864	----
*Wilson Lockhart (acting), Danville	1864	1865
*Myron H. Harding, Lawrenceburg	1865	1866
*Vierling Kersey, Richmond	1866	1867
*John S. Bobbs, Indianapolis	1867	1868
*Nathaniel Field, Jeffersonville	1868	1869
*George Sutton, Aurora	1869	1870
*Robert N. Todd, Indianapolis	1870	1871
*Henry P. Ayres, Ft. Wayne	1871	1872
*Joel Pennington, Milton	1872	1873
*Isaac Casselberry, Evansville	1873	----
*Wilson Hobbs (acting), Knightstown	1873	1874
*Richard E. Houghton, Richmond	1874	1875
*John H. Helm, Peru	1875	1876
*Samuel S. Boyd, Dublin	1876	1877
*Luther D. Waterman, Indianapolis	1877	1878
*Louis Humphreys, South Bend	1878	----
*Benj. Newland (acting), Bedford (v.p.)	1878	1879
*Jacob R. Weist, Richmond	1879	1880
*Thomas B. Harvey, Indianapolis	1880	1881
*Marshall Sexton, Rushville	1881	1882
*William H. Bell, Logansport	1882	1883
*Samuel E. Mumford, Princeton	1883	1884
*James H. Woodburn, Indianapolis	1884	1885
*James S. Gregg, Ft. Wayne	1885	1886
*General W. H. Kemper, Muncie	1886	1887
*Samuel H. Charlton, Seymour	1887	1888
*William H. Wishard, Indianapolis	1888	1889
*James D. Gatch, Lawrenceburg	1889	1890
*Gonsolvo C. Smythe, Greencastle	1890	1891
*Edwin Walker, Evansville	1891	1892
*George F. Beasley, Lafayette	1892	1893
*Charles A. Daugherty, South Bend	1893	1894
*Elijah S. Elder, Indianapolis	1894	----
*Charles S. Bond (acting), Richmond	1894	1895
*Miles F. Porter, Ft. Wayne	1895	1896

* Deceased.

Medical Society	Elected	Served
*James H. Ford, Wabash	1896	1897
*William N. Wishard, Indianapolis	1897	1898
*John C. Sexton, Rushville	1898	1899
*Walker Schell, Terre Haute	1899	1900
*George W. McCaskey, Ft. Wayne	1900	1901
*Alembert W. Brayton, Indianapolis	1901	1902
*John B. Berteling, South Bend	1902	1903
*Jonas Stewart, Anderson	1903	1904
*George T. MacCoy, Columbus	1904	1905
*George H. Grant, Richmond	1905	1906
*George J. Cook, Indianapolis	1906	1907
*David C. Peyton, Jeffersonville	1907	1908
*George D. Kahlo, French Lick	1908	1909
*Thomas C. Kennedy, Shelbyville	1909	1910
*Frederick C. Heath, Indianapolis	1910	1911
*William F. Howat, Hammond	1911	1912
*A. C. Kimberlin, Indianapolis	1912	1913
*John P. Salb, Jasper	1913	1914
*Frank B. Wynn, Indianapolis	1914	1915
*George F. Keiper, Lafayette	1915	1916
*John H. Oliver, Indianapolis	1916	1917
*Joseph Rilus Eastman, Indianapolis	1917	1918
*William H. Stemm, North Vernon	1918	1919
*Charles H. McCully, Logansport	1919	1920
*David Ross, Indianapolis	1920	1921
*William R. Davidson, Evansville	1921	1922
*Charles H. Good, Huntington	1922	1923
*Samuel E. Earp, Indianapolis	1923	1924
*Eldridge M. Shanklin, Hammond	1924	1925
Medical Association		
*Charles N. Combs, Terre Haute	1925	1926
*Frank W. Cregor, Indianapolis	1926	1927
*George R. Daniels, Marion	1926	1928
*Charles E. Gillespie, Seymour	1927	1929
*Angus C. McDonald, Warsaw	1928	1930
*Alois B. Graham, Indianapolis	1929	1931
*Franklin S. Crockett, Lafayette	1930	1932
*Joseph H. Weinstein, Terre Haute	1931	1933
*Everett E. Padgett, Indianapolis	1932	1934
*Walter J. Leach, New Albany	1933	1935
*Roscoe L. Sensenich, South Bend	1934	1936
*Edmund D. Clark, Indianapolis	1935	1937
Herman M. Baker, Evansville	1936	1938
*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
Karl R. Ruddell, Indianapolis	1938	1940
*Albert M. Mitchell, Terre Haute	1939	1941
Maynard A. Austin, Anderson	1940	1942
*Carl H. McCaskey, Indianapolis	1941	1943
*Jacob T. Oliphant, Farmerburg	1942	1944
*Nelson K. Forster, Hammond	1943	1945
*Jesse E. Ferrell, Fortsville	1944	1946
*Floyd T. Romberger, Lafayette	1945	1947
*Cleon A. Nafe, Indianapolis	1946	1948
*Augustus P. Hauss, New Albany	1947	1949
*C. S. Black, Warren	1948	1950
*Alfred Ellison, South Bend	1949	1951

* Deceased.

Medical Association	Elected	Served
*J. William Wright, Indianapolis	1950	1952
Paul D. Crimm, Evansville	1951	1953
Wm. Harry Howard, Hammond	1952	1954
*Walter L. Portteus, Franklin	1953	1955
Walter U. Kennedy, New Castle	1954	1956
*Elton R. Clarke, Kokomo	1955	1957
M. C. Topping, Terre Haute	1956	1958
Kenneth L. Olson, South Bend	1957	1959
Earl W. Mericle, Indianapolis	1958	1960
Guy A. Owsley, Hartford City	1959	1961
*Harry R. Stimson, Gary	1960	1962
Maurice E. Glock	1961	1963
Donald E. Wood	1962	1964
Joseph M. Black	1963	1965
Kenneth O. Neumann	1964	1966
Eugene S. Rifner	1965	1967
G. O. Larson	1966	1968

* Deceased.

Dear Doctor, Nurse and Receptionist:

If you will mention our shoe store and our corrective Orthopedic Shoemaking to your patients and friends, we will do our very best to please them and help solve their foot and shoe problems.

Shoe Prescription Service for Man, Woman, Child

Heid's

AFNB—Midwest Charge
ME5-4247

HEALTH SHOE STORE
411 N. ILLINOIS
DRIVE-IN PARKING
INDIANAPOLIS, IND.



Merit Scholars Favor Medicine

A record number of the nation's most academically gifted high school seniors are looking toward medicine and related fields as their future careers, according to an AMA study of the career preferences of the 14,000 semi-finalists in the Fourteenth Annual National Merit Scholarship program.

Over nine percent of the already "career-decided" seniors plan to study medicine, the highest percentage to so choose since the AMA began its annual analysis four years ago.

In all, 3,495 of the 9,217 participants who had indicated career "preferences" (the remainder had as yet made no choice) planned to enter medicine or an allied profession. One might assume that if the 4,783 remaining "undecided" scholars follow this pattern, medical schools and other institutions offering training in the health professions might expect 5,308 applications in the future from these National Merit Scholars.

In anticipation and encouragement of this eventuality, Dr. Dwight L. Wilbur, AMA president, sent in May congratulatory letters and copies of the AMA careers handbook, *Horizons Unlimited*, to the "medical/health career-decided" seniors and a comparable letter to the "undecided" with an offer to supply career literature upon request.

Constitution and Bylaws of the Indiana State Medical Association

CONSTITUTION

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSE OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members and Honorary Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant active membership therein on a basis that does not include membership in the district medical society and in the Indiana State Medical Association.

Sec. 3.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 4.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the Executive Secretary as eligible for such membership by the county societies of which they are members. Eligibility to senior status shall begin the year after the member reaches the age of seventy.

Sec. 5.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 6.—*Rights and Privileges of Members.*—Active members and senior members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Senior members who desire the benefit of medical defense as provided by the Bylaws of this Association shall pay the amount stipulated in Section 1, Chapter XXIX of the Bylaws for this coverage.

d. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates, or their designated alternates, elected by the component county societies; (2) the Trustees, or their designated alternates, and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer and Assistant Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

ARTICLE VI—BOARD OF TRUSTEES

The Board of Trustees shall consist of (1) the Trustees with power to vote and their duly elected alternates, each of the latter without power to vote except in the absence of his Trustee; and (2) ex-officio, the President, President-elect, Treasurer with power to vote and Assistant Treasurer without power to vote except in case the Treasurer be absent. Besides its duties mentioned in the Bylaws, the Board of Trustees shall have full charge and control of all the property of the Assocation. It shall have full authority and power of the House Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the Bylaws, and at all times shall be the finance committee of the Association. Seven Trustees shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Trustee District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Trustee districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place five years in advance for holding the Annual Convention. The time for the convention shall be fixed by the Board, and the Board shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members. Upon receipt by the President of such a petition of twenty delegates, or fifty members, the President shall within 30 days thereafter issue a call for such special meeting at a time and place to be fixed by the President. The President, in specifying the time of such special meeting, shall fix the same as soon thereafter as reasonable and suitable arrangements can be made.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, an Assistant Treasurer and thirteen Trustees, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Trustees and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Trustees shall be for three years and approximately one-third of the number shall be elected annually. No Trustee shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Trustee fails, without reason acceptable to the Board, in any one calendar year to attend a majority of the meetings of the Board, he shall thereby cease to be a Trustee, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business at the final meeting of the House of Delegates, and no person shall be elected to any such office who has not been an active member of the Association for the preceding two years.

Sec. 4.—The Trustees shall be elected by the respective district societies. If any district fails to meet and elect its Trustee by the time of the expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Trustee district shall elect an alternate Trustee whose term of office shall be the same as the Trustee, namely three years. The alternate Trustee shall be elected in a year during which there is no Trustee elected.

The duties of the alternate Trustee shall be:

1. To represent the Trustee district in the absence of the regularly elected Trustee.

2. To vote only in the absence of the regularly elected Trustee either in the House of Delegates or in Board meetings where he represents the regularly elected Trustee.

Sec. 6.—Any officer may be removed from office after a hearing before the Board, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Board.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Board shall become President pro tem and as such shall, within a period of sixty days, call a special session of the members of the House of Delegates for the purpose of electing

members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer or Assistant Treasurer shall be filled by an election by the Trustees at the next regular meeting of the Board following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district Trustee, the duly elected alternate Trustee from the same district shall succeed to the office of Trustee in that district for the unexpired term of said Trustee.

In the event vacancies occur in any Trustee district in the offices of both Trustee and alternate Trustee, the vacancies shall be filled by an election by the members of the Association within the Trustee district in which such vacancies occur. A call for such elections shall be issued by the Executive Secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the state secretary's office of each component society with the district. Such call shall be mailed within ten days after the state secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Board, and the Board shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected by the component county societies in connection with the dues for such component societies. The amount of the dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Executive Committee and Board for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BYLAWS

CHAPTER I.—MEMBERSHIP

Section 1.—Every county society shall include by January 1, 1967, as a part of their Constitution or Bylaws the following: Every person becoming an active member after January 1, 1967, shall occupy a provisional status for two years immediately following his admission to membership in this society, during which period he must successfully complete an orientation course to be presented at stated intervals by the Board of the Indiana State Medical Association or one of its commissions. The form and content of this course shall be prescribed by the Board of Indiana State Medical Association. Unless excused by the said Board for good cause

shown, failure to attend and successfully complete the course within the two-year period shall automatically revoke the delinquent's membership and terminate all of his rights and privileges as a member, and he shall thereafter, for a period of one year, be ineligible for membership in any component county society.

Sec. 2.—The term "Member" as used in these Bylaws unless otherwise indicated shall mean both active and Senior Members of component county medical societies who hold either the Degree of Doctor of Medicine or Bachelor of Medicine.

Sec. 3.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 4.—No person whose license to practice medicine has been suspended or revoked or who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association or of a component county society, nor shall he be permitted to take part in any of their proceedings until he has been relieved of such disability.

Sec. 5.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Commission on Convention Arrangements, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Board shall appropriate from the funds of the Association for such an amount as in the discretion of the Board shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Commission on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

a. Surgical.
b. Internal Medicine.
c. Eye, Ear, Nose, and Throat.
d. Anesthesia.
e. General Practice.
f. Obstetrics and Gynecology.
g. Preventive Medicine and Public Health.
h. Radiology.
i. Nervous and Mental Diseases.
j. Pathology and Forensic Medicine.
k. Pediatrics.
l. Directors of Medical Education.
m. Cutaneous Medicine.
n. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a chairman, a vice-chairman, and a secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the general or section meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing

year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and Bylaws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county.

The number of delegates to which each component society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association on or before February 1, prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

b. Divide the state into Trustee districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5.—Proposals calling for appropriations of funds by the House of Delegates shall be submitted to the Executive Committee and the Board for their recommendation before final action of the House.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than 45 days prior to the meeting of the House of Delegates to which the resolutions will be presented for action.

Provided, that where a resolution has been first submitted to the Committee on Rules and Order of Business together with a written statement setting forth the reasons why said resolution was not mailed to the Executive Secretary more than 45 days prior to the meeting of the House of Delegates and also setting forth in said written statement the reason why said resolution is of such an emergency nature that it cannot wait until the next meeting of the House, and that said Committee on Rules and Order of Business has approved said resolution for submission to the House, and that each delegate shall be furnished a copy before the next meeting of the House, then this subsection of the Bylaws may be suspended with respect to said resolution upon a two-thirds vote of the House of Delegates.

Sec. 8.—The final vote on any issue calling for changes in dues or in dues structure shall be by roll call vote. Each member's vote shall be permanently recorded and no suspension of this rule will be allowed on the final vote of such an issue.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, Treasurer and Assistant Treasurer shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect, Treasurer and Assistant Treasurer are elected until the termnation of the succeeding annual meeting of the House of Delegates.

Sec. 5.—The officers of the Association shall be installed by taking the following oath of office to be administered by the out-going President of the Association at the final meeting of the House of Delegates:

Sec. 6.—I, ..., solemnly swear that I shall carry out to the best of my ability, the duties of the office of the Indiana State Medical Association to which I have been elected.

I shall strive constantly to maintain the ethics of the medical profession and to promote the public health and welfare. I shall dedicate myself and my office to improving the health standards of the American people and to do the task of bringing increasingly improved medical care within the reach of every citizen.

I shall uphold the Constitution of the United States of America and of the State of Indiana, the Constitution and Bylaws of the American Medical Assocation and the Constitution and Bylaws of the Indiana State Medical Association at all times.

I shall champion the cause of freedom in medical practice and freedom for all my fellow Americans. To these duties and obligations, I pledge myself, so help me God.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Trustees in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Board. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the chairman of the Board. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

The Assistant Treasurer shall give bond at the expense of the Association in such amount as shall be required by the Board unless he is included in the coverage of a blanket or position bond. In case of death, or incapacity of the Treasurer, he shall succeed to all the duties and rights of the Treasurer until a new Treasurer be elected. In the absence of the Treasurer, he shall attend to the duties and rights of the Treasurer during such absence and he shall also perform such duties of the Treasurer as may be delegated and assigned to him by the Treasurer.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and JOURNAL offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Board, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Board, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Board.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed shall be allowed for in the budget, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII—BOARD OF TRUSTEES

Section 1.—The Board shall meet as follows: 1. The Board shall meet at least once each quarter of the calendar year, the time, date and location to be fixed by the Board. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the chairman, or on petition of three Trustees. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a chairman, and a clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Board shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Terms of Trustees shall begin with the first meeting of the Board following the final session of the House of Delegates at the Annual Session.

Sec. 2.—Each Trustee shall be organizer, peace-

maker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Trustee in the line of the duties herein imposed may be allowed by the Board on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Board shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Board shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Board shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Board shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7.—The Board, shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and Bylaws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for country societies, until such counties may be organized separately.

Sec. 9.—The Board shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Board without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Trustee, and its decision in all such matters shall be final.

Sec. 10.—The Board shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amount of their salaries. The proceedings of the Board for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association, the Board shall be the executive body of the Association, with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Board shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Board, who, with the President, the President-elect, the Treasurer, and the chairman of the Board, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Board they shall not have the power of vote in the Board.

CHAPTER VIII.—ORGANIZATION OF ACTIVITIES AND RESPONSIBILITIES

Section 1.—The work of the Association, the performance of which is not provided for elsewhere in the Constitution or Bylaws, and is not carried on in the meetings of the Board or if the House of Delegates, or by special committees created by the Executive Committee, the Council or the House of Delegates, shall be performed by the following standing committees and commissions:

The Executive Committee
The Grievance Committee
The Student Loan Committee
The Medical-Legal Review Committee
The Future Planning Committee
The Commission on Convention Arrangements
The Commission on Constitution and Bylaws
The Commission on Legislation
The Commission on Public Information
The Commission on Governmental Medical Services
The Commission on Public Health
The Commission on Voluntary Health Agencies

The Commission on Medical Economics and Insurance
The Commission on Inter-Professional Relations
The Commission on Medical Education and Licensure
The Commission on Special Activities
The Commission on the Aged and Aging

The difference between committees and commissions is shown in the provision of these Bylaws pertaining to their work and composition.

Sec. 2.—Unless otherwise provided in these Bylaws, the committees shall be appointed by the President with the chairman of each committee designated by him, and the number constituting each committee shall be as indicated in the section of these Bylaws pertaining to each particular committee.

Sec. 3.—Each commission will consist of fifteen members appointed by the President, with at least one member from each Trustee district. The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter, each incoming President shall appoint five members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, resignation or otherwise.

Sec. 4.—The President shall have the power, with the approval of the Board, to remove any member of any committee or commission where such member, for any reason, does not or cannot work at attempting to perform the duties pertaining to membership on such committee or commission.

Sec. 5.—Unless otherwise provided in these Bylaws, no member of either a committee or a commission shall serve on the same committee or commission more than two consecutive terms, but this shall not prevent him serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

Sec. 6.—Within sixty days after the meeting of the State Convention, the President will call all commissions and committees into a joint meeting in which he will give a statement of the duties and responsibilities of all committees and commissions, call special attention to any immediate problems confronting the Association, and assign such problems or parts thereof to appropriate committees and commissions. Then this joint meeting will divide into meetings of the separate commissions, at which time the commissions and committees will organize by the election of chairman, vice-chairman and secretary, unless otherwise provided for in these Bylaws. In these meetings the commissions may provide for such subcommittees within the separate commissions as they may deem advisable. Each committee or commission shall have the right to call upon other committees, commissions or members of the profession for counsel and advice with respect to its work.

Sec. 7.—Each committee and commission shall have the privilege and is encouraged to have joint meetings with any like committee or commission of the Auxiliary where such like committee or commission exists, for the purpose of coordinating their activities to make them more effective in the medical service of the public and the intent of the Association.

Sec. 8.—Each committee and commission shall have the duty and responsibility of keeping constantly and currently informed on the matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities of improvement; of finding the best solutions it can to the specific problems referred to it; of contributing in its area to the achievements of the Association as a whole in the protection and improvement of the health of the whole human family and finally of making all its efforts useful by passing on to the Association in the most effective manner possible the results of its studies and activities in its own area of special interests.

Sec. 9.—The President and Executive Secretary shall be *ex officio* members of all the foregoing committees and commissions without voting rights where their inclusion on the committee or commission is not otherwise provided for in these Bylaws.

CHAPTER IX.—THE EXECUTIVE COMMITTEE

Section 1.—The Executive Committee, constituted as provided in Section 12 of Chapter VII of these Bylaws, shall hold its first meeting immediately following the meeting of the Board held at the close of the last meeting of the House of Delegates in the Annual Convention, and shall organize by electing its chairman. Its secretary shall be the Executive Secretary of the Association. It shall meet with the Executive Secretary on the call of the chairman, or of any three members, to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall have all jurisdiction with respect to medical defense activities of the Association and shall be governed by the rules it adopts concerning that activity and by the Bylaws of this Association. It shall make decisions for the Association, including matters pertaining to THE JOURNAL, during the intervals between the meetings of the Board, and shall report its actions to the Board.

Sec. 2.—It shall prepare a budget for the ensuing fiscal year; and all expeditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and

Bylaws shall be incurred by any officer, commission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

CHAPTER X.—THE GRIEVANCE COMMITTEE

Section 1.—The Grievance Committee shall be composed of nine physicians, three of whom may be past presidents of the Association, and all of whom shall be appointed by the President. Not more than two physicians shall be appointed from any one Trustee district. No member shall hold any elective office in the State Association during tenure on this committee. Of the nine physicians first appointed, three shall serve for a period of one year; three for two years; and three for three years. Thereafter, three shall be appointed each year for a three-year term to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee, other than by expiration of term, shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, a vice-chairman and a secretary.

Sec. 2.—This provision regarding the constitution of the Grievance Committee shall be construed to mean that the present committee of that name is continued in that position with the terms of its members expiring and new members to be appointed on the basis of this provision being operative and effective as of the dates of their respective original appointments; and it is not to be construed as having the effect of creating a new committee, all of whose members are to be appointed upon this amendment being adopted and becoming effective.

Sec. 3.—In addition to the above provided organization and membership of the committee, the President of the Association shall appoint an accredited psychiatrist as a consultant for the committee, whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any Trustee district of the Association, irrespective of the membership of the committee including another member or members from the same Trustee district. He shall have the same rights and privileges as other members of the committee except that he shall not have the right to vote.

Sec. 4.—The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. It may, if it believes the facts justify such action, cite a member of the Association to the Board of the State Association. It shall, subject to the approval of the Board, draw up a set of rules and regulations governing its procedure and official actions.

CHAPTER XI.—THE COMMISSION ON CONVENTION ARRANGEMENTS

Section 1.—The Commission on Convention Arrangements, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for meetings of the Association, including the House of Delegates, Board, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 2.—It shall, with the approval of the Executive Committee, prepare a program for scientific work for the Annual Convention in which shall be included the respective programs for section meetings which shall be prepared through cooperation with the officers on the various sections: and it shall, with the approval of the Executive Committee, arrange for scientific exhibits as a part of the Annual Convention.

Sec. 3.—The general, scientific and sectional programs, and the financial arrangements to provide for them must be approved by the Executive Committee before being officially announced.

CHAPTER XII.—THE STUDENT LOAN COMMITTEE

Section 1.—The Student Loan Committee shall be constituted as follows:

(a) The President of Indiana State Medical Association

(b) One Trustee of the Association to be appointed by the President

(c) One general practitioner to be appointed by the President

(d) One specialist to be appointed by the President

(e) The Treasurer of Indiana State Medical Association

(f) The Dean of Indiana University School of Medicine

(g) One of the attorneys of Indiana State Medical Association to be appointed by the President

Sec. 2.—This committee shall have authority to make loans to medical students in accordance with the terms and conditions under which funds are made available for that purpose. The committee

shall organize itself at its first meeting following the Annual Convention of the Association, by the election of a chairman and a secretary. The committee shall adopt its own rules and regulations, subject to the approval of the Board. The secretary shall have the duty and responsibility of keeping minutes of all transactions of the committee, and shall file a copy of such minutes, as well as a copy of all papers pertaining to any application or loans, in the Headquarters Office of the Association.

CHAPTER XIII.—THE MEDICAL-LEGAL REVIEW COMMITTEE

Section 1.—The Medical-Legal Review Committee shall consist of three members whose duty it shall be to meet in joint session and work with a similar committee to be appointed by the President of the State Bar Association. This committee of the Medical Association shall function as the medical representatives provided for in the Joint Inter-Professional Code of the State Medical Association and the State Bar Association to carry out the purposes of that Code. Its duties shall be as stated in that Code in the form in effect from time to time as approved by the Association.

CHAPTER XIV.—THE FUTURE PLANNING COMMITTEE

Section 1.—The Future Planning Committee shall consist of nine members to be appointed by the President for terms of three years. Terms shall be staggered so that three members' terms expire each year; at the first, three members shall be appointed for one year, three for two years and three for three years. Thereafter all appointments shall be for a period of three years. The President, President-elect, chairman of the Board, Chairman of the Executive Committee and Editor of THE JOURNAL shall be ex officio members. The membership should be varied, according to experience, age, size of local county medical society and geographical area. At least one-third to one-half should be in the age group who would be in practice in the future contemplated, that is ten to twenty years distant.

Sec. 2.—The function of this committee shall be to study and anticipate future trends and to stimulate the various commissions in coordinated directions so there is concord to the entire operation of Indiana State Medical Association. It is not contemplated that it be an operational committee.

CHAPTER XV.—THE COMMISSION ON CONSTITUTION AND BYLAWS

Section 1.—The Commission on Constitution and Bylaws shall keep in contact with the developments and changes in procedures in carrying on the work of this Association; shall suggest revisions necessary to keep the Constitution and Bylaws always in accord with the practices and procedures best adapted to the functioning of the Association; and shall keep the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and Bylaws—to the end that all members of the profession, by reference to the Constitution and Bylaws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and Bylaws may be avoided.

CHAPTER XVI.—THE COMMISSION ON LEGISLATION

Section 1.—The Commission on Legislation shall study all legislation, both state and national, and all local legislative trends and movements, as to their effect upon the practice of medicine and the protection of the public health; shall keep the profession informed at all times concerning the matters within its area of responsibility; shall conduct investigations of legislative proposals; and shall maintain liaison with members of the State Legislature and of the United States Congress, and with the legislative activities of the American Medical Association. It shall strive to implement and make effective the legislative proposals adopted by the Association.

CHAPTER XVII.—THE COMMISSION ON PUBLIC INFORMATION

Section 1.—The Commission on Public Information shall collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other commissions in which the public interest would be involved, and including also the achievements in the advancement of medicine which would be of interest to the public; shall disseminate all such information through the use of whatever media the commission may find adaptable to that purpose so that such information may be brought to the public in the most effective and convincing manner; and shall develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public.

CHAPTER XVIII.—THE COMMISSION ON GOVERNMENTAL MEDICAL SERVICES

Section 1.—The Commission on Governmental Medical Services shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including civil defense, rehabilitation of persons handicapped by abnormality or disease, medical service in welfare departments, maternal and child health programs sponsored through governmental agencies, medical care of military manpower, plans and programs

for medical care of veterans, medical care for dependents of those in uniformed services of the government, plans and programs of the government for medical care now existing or which may hereafter be adopted by any special group, government programs for elimination of venereal disease and other communicable diseases, and all programs and plans for medical care to be provided through municipal, state or federal governments.

CHAPTER XIX.—THE COMMISSION ON PUBLIC HEALTH

Section 1.—The Commission on Public Health shall assemble and study information regarding industrial medical practice, rural health, preventive medicine, placement of physicians, traffic safety, conservation of hearing and vision; and shall bring such information, and the possibility of progress and advancement in such fields, to the attention of the medical profession, with suggestions for improvements as the commission finds such possibilities.

CHAPTER XX.—THE COMMISSION ON VOLUNTARY HEALTH AGENCIES

Section 1.—The Commission on Voluntary Health Agencies shall maintain liaison between all voluntary health agencies and the Association; shall study and counsel in regard to planning all educational and other activities of such agencies; and shall keep the Association fully informed at all times regarding present and contemplated programs of these agencies.

CHAPTER XXI.—THE COMMISSION ON MEDICAL ECONOMICS AND INSURANCE

Section 1.—The Commission on Medical Economics and Insurance shall study and improve forms used in medical and hospital insurance; shall continuously be interested in all types of plans for prepayment of medical and hospital expense, and for provision for medical and hospital service through all types of group activity; shall maintain liaison with labor with respect to labor's problems involving medical and hospital care, and Workmen's Compensation problems; and shall seek improved solutions of professional liability or malpractice problems, tax problems in relation to medical practice, and problems involving physician retirement plans.

CHAPTER XXII.—THE COMMISSION ON INTER-PROFESSIONAL RELATIONS

Section 1.—The Commission on Inter-Professional Relations shall study to find all the best methods of maintaining on the highest and most satisfactory levels physicians' professional relations with hospitals, nurses, dentists, pharmacists, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

CHAPTER XXIII.—THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Section 1.—The Commission on Medical Education and Licensure shall maintain liaison with, and try to be of assistance to, medical schools and the licensing board; and shall keep in contact with, and endeavor to assist in improving, undergraduate education, postgraduate education, intern training, resident training, preceptor instruction, and public school health education.

CHAPTER XXIV.—THE COMMISSION ON SPECIAL ACTIVITIES

Section 1.—The Commission on Special Activities shall organize and promote support for the American Medical Education Fund, assistance to physicians, blood banks, and all miscellaneous activities not falling within the area of responsibilities of other commissions or committees.

CHAPTER XXV.—THE COMMISSION ON THE AGED AND AGING

Section 1.—The duties of this commission shall be to study, investigate, and make recommendations to the Association in the areas falling within the question of the aged and aging, including medical care programs, medical care insurance, rehabilitation, and preventive medicine.

CHAPTER XXVI.—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the President in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, at least three of whom shall be members of the House of Delegates. The chairman shall be named by the President from among those who are members of the House of Delegates. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Board, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—Four or more Reference Committees designated by numerals are hereby constituted to which all matters shall be referred.

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many reference com-

mittees as are necessary to cover all subjects included therein; or (b) to only one reference committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any reference committee shall be rejected on the ground that it covers something not included in the matters which such committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XXVII.—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and Bylaws, shall, on application receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and Bylaws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Board and shall be signed by the President and Executive Secretary of this Association. The Board shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and Bylaws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Trustee for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Board, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who holds a degree of Doctor of Medicine or a degree of Bachelor of Medicine, and who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be eligible for membership. Provided, however, that each county society may deny membership in such society for infraction or violation of any law relating to the practice of medicine or of the Constitution and Bylaws of such society, the Constitution and Bylaws of the Indiana State Medical Association or for a violation of the Principles of Medical Ethics of the Indiana State Medical Association; and may, after due notice and hearing, censor, suspend or expel any member for any such infraction. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Board, and its decision shall be final.

Sec. 6.—In hearing appeals the Board may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Trustees in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state, his name shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the transfer is proposed.

Sec. 8.—A physician who has the major part of his practice in a county other than the county in which he resides may hold his membership in the county society of his residence or in the county society of the county in which he has the major part of his practice. However, no physician shall hold active membership in more than one county society at the same time.

Sec. 9.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before February 1.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other in-

formation as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Trustee of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Trustee shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be from October 1 to September 30 of the succeeding year. The dues shall be collected by the calendar year and payable in advance.

The secretary of each component society shall forward the dues for his society, together with the roster of officers and members and list of non-affiliated physicians of the county, to the Executive Secretary of this Association, on or before January 1 of each year and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the dues for such new members.

The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however, that physicians elected to their first membership in this Association during the first nine months of any year shall pay the regular annual dues for that year; and those elected to their first membership after October 1 of any one year shall pay fifty percent of the annual dues as dues for the remainder of that year. Interns and residents shall pay $15.00 a year annual dues during their term of service in the hospital.

In the event the county society remits a member's dues on account of financial hardship, the secretary of the county medical society shall recommend in writing to the Trustee of his district the remission of the State Association dues of said member of the society, showing why such recommendation should be granted. The Trustee in turn shall present the recommendation to the Board, which shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and Bylaws, which shall not be in conflict with the Constitution and Bylaws either of this Association or of the American Medical Association. An up-to-date copy thereof shall be filed with the Executive Secretary of the Indiana State Medical Association not later than May 1 of each calendar year, or where such copy is so on file and no change has been made, then it shall be sufficient to file a certificate to that effect with said Executive Secretary.

CHAPTER XXVIII.—COUNCILOR DISTRICT MEDICAL SOCIETIES

Section 1.—A Trustee District Medical Society hereinafter called the district society, shall be a society whose members consist of the members of the county medical societies in the counties which constitute the Trustee district.

Sec. 2.—The state shall be divided into thirteen (13) Trustee districts with the boundary lines and numbers of each district to be as follows:

First District—Posey, Vanderburgh, Warrick, Spencer, Perry, Pike and Gibson Counties.

Second Distict—Knox, Daviess, Martin, Monroe, Owen, Greene and Sullivan Counties.

Third District—Dubois, Crawford, Harrison, Floyd, Clark, Scott, Washington, Orange and Lawrence Counties.

Fourth District—Jackson, Jennings, Jefferson, Switzerland, Ohio, Dearborn, Ripley, Decatur, Bartholomew and Brown Counties.

Fifth District—Clay, Vigo, Vermillion, Parke and Putnam Counties.

Sixth District—Shelby, Rush, Fayette, Franklin, Union, Wayne, Henry and Hancock Counties.

Seventh District—Morgan, Johnson, Marion and Hendricks Counties.

Eighth District—Madison, Delaware, Randolph, Jay and Blackford Counties.

Ninth District—Fountain, Montgomery, Boone, Hamilton, Tipton, Clinton, Tippecanoe, Warren, Benton, White and Newton Counties.

Tenth District—Jasper, Porter and Lake Counties.

Eleventh District—Carroll, Howard, Grant, Huntington, Wabash, Miami, and Cass Counties.

Twelfth District—Wells, Adams, Whitley, Allen, Noble, DeKalb, LaGrange and Steuben Counties.

Thirteenth District—Pulaski, Fulton, Kosciusko, Marshall, Starke, LaPorte, St. Joseph and Elkhart Counties.

Sec. 3.—Each district society shall adopt a Constitution and Bylaws, which shall not conflict with the Constitution and Bylaws of the State Association, and only one district society shall exist within any one Trustee district. The authorized district society in each Trustee district shall receive a charter from the State Association, and the secretary of the district society shall have custody of the charter.

Sec. 4.—Each district society shall organize by electing a president, a secretary, and a treasurer and a Trustee and Alternate Trustee as the current Trustee term and Alternate Trustee term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The office of secretary and treasurer may be held by the same physician. The Trustee shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association.

Sec. 5.—The dues of the district society, in an amount fixed by the district society to meet the district society needs, shall be collected by the secretaries of the component county societies and delivered to the treasurer of the district society. The secretary of each district society shall report to the office of the State Association the names and addresses of the members of his district society, together with a copy of the minutes of each meeting of the district society.

Sec. 6.—Each district society shall meet at least once each year at a time and place to be fixed by the district society. On or before January 1 of each year each district society shall notify the headquarters of the State Association of the time and place of the annual district meeting for that year; but if no such notification has been received in the headquarters on or before the January meeting of the Board, the Trustee shall fix the time and place of the district meeting, and notice of such meeting shall be sent to the members of the county medical societies in such district.

Sec. 7.—Whenever a district society is to elect a Trustee and/or Alternate, the headquarters office of the State Association shall so notify the individual members of such district society not later than the first of March of the year in which the election is to occur.

Sec. 8.—The district society shall send to the headquarters office of the State Association a copy of its program showing the time and place of its meetings, early enough that the headquarters office may notify all members within the district of the meeting at least thirty (30) days prior to the date thereof.

Sec. 9.—It shall be the duty of each district medical society to select in any manner it chooses a member from its district to serve a term or fill an unexpired term on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield). Notice of such selection shall be immediately transmitted to the Board of Trustees of the Indiana State Medical Association which will officially place said selected member in nomination or election to said Board of Directors.

However, no member selected or nominated to serve on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) shall serve for more than two consecutive terms, each term being limited to three years, but this shall not prevent him from serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

CHAPTER XXIX.—MISCELLANEOUS

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and Bylaws.

Sec. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XXX.—MEDICAL DEFENSE

Section 1.—One dollar and twenty-five cents ($1.25) out of the annual dues of each member of the Association shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This committee shall have full authority governing all matters pertaining to this Chapter. In order to secure to any physician sued or against whom claim is made a fair and full presensation of his defense, the committee shall have power to enter into an agreement with such physician to furnish to him funds with which to employ and pay one attorney of his choice and such other expenses as the committee may approve as necessary to a fair and full presentation of his defense. Provided, always, that the attorney selected by the physician must be of good reputation and standing in his profession and the terms of employment, including the fees to be paid, must be approved by the committee in each case in advance of such agreement. Provided, further, that the Executive Committee shall set a limit to the amount which may be so expended in connection with any one claim or case.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the chairman of the Board.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these Bylaws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services, which are the basis of the suit, were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the president, secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these Bylaws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XXXI.—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XXXII.—INVESTMENT OF SURPLUS FUNDS

Section 1.—The investment of all surplus funds of this Association shall be under the direct control and management of the Executive Committee subject to instructions in regard thereto which may be given by the Board at its option. The Executive Committee shall have the right and is encouraged to obtain the advice and counsel of the investment departments of any bank or trust company of Indianapolis in regard to the discharge of the duties covered by this chapter of the Bylaws.

CHAPTER XXXIII.—AMENDMENTS

Section 1.—These Bylaws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and Bylaws all previous Constitutions and Bylaws are hereby repealed.

Principles of Medical Ethics of the American Medical Association

"PREAMBLE"

"These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

"Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

"Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

"Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

"Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

"Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

"Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

"Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

"Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

"Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

"Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community."

Space contributed as a public service by this magazine.

Pick one to die.
Pick one for jail.
Pick one to waste away.
Pick three for happiness.



Some children find happiness easily. Others need the help and guidance only a trained person can provide, medical attention they cannot afford, love they have been denied. When you decide to give to your United Fund or Community Chest, you may change a life.

Your fair share gift works many wonders/THE UNITED WAY

UNITED

ADVERTISING COUNCIL

27 million families benefit by child care, family service, youth guidance, health programs, disaster relief and services for the Armed Forces from 31,000 United Way agencies.

COMMERCIAL ANNOUNCEMENTS

BUY AND TRY: Wye Plantatian Aberdeen-Angus frazen semen from Advanced Register P.R.I. sires officially gaining aver four pounds per day ar whose 365-day weights are above 1,200 pounds. (Performance tested sires always for sale.) WYE PLANTATION, Queenstawn, Maryland 21658. Telephones: 301-827-7166 or 301-827-7160.

FOR SALE: A well planned, large, recently remodelled office building, for medical practice. Located in an active thriving community. One other physician present who wauld welcame a medical colleague. Thirteen miles from a 300-bed cammunity hospital. Easy terms. Contact: Mr. Victor A. Selby, Jr., President, The Citizens State Bank of Fairmount, Fairmaunt, Indiana 46928.

WANTED: Assistant M.D., Culver Military Academy, Culver, Indiana starting September, 1969. Pleasant well-regulated job; 50-bed haspital with outpatient department. Good life. Attend 800+ cadets, faculty and employees. Campus on beautiful Lake Maxinkuckee. All sports $2.00 per month. Golf on campus. Salary open to discussion. Much reduced rates for boys or girls qualified to attend Academy. Contact M. D. Baker, M.D., 219-842-3311 or 842-2662.

WANTED: Cass — Logansport: New group formed last Sept. — Howard Clinic — 3 G.P.s and one Internist to date. Booming clientele — need O.B.-Gyn, G.P.s, Peds, E.N.T., Internal Medicine, etc. Clinic leases space from St. Joseph Hospital —men trade week-day and week-end call for more time with family and hobbies. Administrative headaches taken care of by central office and M.D. administrator. Salaries first year in the $20,000 and up area. Second year may purchase shares in the corporation. City of 25,000—2½ hours from Chicago, 79 miles north of Indianapolis. Only group effort in area. Call collect Joseph D. Howard, M.D. 753-4932 or 753-8536 in p.m.

WANTED: GP or internist for VA Outpatient practice, consisting of examinations and treatment, either part-time or full-time 40 hours per week. Salary commensurate with prafessional qualifications and experience. If interested, please contact Personnel Division, V.A. Hospital, 1481 W. Tenth St., Indianapolis, Indiana 46202 or call 635-7401.

GENERALISTS AND PSYCHIATRISTS: In accredited progressive 2000-bed mental hospital with approved psychiatric residency training program. Ideal living in active resart cammunity lacated in Michigan's serene, scenic water-wanderland. Salary $22,550-$30,464, depending an qualificatians. (Salary rates effective July 1, 1969). Unparalleled retirement and fringe benefits. Contact M. Duane Sommerness, M.D., Superintendent, Traverse City State Haspital, Traverse City, Michigan 49684. An equal appartunity employer.

PSYCHIATRIC RESIDENCIES: We affer nathing but excellent psychiatric training in a stimulating, well organized program located in a culturally advantaged cammunity. Appraved psychiatric training. Traverse City State Haspital, Michigan Department af Mental Health. Three and five year pragrams. Salary, 3 year pragram: $10,669; $11,191; $12,131. 5 year pragram: $12,152; $14,031; $16,328; $21,944; $23,093. NIMH-GP stipends available. Located in Michigan's serene, scenic recreatian area an Grand Traverse Bay. Cantact Dr. Paul E. Kauffman, Directar af Training, Traverse City State Haspital, Traverse City, Michigan 49684. An equal appartunity emplayer.

AVAILABLE: Medical suite. Established practice in professional building, 6049 E. Washington St., Indianapalis. All services furnished. Phone Modern Pharmacy, 359-5569.

FOR SALE: Gaad general practice, all equipment and furniture. Gaad building with rental income fram CPA and completely furnished upstairs apartment. Staff will remain if desired. Practice is especially gaad far anyane interested in anesthesia. Appealing terms. Available August 1, 1969. Contact Patricia J. Birum, M.D., 334 W. Oak St., Union City, Indiana 47390.

OPENING for psychiatrist, uralogist and general practitianer (psychiatric ar geriatric experience desirable but not essential). 1,611-bed general medical-surgical and psychiatric haspital with excellent facilities and progressive staff; an equal opportunity employer. Salary: $14,409.00 through $25,711.00 according to training and experience. Write to Director, VAH, Danville, Illinais 61832.

OFFICE FOR RENT: Prime lacation in Jeffersanville, Indiana. Located in the Jeffersonville Medical Center with seven dactars and one dentist. The office is approximately 900 square feet, including two large examining rooms, twa personal offices, a large waiting raom, twa reception rooms, use of a very fine laboratory, and some equipment. We will be mare than happy to work with new physicians.
If interested contact either of the fallawing: Maurice L. Wilson, John G. Montgomery, Citizens Bank & Trust Ca., Jeffersanville, Indiana. Phone 282-6643.

FOR IMMEDIATE OCCUPANCY in the new addition ta the Greenwaod Professional Building. New electrically heated and cooled ultra modern doctar's office. Exterior walls are insulated. All glass is Thermopane. Building houses Greenwood Clinical Laboratary and Greenwaad X-ray Laboratory. Both are Medicare approved.
The Prafessianal Building has more than adequate parking facilities. The Greenwood offices af two major utilities, the Indiana Bell Telephone Campany and The Indiana Gas and Water Company, as well as Henderson's Drug Store and a professional beauty salon bring desirable traffic ta this location.
We desire as tenant a good general practitioner. We will soon have far rent twa more affices completely reconditioned and redecorated. One will be an office for a general practitioner; the other will be better suited for a limited practice.
Write or call: Kenneth I. Sheek, M.D., 360 S. Madison Ave., Greenwood, Indiana 46142. Phone 881-3900.

OPPORTUNITY for career in occupational medicine with large corporation. Multiple lacatians. Salary plus fringes. Immediate apenings in three lacatians. Give resume. Write Bax 356, The Journal, ISMA, 3935 N. Meridian St., Indianapalis, Ind. 46208.

DOCTOR'S OFFICES FOR RENT: Suburban Cincinnati residential cammunity. Facilities far ane ar twa physicians, furnished or unfurnished. Central air conditioning, madern decar, all canveniences, parking lat, nearby accredited St. Geargе and St. Francis Haspitals, with very agreeable prafessianal assaciates. General practice since 1933, restricted ta internal medicine. Lacal accammadatians far Blue Crass, Blue Shield, extended care facilities for Medicare. Access ta the University af Cincinnati Medical Center, V.A., and Childrens Haspitals. Vigarous cantinuing medical education pragrams. — CONMED, a functian af the Academy af Medicine, Callege af Medicine, Bethesda, Christ, Gaad Samaritan, and Jewish Haspitals. Cantact WM. BRUEGGEMANN, M.D., 2614 Fleetwaad Ave., Cincinnati, Ohia 45211, Telephone Area 513-661-4550.

ADVERTISERS IN THIS ISSUE

June 1969 Volume 62 No. 6

Associates Investment Company 734
Brown Pharmaceutical Co. 568
Burroughs Wellcome & Co., Inc. 721
Geigy Pharmaceuticals 526-27, 542-44
Hanger, J. E., Inc. 691
Harding Hospital 744
Heid's Shoe Store 749
Highland Hospital 704
Hook's Drugs 678
Hynson, Westcott & Dunning, Inc. 521
Indiana Medical Bureau 701
Lederle Laboratories 523, 541, 695, 728, 743
Lilly, Eli & Company 546
Medical Protective Co. of Ft. Wayne 679
Merck, Sharp & Dohme 533-34
Mutual Medical Insurance, Inc. 3rd Cover
Parke, Davis & Company 557, 693
Pitman-Moore Company 696-97
Professional Life & Casualty Company 525
Robins, A. H. Company, Inc. 724
Roche Laboratories 554-55, 722-23, 4th Cover
Rorer, William H., Inc. 567
Searle, G. D. & Co. 558-59
Smith Kline & French Laboratories 2nd Cover
Stuart Company, The 694
Wabash Valley Hospital 681
Wallace Laboratories 538-40
Warner-Chilcott Laboratories 529-30
Winthrop Laboratories 560
Wyeth Laboratories 686-87

In accepting advertising for publication, *The Journal* has exercised reasonable precaution to insure that only reputable factual advertisements are included. However, we do not have facilities to make any comprehensive or complete investigation, and the claims made by advertisers in behalf of goods, services, and medicinal preparations, apparatus or physical appliances are to be regarded as those of the advertiser only. Neither sanction nor endorsement of such is warranted, stated, or implied by the association.

28-8814

THE LIBRARY
UNIVERSITY OF CALIFORNIA
San Francisco
THIS BOOK IS DUE ON THE LAST DATE STAMPED BELOW

7 DAY LOAN

7 DAY
RETURNED
SEP 5 1978
AUG 30 1978
7 DAY
SEP 27 1978
RETURNED
SEP 20 1978

15m-6,'73(R176884)4315-A33-9

244577